



NRC FORM 664

(04 - 2019) 10 CFR 31.5 U.S. NUCLI

SECTION 1
PAGE 1 of 2
U.S. NUCLEAR REGULARTORY COMMISSION

### **GENERAL LICENSEE REGISTRATION**

APPROVED BY OMB: NO. 3150-0198

**OMB EXPIRATION DATE: 04/30/2019** 

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-6A10M), 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-723617-24 **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: UNICE	P PACKAGING LLC		
Department:	eg	. च मिल्लिक्षेत्र के विश्वप्रदेशका प्रकार प्रकार के विश्वप्रकारी के स्थापन के विश्वप्रकारी के स्थापन के विश्वप 	<del></del>
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Address Line 2:	and a first field of the section of	Makaka Assas Gui 機関 Colif AMB ku a Makaka Gan Aka Columbia (1995) A Tu suba (1995)	
City: SANDP	POINT		
State: ID	Zip Code: 83864		
:	For NRC Use Only (Do not write here).	Category:  ket Receipt Date (MMDDYYYY):	











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: RICH	
First Name: ALAN	Middle Initial:
	Year
Business Telephone Number: (208) 265-9696	Extension: 5176
Title: DIRECTOR OF QUALITY	
Enter the mailing address where correspondence regarding	your device(s) should be sent.
Department:	
Address Line 1: 1702 INDUSTRIAL DRIVE	
Address Line 2:	
City: SANDPOINT	
State: ID Zip Code: 83864	





**NRC Device Key** 

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

SECTION 2 PAGE 1 of 2

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

793502 (Internal Control Number)

Dis	tributor/Dustributed By: Peco	Controls Corporation	
Dist	ributor License Number: 3823-	43 GL	Company of the compan
Mar	nufacturer name: PECO COI	NTROLS CORPORATION	
Dev	rice Model (Not Source Model):	GAMMA 101-P	the state of the second of the
Dev	rice Serial Number: G0074293	308	. K. S. superstand and Proc.
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,		Not in posses	ssion of device (Also ction 4.)
N	MM DD YYYY		
	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	AM241	100	mCi
2			
2			
3			
3			
3			





04/11/2019

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

SECTION 2 PAGE 2 of 2

Our records indicate that you have these devices. Please updtae the information as necessary. **NRC Device Key** 795026 (Internal Control Number) Distributor/Dustributed By: Industrial Dynamics Company, Ltd. Distributor License Number: 1586-19GL Manufacturer name: INDUSTRIAL DYNAMICS CO., LTD. Device Model (Not Source Model): FT-50 Device Serial Number: 112210 Transfer Date: 02/06/2009 Not in possession of device (Also complete Section 4.) MM YYYY DD Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) 1 AM241 100 mCi 2 3 4 5 6









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

SECTION 3 PAGE 1 of 1

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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: 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) (Complete Part 2) O Returned to Manufacturer (Complete Part 1 only) 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** Extension: Number:



Title:







### **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)

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

DATE

1 1 May 2019

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**



SECTION 6 PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit: