

NRC FORM 664

(04 - 2018) 10 CFR 31.5



SECTION 1
PAGE 1 of 2
U.S. NUCLEAR REGULARTORY 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 licencees 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 205555-0001, or by internet e-mail to Infocollects. Resource@nrc.gov, and to the DeskOfficer, 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-705589-24

**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.

		For NR (Do no			Paci	Category:  Packet Receipt Date (MMDDYYYY):  Accession Number:									
State: CT		Zip	Code	: 0626	30188	3						- [			
City:	ROGE	RS													1111
Address Line 2:	P.O. B	OX 188		I MV										Yell	
Address Line 1:	1 TEC	HNOLOG	Y DRI	VE											
						L	50 c 3 (b)			si.					
Department:					7										
				5	8										
Company Name:	RUGE	RS COR	PURA	HON		Į, š									





State: CT

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: WERBECKI First Name: MICHAL Middle Initial: J Business Telephone Number: (860) 779-4765 Extension: Title: **ENVIRONMENTAL MANAGER** Enter the mailing address where correspondence regarding your device(s) should be sent. **CORPORATE EH&S** Department: 1 TECHNOLOGY DRIVE Address Line 1: P.O. BOX 188 Address Line 2: City: **ROGERS** 

Zip Code: 062630188





#### **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 1 of 1

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

NRC Device Key  Distributor/Dustributed By:	841249 Mahlo Ameri	(Internal C							
stributor License Number:	GL-142-02								
anufacturer name: M	AHLO CONTRO	OLS SYSTE	MS AUTOM	ATION					
vice Model (Not Source N	/lodel): 11-200	933				B			
vice Serial Number: A	.H-2307								
			1 3 - 4	821		44		11 11 11 11 11 11 11 11 11 11 11 11 11	
								# F.3	
MM DD	YYYY				Col	t in poss nplete S	ection	4.)	
Isotope (e.g. AM241)	A	ctivity (e.g.	1005)		Cor	nplete S	ection	<b>4.</b> )	Init (e.g. mCi)
	A	ctivity (e.g. 1	1005)		Cor	mplete S	ection	<b>4.</b> )	
Isotope (e.g. AM241)	A		1005)		COI	nplete S	ection	<b>4.</b> )	Init (e.g. mCi)
Isotope (e.g. AM241)	A		1005)		COI	nplete S	ection	<b>4.</b> )	Init (e.g. mCi)
Isotope (e.g. AM241)	A		1005)		COI	nplete S	ection	<b>4.</b> )	Init (e.g. mCi)
Isotope (e.g. AM241)	A		1005)		COI	nplete S	ection	<b>4.</b> )	Init (e.g. mCi)
Isotope (e.g. AM241)	A		1005)		COI	nplete S	ection	<b>4.</b> )	Init (e.g. mCi)
Isotope (e.g. AM241)	A		1005)		COI	mplete S	ection	<b>4.</b> )	Init (e.g. mCi)
Isotope (e.g. AM241)	A		1005)		COI	mplete S	ection	<b>4.</b> )	Init (e.g. mCi)
Isotope (e.g. AM241)	Α		1005)		COI	mplete S	ection	<b>4.</b> )	Init (e.g. mCi)
Isotope (e.g. AM241)	Α		1005)		COI	mplete S	ection	<b>4.</b> )	Init (e.g. mCi)





### **SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION**

SECTION 3 PAGE 1 of 1

	nufact	urer Na	ame																	
d 8																				
Initia	al Tra	nsferor	Name																	
Initia	al Tra	nsferor	Licens	se Nu	mbe	r (if	knov	wn)							ě p	1				
Dev	ice M	odel Nu	umber	(Not S	Sour	ce N	lode	l)						74						
			211 12				4									į,				
Devi	ice Se	erial Nu	mber							de N									_	
1.		Isotope	e (e.g.	AM24	1)				Activi	ty (e.g	. 100)							Ţ	Jnit (	e.g. mC
1.																				
2.					15							H			ELL		1 1114			3 8
												_								
3.																				
4.																				
4. 5.																				
4. 5.	[																			
4. 5. 6.	[ [ [ [																			
33. 44. 55. 66. 77.	[ [ [ [																			





11/13/2018

# **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												Trans	fer [	Date:										
		ice Key:	0)			1, 8		1-				J.W.													
tron	Sec	tion 2 or	6)					.1	,		_	1	MI	1		DD			WW	V					
_oca	tion o	of the De	vice:										IVII	V1		טט			YYY	Y					
		ereabouts										0 1	ransf	errec	to a	noth	er ge	nera	I lice	nsee	(Cor	nplet	e Pai	ts 2	and 3)
		er Posse									/)		Fransi				cific	Lice	nsee	(Not	the r	nanu	factu	rer)	
0		urned to								* -			Comp												
Par	t 2	Licens	se Nu	ımbe	er of F	Recipi	ent (	if tra	ansfe	erre	d to a	a spe	cific I	icens	see):										
ľ.			E.																						
Com	pany	Name:																							
							T			7	T	Т				Т				Τ		T			
			4,												ļ					1,11		1 18			11501
Depa	artme	ent:				4														4.4					
			2.												-		- 4								5
Addr	ess l	ine 1:	-11			i de la							he			A				1919	M				
						154					1						10.00	T		- Alex					
		400										mil			hat				Levi						
Addr	ess L	ine 2:			14																				
S.			1										1					Κij			Pig.			38	
City:		1				, lie	1				P										1125				T-yes
			rés				T				T									Τ					
24-4-				7:	0-4-							_									DE !				
State	. [			ZIP	Code	e:				13		-													
Part	3	Er	nter 1	the r	name	oft	he i	ndi	vidu	ıal r	resp	ons	ibe f	or th	nis c	levi	ce:								
Last	nam																								
641	II, A	ran ii j	110											No.		Π				l le					
Firet	nam	o.																		7.5.		18/4		7//	
1130	nann	<del>c</del> .										7							N	liddle	) Initi	ial:			
		-3-1-8	l-g	8,=																					
	iness iber:	Telepho	ne	洼					7							] [	Exter	nsior	n:						
Title:							- L														116610	- A			
	8													=											
																				7/-					









#### **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. (Copied of applicable regulations may be viewed at the NRC website at: http://www.nrc.gov/reading-rm/doc-collections/cfr)

Michal Walel

11-26-2018

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.



11/13/2018

### **SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION**



PAGE 1 of 1

**NRC Device Key:** 

565074

Manufacturer License No:

20-20675-02G

Manufacturer Name:

EUROTHERM GAUGING SYSTEMS, INC.

Model Number: ASC-185

Serial #: GLDB Transfer Date:

11/15/1997

Isotope: KR85

Activity: 450

Unit: mCi

Isotope:

Activity:

Unit:

NRC Device Key: 824216

Manufacturer License No:

20-6752 (MA)

Manufacturer Name:

EGS, INC.

Model Number: SCL-77A

Serial #: T1625

Transfer Date:

05/14/2012

Isotope: KR85

Activity: 1000

Unit: mCi

Isotope:

Activity:

Unit:

First-Class Mail Postage & Fees Paid USPS Permit No. G-10 Sender: Please print your name, address, and ZIP+4 in this box • Rogers Corporation Athri. Peggysue Hessler One Technology Dr. Rogers, CT 06263 TES POSTAL SERVICE

difficultation of the full of the fill of the full of

2. Article Number