



GL-704757-21
 11/09/2016
 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-704757-21

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: COCA COLA REFRESHMENTS

COCA COLA NORTH AMERICA

Department:

Address Line 1: 1410 VETERANS MEMORIAL PARKWAY

Address Line 2:

City: WARRENTON

State: MO

Zip Code: 63383 - 1316

For NRC Use Only
 (Do not write here)

Category:

Packet Receipt Date (MMDDYYYY):

Accession Number:





GL-704757-21

11/09/2016

SECTION 1

PAGE 2 of 2

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: HARRIS

Grid for last name: 25 cells

First Name: DEDRICK

Grid for first name: 15 cells

Middle Initial: L

Grid for middle initial: 1 cell

Telephone: (636) 456-6808

Grid for telephone: 15 cells

Extension:

Grid for extension: 10 cells

Title: PLANT MANAGER

Grid for title: 25 cells

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: SAFETY-

Grid for department: 25 cells

Address Line 1: 1410 VETERANS MEMORIAL PARKWAY

Grid for address line 1: 25 cells

Address Line 2:

Grid for address line 2: 25 cells

City: WARRENTON

Grid for city: 25 cells

State: MO

Grid for state: 2 cells

Zip Code: 63383 - 1316

Grid for zip code: 10 cells

Grid for zip code: 5 cells





GL-704757-21

11/09/2016

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 2

NRC Device Key 61800 (Internal Control Number)

Distributor/Distributed By: Industrial Dynamics Co., LTD.

Empty grid for distributor information

Distributor License Number: 1586-70GL

Empty grid for license number

Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.

Empty grid for manufacturer name

Device Model (Not Source Model): FT-50

Empty grid for device model

Device Serial Number: 113182

Empty grid for device serial number

Transfer Date (Receipt Date): 02/15/1988

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, 100.000000000, and mCi. Rows 2-6 are empty.





GL-704757-21

11/09/2016

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 2

NRC Device Key **745548** **(Internal Control Number)**

Distributor/Distributed By: **INDUSTRIAL DYNAMICS CO., LTD.**

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Distributor License Number: **1586-19GL**

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Manufacturer Name: **INDUSTRIAL DYNAMICS CO., LTD.**

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Device Model (Not Source Model): **FT-50-B**

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Device Serial Number: **117096**

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Transfer Date (Receipt Date): **05/11/2006**

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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)																													
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GL-704757-21
11/09/2016

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)
- 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:





GL-704757-21
11/09/2016

SECTION 5 - CERTIFICATION

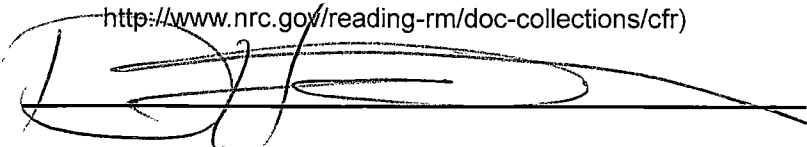
SECTION 5
PAGE 1 of 1

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>)

 _____ 1-4-17

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-704757-21
11/09/2016

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:



REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Estimated burden per response to comply with this mandatory collection request: 15 minutes. The information is required by NRC to process payments to contractors. 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 e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0188), 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.

In accordance with the Debt Collection Improvement Act of 1996, you are required to provide your taxpayer identification number. This number may be used to make payments (refunds) or for purposes of collecting and reporting on any delinquent amounts arising out of your relationship with the Federal Government.

Please complete the applicable blocks and fax the completed form to (301) 415-4135. Thank you for your assistance and cooperation. If you have any questions, please contact us. Our telephone number is (301) 415-7554.

Indicate the status of your business:

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> CITY/STATE GOVERNMENT	<input type="checkbox"/> OTHER (Specify in box below)
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> FEDERAL GOVERNMENT	<input type="checkbox"/> INDIVIDUAL

TAXPAYER IDENTIFICATION NUMBER

NRC LICENSE OR REGISTRATION NUMBER(S)

SOCIAL SECURITY NUMBER

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OR

EMPLOYER IDENTIFICATION NUMBER

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Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number.

SIGNATURE - TAXPAYER REPRESENTATIVE

NRC LICENSEE OR VENDOR

BILLING ADDRESS

BILLING TELEPHONE NUMBER

BILLING EMAIL ADDRESS