

GLTS



GL-705643-23
01/26/2018
NRC FORM 664
(01 - 2018)
10 CFR 31.5

SECTION 1
PAGE 1 of 2
U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 02/28/2019

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 Information Services Branch (T-2 F43), 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, (3150-0198), 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-705643-23

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

Company Name: GAF - MOUNT VERNON

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Department:

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Address Line 1: 901 GIVENS ROAD

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Address Line 2:

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City: MOUNT VERNON

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State: IN

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 Zip Code: 47620 -

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For NRC Use Only <i>(Do not write here)</i>	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></tr></table>									
Accession Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										





GL-705643-23
01/26/2018

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: STEGBAUER

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First Name: FRANK

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Middle Initial: A

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Business Telephone Number: (812) 454-7029

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

Extension:

--	--	--	--	--

Title: CURRENT SAFETY OFFICER

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Enter the mailing address where correspondence regarding your device(s) should be sent. This address should be specific to the physical location where the devices are used and/or stored.

Department: ATTN:FRANK STEGBAUER

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Address Line 1: 901 GIVENS ROAD

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Address Line 2:

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

City: MOUNT VERNON

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State: IN

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Zip Code: 47620 -

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GL-705643-23

01/26/2018

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 1

NRC Device Key 804181 (Internal Control Number)

Distributor/Distributed By: THERMO SCIENTIFIC PORTABLE ANALYTICAL INSTR

Empty grid box for distributor information.

Distributor License Number: 53-0388

Empty grid box for distributor license number.

Manufacturer Name: THERMO NITON ANALYZERS, LLC.

Empty grid box for manufacturer name.

Device Model (Not Source Model): SUP-77A

Empty grid box for device model.

Device Serial Number: NX408

Empty grid box for device serial number.

Transfer Date: 11/22/2009

Empty grid box 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	SR90 <input type="text"/>	100.000000000 <input type="text"/>	mCi <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>





GL-705643-23

01/26/2018

SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

PAGE 1 of 1

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

Manufacturer Name

Grid for Manufacturer Name

Initial Transferor Name

Grid for Initial Transferor Name

Initial Transferor License Number (if known)

Grid for Initial Transferor License Number

Device Model Number (Not Source Model)

Grid for Device Model Number

Device Serial Number

Grid for Device Serial Number

- How acquired and date (e.g., from a distributor/manufacture, other licensee, other source)?
- Manufacturer/Initial Transferor listed above
- Other General Licensee
- Other Source
Date Transferred: MM DD YYYY

Table with 3 columns: Isotope (e.g. AM241), Activity (e.g. 100), Unit (e.g. mCi). Rows 1-10.





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: [][][][][][][][]
(from Section 2 or 6)

[][] [][] [][][][]
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:

[]

Business Telephone Number: [][][] [][][] [][][][]

Extension: [][][][]

Title:

[]





GL-705643-23
01/26/2018

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>)

Frank J. Steyer

2-5-18

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-705643-23
01/26/2018

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: