

GL-704570-23 01/25/2018

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-704570-23

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: ME	EAD JOHNSON COM	MPANY				
Department:						
Address Line 1: 24	00 WEST LLOYD E	XPRESSWAY				
Address Line 2:						
City: E\	/ANSVILLE					
State: IN		: 47721 - 000	L		] - [	
	For NRC Use (Do not write	e Only e here)	Ca et Receipt D	tegory:		
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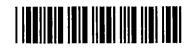
SECTION 1 PAGE 2 of 2

# **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: SCHAPKER	
ReddingToN	
First Name: STEVEN	Middle Initial: M
Todd	M
Business Telephone Number: (812) 429-7150	Extension:
8124297936	
Title: RADIATION SAFETY OFFICER	
Enter the mailing address where correspondence regarding be specific to the physical location where the devices are undependence.  EHS	
Address Line 1: 2400 WEST LLOYD EXPRESSWAY	
Address Line 2:	
City: EVANSVILLE	
City: EVANSVILLE	





## **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 1 of 7

NR	C Device	Key				8204	77	(lı	nter	nal C	Cont	rol N	umb	er)										
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### **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 2 of 7

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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. PAGE 3 of 7 **NRC Device Key** 822656 (Internal Control Number) PECO CONTROLS CORPORATION Distributor/Distributed By: Distributor License Number: 3823-43 GL Manufacturer Name: PECO CONTROLS CORPORATION Device Model (Not Source Model): GAMMA 101-P Device Serial Number: G031651151 Transfer Date: 01/12/2012 Not in possession of device (Also complete Section 4.) YYYY MM DD Isotope (e.g. AM241) Activity (e.g. 100) Unit (e.g. mCi) AM241 100.000000000 1 mCi 2 3 4 5



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### **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 4 of 7

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## **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 5 of 7

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## **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 6 of 7

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## **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 7 of 7

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**SECTION 3** 

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

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# **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.

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NRC	Dev	vice	Key:																								
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#### **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/do/-collections/cfr)

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.





## **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: