



GL-711427-23
 02/16/2018
 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, NE08-10202, (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 Licensee SECTION 1 - GENERAL LICENSEE INFORMATION

Registration Number

GL-711427-23

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: OMNISOURCE CORPORATION

OMNISOURCE LLC

Department:

Address Line 1: 2205 S HOLT RD

Address Line 2:

City: INDIANAPOLIS

State: IN

Zip Code: 46241 -

For NRC Use Only
 (Do not write here)

Category:

Packet Receipt Date (MMDDYY):

Accession Number:



GLTS



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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: SPURGEON

M A L L O R Y

First Name: DWANE

Middle Initial:

A N D R E W

Business Telephone Number: (260) 439-8125

Extension:

3 1 7 3 8 1 5 8 5 3

Title: QUALITY MANAGER

E H S M A N A G E 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: OMNISOURCE

Address Line 1: 7575 WEST JEFFERSON BLVD

2 2 0 5 S H O L T R D

Address Line 2:

City: FORT WAYNE

I N D I A N A P O L I S

State: IN IN Zip Code: 46804 -

4 6 2 4 1 - 4 8 0 0





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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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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:

MM		DD		YYYY			

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																					
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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) 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)
 Returned to Manufacturer (complete Part 1 only) (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:

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--	--	--

Extension:

--	--	--	--

Title:

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





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SECTION 5 - CERTIFICATION

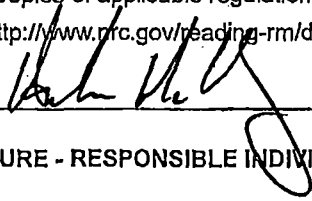
SECTION 5
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I hereby certify that:

- 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>)



 SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

4/5/2019

 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 Name:
Model Number:

Manufacturer License No:

Serial #:

Transfer Date: