



SECTION 1 PAGE 1 of 2

NRC FORM 664 (01 - 2018)

U.S. NUCLEAR REGULATORY COMMISSION

(01 - 2018) 10 CFR 31.5

GENERAL LICENSEE REGISTRATION

PROVED BY OMB: NO. 3150-019

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-726693-23

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.

Comp	oany	Nar	ne:	BER	RY I	PLAS	STIC	S											
Department:																			
Address Line 1: 10485 E 1250 N																			
Addre	ess	Line	2:																
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State	: 11	1					Zip (Code	: 47	7562	-						_		
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Zip Code: 47562 -



GL-726693-23 04/11/2018

State: IN

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: COULTER First Name: ANDREW Middle Initial: J Business Telephone Number: (812) 355-1722 Extension: Title: **EH&S SUPERVISOR** 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: 10485 E 1250 N Address Line 1: Address Line 2: **ODON** City:





GL-726693-23

04/11/2018 SECTION 2

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

SECTION 2 PAGE 1 of 1

NRC Device Key	814991	1991 (Internal Control Number)													
Distributor/Distributed By:	NDC INFR	ARED ENGINEERING INC													
Distributor License Number:	1933-19GL														
Manufacturer Name: NDC INF	RARED EN	BINEERING INC													
Device Model (Not Source Mod	del): 103														
Device Serial Number: 303783	1		1												
	2012012011		<u></u>												
Transfer Date:	02/28/2011	Not in possession of device	ce (Also												
		☐ complete Section 4.)													
MM DD YY	YY														
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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.

Manufacturer Name																										
Initial Transferor Name																										
Initia	l Tra	nsfe	ror L	icens	se Ni	umbe	er (if	kno	wn)	l ,				·						1						
Device Model Number (Not Source Model)																										
Devi	ce S	erial	Nun	ber	,												,						,		,	
How from other	a dis	stribu	ıtor/ı	manı	ufacti	urer,	0	 Manufacturer/Initial Transferor listed above Other General Licensee Date Transferred: Other Source 											MM		DE)		YY	ΥΥ	
		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:											
NR	C De	vice	Key:																								
(fror	n Se	ction	2 or	6)				<u> </u>			İ	J	L			L] [_		~~							
Loc	Location of the Device:													ΜN	1	L	DD		Y	ϓϒʹ	Y						
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0														ransf	erre	d to a	Spe	ecific	Lice	nsee	(No	t the	man	ufac	turer	·)	
0	Re	turne	d to	Man	ufact	urer	(00)	mplet	te Pa	ırt 1 d	only)		(c	omp	lete l	Part 2	2)										
Part	2 Li	icens	se Nu	ımbe	r of I	Reci	pient	(if tra	ansfe	erred	to a	spec	cific I	icens	see):												
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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)

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

DATE

5/18/18

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

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: