

GL-727631-24 01/28/2019

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 **SECTION 1 - GENERAL LICENSEE INFORMATION** 

GL-727631-24

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:	BUCKE	YE PART	NERS													
Department:										100						
Address Line 1: 1240 ROHRER ROAD																
Address Line 2:																
City:	CARME	L														
State: IN		Zip	Code: 4	6032						- [						
			C Use Or write he	re)	Category: Packet Receipt Date (MMDDYYYY):											
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GL-727631-24 01/28/2019

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	Nan	ne: 🕝	FALT	NI																						
B	R	0	C	K	M	Y	R	E																		
First	rst Name: DOMINICK															Middle Initial:										
MICHAEL																										
Bus	Business Telephone Number: (832) 418-2326															Extension:										
8	8322146666																<u> </u>									
Title	Title: SAFETY OFFICER																									
R	5	0		C	A	A	M	E	L																	
Ent	Enter the mailing address where correspondence regarding your device(s) should be sent.																									
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GL-727631-24 01/28/2019

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

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

SECTION 2 PAGE 1 of 1

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GL-727631-24

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

SECTION 3 PAGE 1 of 1

2.	Provid	e infor	mati	on ab	out	other	dev	ices y	you i	nave '	that	are s	ubjed	t to i	egis	tratio	n. Do	not	repo	rt sp	ecifi	cally	licer	ısed (	devid	es.
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)?  Isotope (e.g. AM241)  1.  2.  3.  4.  5.  6.  7.  8.  9.	Manufa	cturer	Nam	ıe																						
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01/28/2019

#### **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 Transferred to a Specific Licensee (Not the manufacturer) O Never Possessed the Device (Complete Part 1 only) (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** 

Number: Title:



Extension:





GL-727631-24 01/28/2019

#### **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:

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

4/2/19

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**



SECTION 6 PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit: