



GL-720043-24  
 04/11/2019  
 NRC FORM 664  
 (04 - 2019)  
 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: 04/30/2019

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-8A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [InfoCollect@nrc.gov](mailto:InfoCollect@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

**SECTION 1 - GENERAL LICENSEE INFORMATION**

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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: KOREX CORPORATION

K O R E X   C O R P O R A T I O N

Department: LIQUIDS

L I Q U I D S

Address Line 1: 50000 WEST PONTIAC TRAIL

5 0 0 0 0   W .   P O N T I A C   T R A I L

Address Line 2:

City: WIXOM

W I X O M

State: MI

MI

Zip Code: 48393

4 8 3 9 3 -

**For NRC Use Only**  
*(Do not write here)*

Category:

Packet Receipt Date (MMDDYYYY):

Accession Number:





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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: ~~FANNON~~

RANKIN

First Name: ~~DENISE~~

COLLIN

Middle Initial.

Business Telephone Number: (248) 624-0000

248 624 0000

Extension: ~~208~~ 286

286

Title: ~~SAFETY OFFICER~~ Quality Manager

QUALITY MANAGER

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

Department: LIQUIDS

LIQUIDS

Address Line 1: 50000 WEST PONTIAC TRAIL

50000 W. PONTIAC TRAIL

Address Line 2:

City: WIXOM

WIXOM

State: MI

MI

Zip Code: 48393

48393 -



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### SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

NRC Device Key **823903** (Internal Control Number)

Distributor/Distributed By: Industrial Dynamics Company, Ltd.

INDUSTRIAL DYNAMICS

Distributor License Number: 1586-19GL

1586-19GL

Manufacturer name: INDUSTRIAL DYNAMICS CO., LTD.

INDUSTRIAL DYNAMICS

Device Model (Not Source Model): FT-50

FT-50

Device Serial Number: 116013

116013

Transfer Date: 05/22/2012

05 22 2012

Not in possession of device (Also complete Section 4.)

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	AM241 A M 2 4 1	100 1 0 0	mCi m C i
2			
3			
4			
5			
6			





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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

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

**NRC Device Key**                      **837020 (Internal Control Number)**

Distributor/Distributed By: Industrial Dynamics Company, Ltd.

INDUSTRIAL DYNAMICS

Distributor License Number: 1586-19GL

1586-19GL

Manufacturer name: INDUSTRIAL DYNAMICS CO., LTD.

INDUSTRIAL DYNAMICS

Device Model (Not Source Model). FT-50

FT-50

Device Serial Number: 113976

113976

Transfer Date: 04/29/2015

04 29 2015

Not in possession of device (Also complete Section 4.)

MM              DD              YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	AM241 A M 2 4 1	100 1 0 0	mCi m C i
2			
3			
4			
5			
6			





**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

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Initial Transferor Name

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Initial Transferor License Number (if known)

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Device Model Number (Not Source Model)

--

Device Serial Number

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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:

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MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. 

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### SECTION 4 - NOT IN POSSESSION OF DEVICE

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 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**

**SECTION 5**  
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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>)

*R. Collin Rankin*

10-08-19

**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.**





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

**SECTION 6**

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**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

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