



GL-709489-20  
 01/05/2016  
**NRC FORM 664**  
 07 - 2015  
 10 CFR 31.5

**SECTION 1**  
**PAGE 1 of 2**

**U.S. NUCLEAR REGULATORY COMMISSION**

**GENERAL LICENSEE REGISTRATION**

**APPROVED BY OMB: NO. 3150-0198**

**EXPIRES: 04/30/2016**

Estimated burden per response to comply with this mandatory collection request: 20 minutes. NRC will use this information to track general licensees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0198), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**Complete all six sections of this registration form. If any of the preprinted information is incorrect, provide the changes in the applicable boxes. USE CAPITAL LETTERS.**

**General License                      SECTION 1 - GENERAL LICENSEE INFORMATION**  
**Registration Number**  
**GL-709489-20**

**Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.**

Company Name: VERMED INC

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Department:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 1: 9 LOVELL DRIVE

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Address Line 2: INDUSTRIAL PARK

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City: BELLOWS FALLS

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State: VT 

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Zip Code: 05101 - 

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**For NRC Use Only**  
*(Do not write here)*

Category: 

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Packet Receipt Date (MMDDYYYY):

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Accession Number:

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**SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)**

Enter the name, telephone number and title of the person who is the responsible individual for the device(s).

Last Name: FILLION

G A U T H I E R

First Name: MARC

H E N R Y

Middle Initial: E

J

Telephone: (802) 463-9976

Extension: 1205

1 2 1 8

Title: REGULATORY AFFAIRS MGR

E N G I N E E R I N G D I R E C T O R

Enter the mailing address where correspondence regarding your device(s) should be sent.  
This address should be specific to the use or storage location of your device(s).

Department: QUALITY ASSURANCE

E N G I N E E R I N G

Address Line 1: 9 LOVELL DRIVE

Address Line 2: INDUSTRIAL PARK

City: BELLOWS FALLS

State: VT

Zip Code: 05101 -





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

Our records indicate that you have these devices. Please update the information as necessary.

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NRC Device Key 648280 (Internal Control Number)

Distributor/Distributed By: NDC INFRARED ENGINEERING, INC.

Empty grid for distributor name

Distributor License Number: 1933-70 GL

Empty grid for distributor license number

Manufacturer Name: NDC INFRARED ENGINEERING, INC.

Empty grid for manufacturer name

Device Model (Not Source Model): 103X

Empty grid for device model

Device Serial Number: 11807

Empty grid for device serial number

Transfer Date (Receipt Date): 03/27/2002

Empty grid for transfer date

MM DD YYYY

Not in possession of device (Also complete Section 4.)

Table with 3 columns: Isotope (e.g. AM241), Activity (e.g. 100), Unit (e.g. mCi). Row 1 contains AM241, 150.00000000, and mCi. Rows 2-6 are empty.







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**SECTION 4 - NOT IN POSSESSION OF DEVICE**

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

**Part 1**

NRC Device Key:

Transfer Date:

MM DD YYYY

Location of the Device:

- Whereabouts Unknown (complete Part 1 only)
- Never Possessed the Device (complete Part 1 only)
- Returned to Manufacturer (complete Part 1 only)
- Transferred to another general licensee (complete Parts 2 and 3)
- Transferred to a Specific Licensee (Not the manufacturer) (complete Part 2)

**Part 2** License Number of Recipient (if transferred to a specific licensee):

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

-

**Part 3**

Enter the name of the individual responsible for this device:

Last Name:

First Name:

Middle Initial:

Telephone Number:

Extension:

Title:





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**SECTION 5 - CERTIFICATION**

**SECTION 5**  
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I hereby certify that:

- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed, and the device information on this form has been checked against the device labeling.
- C. I am aware of the requirements of the general license, provided in 10 CFR 31.5.

(Copies of applicable regulations may be viewed at the NRC website at:

<http://www.nrc.gov/reading-rm/doc-collections/cfr>)



6/23/16

**SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)**

**DATE**

**WARNING:** FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL ASPECTS. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY WRONG STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER IN ITS JURISDICTION.





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**SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION**

**SECTION 6**

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**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: