



GLTS

GL-704598-23

SECTION 1

01/25/2018

PAGE 1 of 2

NRC FORM 664

U.S. NUCLEAR REGULATORY COMMISSION

(01 - 2018)

10 CFR 31.5

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 Registration Number
SECTION 1 - GENERAL LICENSEE INFORMATION
GL-704598-23

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: DAP FOAM, INC

[Grid for company name continuation]

Department: CONVENIENCE PRODUCTS

AEROSOL LINE

Address Line 1: 307 INTEGRAM DRIVE

[Grid for address line 1 continuation]

Address Line 2:

[Grid for address line 2 continuation]

City: PACIFIC

[Grid for city continuation]

State: MO [Grid]

Zip Code: 63069 - [Grid]

For NRC Use Only (Do not write here)

Category: [Grid]

Packet Receipt Date (MMDDYYYY): [Grid]

Accession Number: [Grid]





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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: NETLETON

POD G O R N I K

First Name: JIM

DAVID

Middle Initial: T

W

Business Telephone Number: (636) 349-5333

3 1 4 3 5 4 5 0 6 0

Extension:

Title: DIRECTOR OF OPERATIONS

E N V I R O N M E N T A L M G R

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:

Address Line 1: 1645 MANUFACTURERS DRIVE

Address Line 2:

City: FENTON

State: MO

Zip Code: 63026 - 2416





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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 2 of 4

NRC Device Key **418338** **(Internal Control Number)**

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

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Distributor License Number: 1586-70GL

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Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.

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Device Model (Not Source Model): FT-50-C

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Device Serial Number: 5416

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Transfer Date: 05/15/1993

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	100.000000000	mCi																										
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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 524394 (Internal Control Number)

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

[Empty grid box for distributor information]

Distributor License Number: 1586-70GL

[Empty grid box for distributor license number]

Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.

[Empty grid box for manufacturer name]

Device Model (Not Source Model): FT-50-C

[Empty grid box for device model]

Device Serial Number: 136

[Empty grid box for device serial number]

Transfer Date: 08/15/1995

[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	AM241 [Grid]	100.00000000 [Grid]	mCi [Grid]
2	[Grid]	[Grid]	[Grid]
3	[Grid]	[Grid]	[Grid]
4	[Grid]	[Grid]	[Grid]
5	[Grid]	[Grid]	[Grid]
6	[Grid]	[Grid]	[Grid]





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

NRC Device Key **524395** **(Internal Control Number)**

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

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Distributor License Number: 1586-70GL

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Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.

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Device Model (Not Source Model): FT-50-C

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Device Serial Number: 137

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Transfer Date: 08/15/1995

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

MM **DD** **YYYY**

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																												
1	AM241 <table border="1" style="width:100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						100.000000000 <table border="1" style="width:100%;"><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><td> </td><td> </td><td> </td><td> </td></tr></table>																				mCi <table border="1" style="width:100%;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
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Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Part 1

NRC Device Key:

(from Section 2 or 6)

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:

Business 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>)

David Podgornik

02-13-18

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.





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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: