



GL-701711-27  
 11/15/2021  
 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-6 A10M), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, 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: [oir\\_submission@omb.eop.gov](mailto:oir_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**  
 GL-701711-27

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: RUG DOCTOR, INC.

RUG DOCTOR INC

Department:

Address Line 1: 415C AXMINISTER DRIVE

415C AXMINISTER DR

Address Line 2:

City: FENTON

Fenton

State: MO MO

Zip Code: 63026497

63026-2497

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: BRANDEL

Brandel

First Name: THOMAS

Thomas

Middle Initial: F

Business Telephone Number: (636) 717-2000

636 717 2000

Extension: 1150

1150

Business E-mail Address: TOM.BRANDEL@RUGDOCTOR.COM

tom.brandel@rugdoctor.com

Title: CHEMICAL SOLUTIONS MGR

Chemical Solutions mgr

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

Department: CHEMICAL PRODUCTION

Chemical Production

Address Line 1: 415C AXMINISTER DRIVE

415c Axminster dr

Address Line 2:

City: FENTON

Fenton

State: MO

mo

Zip Code: 63026497

63026 - 2497





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### SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 1 of 2

NRC Device Key

564462 (Internal Control Number)

Distributor/Distributed By: Industrial Dynamics Company, Ltd.

Industrial Dynamics LTD

Distributor License Number: 1586-70GL

1586-706L

Manufacturer name: INDUSTRIAL DYNAMICS CO., LTD.

Industrial Dynamics LTD

Device Model (Not Source Model): FT50

FT50

Device Serial Number: 114202

114202

Transfer Date: 03/19/1998

03 19 1998

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 Am241	100 100	mCi mCi
2			
3			
4			
5			
6			





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

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NRC Device Key 665289 (Internal Control Number)

Distributor/Distributed By: Industrial Dynamics Company, Ltd.

Industrial Dynamics Company, Ltd.

Distributor License Number: 1586-19GL

1586-19GL

Manufacturer name: INDUSTRIAL DYNAMICS CO., LTD.

Industrial Dynamics Co., Ltd.

Device Model (Not Source Model): FT-50

FT50

Device Serial Number: 114203

114203

Transfer Date: 12/01/1999

12 01 1999

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 Am241	100 100	mCi mCi
2			
3			
4			
5			
6			





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SECTION 3

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

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**Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.**

Manufacturer Name

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

Initial Transferor Name

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

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)?

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

SECTION 4

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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) [Grid]

[Grid] [Grid] [Grid] MM DD YYYY

Location of the Device:

- Whereabouts Unknown, Never Possessed the Device, Returned to Manufacturer, Transferred to another general licensee, Transferred to a Specific Licensee

Part 2 License Number of Recipient (if transferred to a specific licensee):

[Grid]

Company Name:

[Grid]

Department:

[Grid]

Address Line 1:

[Grid]

Address Line 2:

[Grid]

City:

[Grid]

State:

Zip Code:

[Grid] - [Grid]

Part 3 Enter the name of the individual responsible for this device:

Last name:

[Grid]

First name:

Middle Initial:

[Grid]

[Grid]

Business Telephone Number:

[Grid] [Grid] [Grid]

Extension:

[Grid]

Title:

[Grid]





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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 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>)

Thomas Burke

11-29-2021

**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**

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**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

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