



GL-707775-26

01/25/2021

**NRC FORM 664**

(11 - 2020)

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: 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 FOIA, Library, and Information Collections Branch (T-8 A10M), U. S. Nuclear Regulatory Commission, Washington, DC 20565-0001, or by e-mail to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@nrc.gov), and the OMB reviewer at OMB Office of Information and Regulatory Affairs, (3150-0198), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503, e-mail: [ira\\_submission@omb.eop.gov](mailto:ira_submission@omb.eop.gov). The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

**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

707775-26

**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: WELCH FOODS INC.

[Grid for Company Name]

Department:

[Grid for Department]

Address Line 1: 400 WALKER STREET

[Grid for Address Line 1]

Address Line 2:

[Grid for Address Line 2]

City: LAWTON

[Grid for City]

State: MI [Grid]

Zip Code: 49065 [Grid]

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

Category: [Grid]

Packet Receipt Date (MMDDYYYY): [Grid]

Accession Number: [Grid]

NMSSID  
NMSS







GL-707775-26  
01/25/2021

**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2  
PAGE 1 of 1

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

**NRC Device Key**                      **715762 (Internal Control Number)**

Distributor/Distributed By: Industrial Dynamics Company, Ltd.

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Distributor License Number: 1586-19GL

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Manufacturer name: INDUSTRIAL DYNAMICS CO., LTD.

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Device Model (Not Source Model): FT-50

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Device Serial Number: 113175

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Transfer Date: 01/22/2000

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

MM                  DD                  YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)																																				
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### 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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initial Transferor License Number (if known)

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Device Model Number (Not Source Model)

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Device Serial Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

How acquired and date (e.g., from a distributor/manufacture, 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)

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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)

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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 general 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):

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Company Name:

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Department:

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Address Line 1:

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Address Line 2:

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City:

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State:

--	--

Zip Code:

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**Part 3** Enter the name of the Individual responsible for this device:

Last name:

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First name:

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Middle Initial:

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Business Telephone Number:

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Extension:

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Title:

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**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 labelling.
- 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**

**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.





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**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:

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