

GLTS



GL-704495-23  
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-704495-23**

**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: DR PEPPER SNAPPLE GROUP

Grid for company name: 18 empty boxes

Department: AMERICAN BOTTLING CO

Grid for department: 18 empty boxes

Address Line 1: 777 BROOKS AVE

Grid for address line 1: 18 empty boxes

Address Line 2:

Grid for address line 2: 18 empty boxes

City: HOLLAND

Grid for city: 18 empty boxes

State: MI [ ] [ ]

Zip Code: 49423 - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

<p><b>For NRC Use Only</b> (Do not write here)</p>	<b>Category:</b> [ ] [ ]
	<b>Packet Receipt Date (MMDDYYYY):</b> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
	<b>Accession Number:</b> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]





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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: MURRAY

C	O	R	B	R	I	D	G	E											
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First Name: CHARLES

N	A	T	H	A	N	I	E	L				
---	---	---	---	---	---	---	---	---	--	--	--	--

Middle Initial: A

L
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Business Telephone Number: (616) 294-5052

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

Extension:

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Title: PLANT MANAGER

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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:

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Address Line 1: 777 BROOKS AVENUE

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Address Line 2:

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City: HOLLAND

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State: MI

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Zip Code: 49423 -

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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 1 of 1**

**NRC Device Key**                    **681689**                    **(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: 112243

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Transfer Date:                    02/15/1993

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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)																													
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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.**

**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:





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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/doc-collections/cfr>)

  
\_\_\_\_\_

2/6/18  
\_\_\_\_\_

**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 Name:  
Model Number:

Manufacturer License No:

Serial #:

Transfer Date: