



GL-722858-27
 01/19/2022
 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, 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: COUNTRY PURE FOODS

C O U N T R Y P U R E F O O D S

Department:

Address Line 1: 58 WEST ROAD

5 8 W E S T R O A D

Address Line 2:

City: ELLINGTON

E L L I N G T O N

State: CT CT

Zip Code: 060290300 0 6 0 2 9 - 0 3 0 0

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: ~~SPAS~~ SWENSON

S W E N S O N

First Name: ERIK JEFFREY

J E F F R E Y

Middle Initial: DA

A

Business Telephone Number: (860) 872-8346

8 6 0 8 7 2 8 3 4 6

Extension: ~~258~~ 216

2 1 6

Business E-mail Address: ~~Espas@countrypure.com~~ JSWENSON@COUNTRYPURE.COM

J S W E N S O N @ C O U N T R Y P U R E . C O M

Title: ~~PLANT MANAGER~~ PLANT ENGINEER

P L A N T E N G I N E E R

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

Department:

Address Line 1: 58 WEST ROAD

5 8 W E S T R O A D

Address Line 2:

City: ELLINGTON

E L L I N G T O N

State: CT

C T

Zip Code: 060290300

0 6 0 2 9

0 3 0 0





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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 **780615 (Internal Control Number)**

Distributor/Distributed By: Industrial Dynamics Company, Ltd.

INDUSTRIAL DYNAMICS CO.

Distributor License Number: 1586-19GL

1586-19GL

Manufacturer name: INDUSTRIAL DYNAMICS CO., LTD.

INDUSTRIAL DYNAMICS CO.

Device Model (Not Source Model): FT-50-B

FT-50-B

Device Serial Number: 117235

117235

Transfer Date: 08/08/2007

08 08 2007

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	100 100.0000000000	mCi mCi
2			
3			
4			
5			
6			





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2
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Our records indicate that you have these devices. Please update the information as necessary.

NRC Device Key **815337** (Internal Control Number)

Distributor/Distributed By:

INDUSTRIAL DYNAMICS CO.

Distributor License Number:

1586-19GL

Manufacturer name: INDUSTRIAL DYNAMICS CO., LTD.

INDUSTRIAL DYNAMICS CO.

Device Model (Not Source Model): FT-50-B

FT-50-B

Device Serial Number: 117552

117552

Transfer Date: 01/21/2011

01 21 2011

MM DD YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	AM241 AM241	100 100.0000000000	mCi mCi
2			
3			
4			
5			
6			





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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

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

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:

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

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

NRC Device Key:
(from Section 2 or 6)

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]

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:

[State dropdown]

Zip Code:

[Zip code grid]

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:

[Middle initial box]

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>)

2/15/2022

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:

