

NRC FORM 664

(09 - 2019)

10 CFR 31.5

State: IN



SECTION 1 PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 09/30/2022

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 Information Services Branch (T-6 A10M), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@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 GL-725870-25 **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: LUCAS OIL PRODUCTS

Department: PRODUCTION

Address Line 1: 3199 HARRISON WAY NW

Address Line 2:

City: CORYDON

Zip Code: 47112

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eceipt Date (MMDDYYYY)
Accession Number
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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: SPARKS	
First Name: DEAN Middle Initial: E	
Business Telephone Number: (812) 267-9403 Extension:	
	,
Business E-mail Address:	
Title: MAINTENANCE	
Enter the mailing address where correspondence regarding your device(s) should be sent.	
Department:	
Address Line 1: 3199 HARRISON WAY NW	*
Address Line 2:	
City: CORYDON	
State: IN Zip Code: 47112	





SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 1 of 2

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

NRC Device Key	819919	(Internal Control Number)
Distributor/Distributed By:	Industrial Dyn	namics Company, Ltd.
Distributor License Number	1586-19GL	
Manufacturer name:	NDUSTRIAL DY	/NAMICS CO., LTD.
Device Model (Not Source I	Model): FT-50	· · · · · · · · · · · · · · · · · · ·
Device Serial Number:	116045	
T	 	
Transfer Date: 05/16/201		Not in possession of device (Also
		complete Section 4.)
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 2 of 2

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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 o, 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 res	ponsibe for this device:
Last name:	
First name:	
That reme.	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.
- В. 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. (Copies 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

6/2/2020

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. 18 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: