

NRC FORM 664

(04 - 2018) 10 CFR 31.5



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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 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-719741-24 **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: I	R.C.H METALS INC
Department:	
Address Line 1:	435 SUMMER STREET
7	
Address Line 2:	
City: H	HAMMOND
State: IN	Zip Code: 46320
	For NRC Use Only Category: (Do not write here) Packet Receipt Date (MMDDYYYY):
	Accession Number:







01/24/2019





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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:	HUGHES	ent l'arabbé entre alematé (Manuelli annu en e	e de la companya de l	orienta Education Service	ration community comm	elle atalite in more fiction.			
									38.00
First Name:	DICK				Mi	ddle Initial			
Business Tele	SAFETY () 853-0240		Ex	tension:		· · · · · · · · · · · · · · · · · · ·	
Enter the ma	ailing addr	ess where	correspond	lence rega	rding you	r device(s	s) should	be sen	t.
Department:			,						
Address Line	1: 1435 \$	SUMMER S	TREET			inimiana da sa		, , , , , , , , , , , , , , , , , , , ,	more and a second
Address Line	2:		,	' 1					
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State: IN		Zip Code:	46320	and a second					





SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 1 of 1

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

		(Internal	Control N				
Distributor/Dustributed By: T	hermo Sc	ientific Analy	∕tical Instru	iments, Inc.			
Distributor License Number: 5	3-0388	A STATE OF THE PROPERTY OF THE	*****************************	00,000,000,000,000,000,000,000,000,000			ndecomported as gardeness as a
Manufacturer name: NITO	N CORPO	RATION					
Device Model (Not Source Mode	el): XLP 8	318		And the second s	and the second s	es ministration est	Sangaran nagangan pangan pangan mana
						Kara Jana	
Device Serial Number: 9817			A CONTRACTOR OF THE CONTRACTOR		*		
Transfer Date: 02/20/2006	+	And and selection is a selection of the selection of th					Security designed authority's
					□ Not	in possessio	n of device (Also
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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3 PAGE 1 of 1

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10.	9.																										
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SECTION 4 - NOT IN POSSESSION OF DEVICE 01/24/2019

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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
MM DD YYYY Location of the Device:
O Whereabouts Unknown (Complete Part 1 only) O Transferred to another general licensee (Complete Parts 2 and 3)
O Never Possessed the Device (Complete Part 1 only) O Transferred to a Specific Licensee (Not the manufacturer)
O 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 responsibe for this device:
Last name:
First name: Middle Initial:
Business Telephone Number: Extension:
Title:





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)

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.





SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION



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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit: