



GL-700124-21  
11/07/2016  
NRC FORM 664  
07 - 2015  
10 CFR 31.5

GLTS 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-700124-21

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: THERMA TRU CORP.

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Department: MOLDING PLANT

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Address Line 1: 601 RE JONES ROAD

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Address Line 2:

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City: BUTLER

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State: IN 

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Zip Code: 46721 - 9515 

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<b>For NRC Use Only</b> (Do not write here)	Category:	<table border="1"><tr><td></td><td></td></tr></table>							
	Packet Receipt Date (MMDDYYYY):	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Accession Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								





**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: ANDERSON

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

First Name: SCOTT

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

Middle Initial: A

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Telephone: (260) 868-5811

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

Extension: 2278

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Title: MANAGER SAFETY

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**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: MOLDING PLANT SMC DEPT

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Address Line 1: 601 RE JONES ROAD

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Address Line 2:

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City: BUTLER

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State: IN

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Zip Code: 46721 - 9515

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GL-700124-21

11/07/2016

**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

**SECTION 2**

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

**PAGE 1 of 4**

**NRC Device Key**                    **595532**             **(Internal Control Number)**

Distributor/Distributed By:      NDC INFRARED ENGINEERING, INC.

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Distributor License Number:    1933-70 GL

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Manufacturer Name: NDC INFRARED ENGINEERING, INC.

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Device Model (Not Source Model): 102X

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Device Serial Number: 12384

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Transfer Date (Receipt Date): 06/30/2000

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MM          DD          YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																							
1	AM241 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							25.000000000 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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GL-700124-21

11/07/2016

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 2 of 4

NRC Device Key 595533 (Internal Control Number)

Distributor/Distributed By: NDC INFRARED ENGINEERING, INC.

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Distributor License Number: 1933-70 GL

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Manufacturer Name: NDC INFRARED ENGINEERING, INC.

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Device Model (Not Source Model): 102X

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Device Serial Number: 12385

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Transfer Date (Receipt Date): 06/30/2000

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MM DD YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																								
1	AM241 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							25.00000000 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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GL-700124-21

11/07/2016

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 3 of 4

NRC Device Key **595534** (Internal Control Number)

Distributor/Distributed By: **NDC INFRARED ENGINEERING, INC.**

[Empty grid box]

Distributor License Number: **1933-70 GL**

[Empty grid box]

Manufacturer Name: **NDC INFRARED ENGINEERING, INC.**

[Empty grid box]

Device Model (Not Source Model): **101X**

[Empty grid box]

Device Serial Number: **12386**

[Empty grid box]

Transfer Date (Receipt Date): **06/30/2000**

[Empty date grid box]

MM DD YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	AM241 [Empty grid]	25.00000000 [Empty grid]	mCi [Empty grid]
2	[Empty grid]	[Empty grid]	[Empty grid]
3	[Empty grid]	[Empty grid]	[Empty grid]
4	[Empty grid]	[Empty grid]	[Empty grid]
5	[Empty grid]	[Empty grid]	[Empty grid]
6	[Empty grid]	[Empty grid]	[Empty grid]





GL-700124-21

11/07/2016

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 4 of 4

NRC Device Key 595535 (Internal Control Number)

Distributor/Distributed By: NDC INFRARED ENGINEERING, INC.

[Grid for distributor information]

Distributor License Number: 1933-70 GL

[Grid for distributor license number]

Manufacturer Name: NDC INFRARED ENGINEERING, INC.

[Grid for manufacturer name]

Device Model (Not Source Model): 101X

[Grid for device model]

Device Serial Number: 12387

[Grid for device serial number]

Transfer Date (Receipt Date): 06/30/2000

[Grid for transfer date]

MM DD YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	AM241 [Grid]	25.00000000 [Grid]	mCi [Grid]
2	[Grid]	[Grid]	[Grid]
3	[Grid]	[Grid]	[Grid]
4	[Grid]	[Grid]	[Grid]
5	[Grid]	[Grid]	[Grid]
6	[Grid]	[Grid]	[Grid]





**SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION**

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

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

Initial Transferor Name

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

Initial Transferor License Number (if known)

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

Device Model Number (Not Source Model)

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

Device Serial Number

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

How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

- Manufacturer/Initial Transferor listed above
- Other General Licensee
- Other Source

Date Transferred:  
(Received)

MM		DD		YYYY			

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																				
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GL-700124-21

11/07/2016

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

**SECTION 4**

**PAGE 1 of 1**

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

**Part 1**

Transfer Date:

NRC Device Key:

MM DD YYYY

Location of the Device:

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

**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:

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







**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**

Transfer Date:

NRC Device Key: 595533

12 07 2016  
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):

[Empty 15-character license number grid]

Company Name:

[Empty 30-character company name grid]

Department:

[Empty 30-character department grid]

Address Line 1:

[Empty 30-character address line 1 grid]

Address Line 2:

[Empty 30-character address line 2 grid]

City:

[Empty 30-character city grid]

State: [ ] Zip Code: [ ] - [ ]

**Part 3** Enter the name of the individual responsible for this device:

Last Name:

[Empty 30-character last name grid]

First Name:

Middle Initial:

[Empty 15-character first name grid]

[Empty 2-character middle initial grid]

Telephone Number:

Extension:

[Empty 12-character telephone number and 4-character extension grids]

Title:

[Empty 30-character title grid]









GL-700124-21  
11/07/2016

**SECTION 5 - CERTIFICATION**

**SECTION 5**  
**PAGE 1 of 1**

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>)

*Scott Anderson*

12/16/16

**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.





GL-700124-21  
11/07/2016

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

**SECTION 6**

PAGE 1 of 1

**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: