

GLTS



GL-705640-24
11/13/2018
NRC FORM 664
(04 - 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 FOIA, Privacy, and Information Collection Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet 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
GL-705640-24

SECTION 1 - GENERAL LICENSEE INFORMATION

Enter the company name and the street address for the physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use P.O. Boxes.

Company Name: ~~FULFLEX-A MOORE COMPANY~~

F U L F L E X A G A R F L E X I N C C O

Department:

[Empty grid for Department]

Address Line 1: 32 JUSTIN HOLDEN DRIVE

[Empty grid for Address Line 1]

Address Line 2:

[Empty grid for Address Line 2]

City: BRATTLEBORO

[Empty grid for City]

State: VT [] []

Zip Code: 05301 [] [] [] [] [] []

For NRC Use Only (Do not write here)

Category: [] []

Packet Receipt Date (MMDDYYYY): [] [] [] [] [] [] [] []

Accession Number: [] [] [] [] [] [] [] [] [] []

▲ * Note: new ownership April 2, 2018 ▲



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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: FORRISTER

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

First Name: LOREN

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

Middle Initial:

--

Business Telephone Number: (802) 257-5256

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

Extension: 151

--	--	--	--	--

Title: ENGINEERING MANAGER

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

Enter the mailing address where correspondence regarding your device(s) should be sent.

Department:

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

Address Line 1: 32 JUSTIN HOLDEN DRIVE

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

Address Line 2:

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

City: BRATTLEBORO

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

State: VT

--	--

Zip Code: 05301

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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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 Sources

Date Transferred:

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

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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

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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.

(Copied of applicable regulations may be viewed at the NRC website at:

<http://www.nrc.gov/reading-rm/doc-collections/cfr>)

Loen Souster

12/11/18

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. 10 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 - DEVICE NOT SUBJECT TO REGISTRATION

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NRC Device Key: 458554

Manufacturer License No: 034-0534-2

Manufacturer Name: SRB TECHNOLOGIES, INC.

Model Number: B100 U20S

Serial #: 583135

Transfer Date: 11/15/1994

Isotope: H3

Activity: 19940

Unit: mCi

Isotope:

Activity:

Unit:

Isotope:

Activity:

Unit:

Isotope:

Activity:

Unit:

Isotope:

Activity:

Unit:

Isotope:

Activity:

Unit:

