



GL-727888-27  
04/21/2022  
**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: [oira\\_submission@omb.eop.gov](mailto:oira_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-727888-27**

**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: **A.P.C.M. LLC**

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City: **PLAINFIELD**

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State: **CT**

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Zip Code: **06374**

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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: YOUNG

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First Name: DAVID

Middle Initial: L

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Business Telephone Number: (860) 564-7817

Extension:

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Business E-mail Address: dyoung@prepregs.com

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Title: CURRENT SAFETY OFFICER

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

Department:

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State: CT

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Zip Code: 06374

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**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**      **843209 (Internal Control Number)**

Distributor/Distributed By:    **NDC Technologies**

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Distributor License Number:    **1933-19GL**

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Manufacturer name:      **NDC INFRARED ENGINEERING INC**

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Device Model (Not Source Model):    **103**

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Device Serial Number:      **7427031**

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Transfer Date:      **10/25/2016**

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

**MM      DD      YYYY**

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|          |  |                             |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |







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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)

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):

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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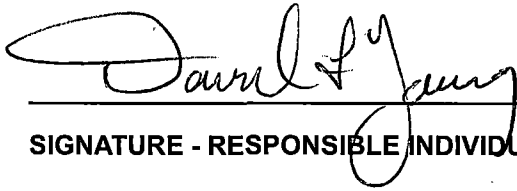
**SECTION 5 - CERTIFICATION**

**SECTION 5**

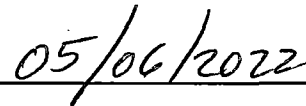
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I hereby certify that:

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



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**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.



**Table 2. Isotope Codes for Sections 2 and 3**

| Radionuclide    | Code for form | Radionuclide | Code for form |
|-----------------|---------------|--------------|---------------|
| Americium-241   | AM241         | Curium-244   | CM244         |
| Californium-252 | CF252         | Strontium-90 | SR90          |
| Cesium-137      | CS137         | Radium-226   | RA226         |
| Cobalt-60       | CO60          |              |               |

**Section 3 - Additional Devices.** If you have other generally licensed devices (not listed in Section 2) that meet the conditions for registration listed in Table 1, provide information about each additional device. **Before starting, copy this section as needed for your additional devices.** Also indicate how you acquired each device by blackening the proper circle.

When entering isotope and unit information for your device(s), use the codes listed in Table 2 of Section 2 for isotope information, and use the codes from Table 3 for unit information:

**Table 3. Unit Codes for Section 3**

| Unit       | Code for form | Unit          | Code for form |
|------------|---------------|---------------|---------------|
| picocurie  | PCI           | becquerel     | BQ            |
| nanocurie  | NCI           | kilobecquerel | KBQ           |
| microcurie | UCI           | megabecquerel | MBQ           |
| millicurie | MCI           | gigabecquerel | GBQ           |
| curie      | CI            | terabecquerel | TBQ           |
|            |               |               |               |
| pound      | LB            | microgram     | UG            |
|            |               | milligram     | MG            |
| kilogram   | KG            | gram          | G             |

**Section 4 - Not in Possession of Device.** Use this section to report any devices that are listed in Sections 2 or 6, but that you no longer possess. **Before starting, copy this section as needed for additional devices that are not in your possession.** Enter the NRC Device Key, as listed in Section 2 or 6. Blacken the circle (choose only one) that best describes the disposition of the device and complete the rest of the section as appropriate.

**Section 5 - Certification and Signature.** The responsible individual must certify, sign, and date Section 5.

**Section 6 - Devices Not Subject to Registration.** This list contains information about devices that NRC records indicate are in your possession, but are **not subject to registration**. If you no longer have one or more of the listed devices, you are required to make a transfer report to NRC in accordance with 10 CFR 31.5 (c)(8) or (9), as applicable. You may use Section 4 for this purpose. This section does not list any static eliminators containing polonium-210 (Po-210), or luminous exit signs containing tritium (H-3). These devices are not subject to registration, and are not included in this section in an effort to reduce the length of this form.

**RETURN THE COMPLETED FORM IN THE ENCLOSED ENVELOPE WITH PROPER POSTAGE.**



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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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