



GL-722093-26

07/06/2021

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, 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. 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

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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: METAL MANAGEMENT

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Department:

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Address Line 1: 425 WEST 152ND STREET

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Address Line 2:

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City: EAST CHICAGO

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State: IN

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Zip Code: 46312

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For NRC Use Only (Do not write here)	Category:	<table border="1"><tr><td></td><td></td></tr></table>									
	Packet Receipt Date (MMDDYYYY):	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
Accession Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

NM5510
NM55





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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 806649 (Internal Control Number)

Distributor/Distributed By: Niton Corporation

Empty grid for distributor information

Distributor License Number: 3G-105-02

Empty grid for license number

Manufacturer name: NITON CORPORATION

Empty grid for manufacturer name

Device Model (Not Source Model): XLP 818

Empty grid for device model

Device Serial Number: 5400

Empty grid for device serial number

Transfer Date: 07/06/2009

Empty grid for transfer date

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 [][][][][]	30 [][][][][][][][][][]	mCi [][][]
2	[][][][][]	[][][][][][][][][][]	[][][]
3	[][][][][]	[][][][][][][][][][]	[][][]
4	[][][][][]	[][][][][][][][][][]	[][][]
5	[][][][][]	[][][][][][][][][][]	[][][]
6	[][][][][]	[][][][][][][][][][]	[][][]





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)

Grid for NRC Device Key

Transfer Date:

Grid for 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):

Grid for License Number of Recipient

Company Name:

Grid for Company Name

Department:

Grid for Department

Address Line 1:

Grid for Address Line 1

Address Line 2:

Grid for Address Line 2

City:

Grid for City

State:

Grid for State

Zip Code:

Grid for Zip Code

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

Last name:

Grid for Last name

First name:

Grid for First name

Middle Initial:

Grid for Middle Initial

Business Telephone Number:

Grid for Business Telephone Number

Extension:

Grid for Extension

Title:

Grid for 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.
(Copies of applicable regulations may be viewed at the NRC website at:
<http://www.nrc.gov/reading-rm/doc-collections/cfr>)

Keorah Hays

3/10/22

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:

