





SECTION 1

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NRC FORM 664

(11 - 2020)10 CFR 31.5 **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: 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

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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:	REFRE	SCO BE	VERA	GES	3														
Department:								_											
Address Line 1: 3502 ENTERPRISE AVE																			
														·					
Address Line 2:																			
															-				
City:	JOPLIN																		
State: MO		Zip	Code	e: 64	1801								- [
		For NRC Use Only (Do not write here) Packet Receipt Date (MMDDYYYY):																	
		Accession									ion	n 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	Nam	ne:	BAR	TH																						
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First	Nan	ne:	BRA	NDC	N										M	iddle	Initi	al:	K							
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

NRC Device Key	848319 (Inte	ernal Control Number)		
Distributor/Distributed By:	Industrial Dynamics	Company, Ltd.		
Distributor License Number:	1586-19GL	,		
Manufacturer name: IN	DUSTRIAL DYNAM	CS CO., LTD.		
Device Model (Not Source M	lodel): FILTEC 3-G			
Device Serial Number: 1	18693		-)
T 6 B 1 201401201				
Transfer Date: 06/13/2017	, 		_ 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	3.7			GBq
2				[]
3				
4				
5	<u></u>	~! ! ! ! ! !		
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 2 of 2

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

NF	RC De	vice	Key	,			84	9220) (Inter	nal C	ont	rol N	lumk	er)								
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Dis	ributo	r Lice	ense	Nui	nber	: 1	586-	19GI	L														,
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Mai	nufact	urer	name	e:	11	NDU.	STR	AL C	YN.	AMIC	s co	D., L	TD.										•
Dev	vice M	odel	(Not	Sou	ırce i	Vlode	∍l):	FILTI	EC 3	3-G					-								,
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Dev	rice Se	erial	Num	ber:	1	1186	35	•	•			•		•		•			•	•		•	•
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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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Initi	al Tra	ansfe	ror N	ame																						
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Dev	rice S	erial	Num	ber																			•			
fron	ı a di	uired stribu nsee	itor/n	nanu	factu	ırer,	0	Othe	er Ge	urer/ neral urces	Lice				ited a				MM		DD			YYYY	Y	
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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

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)				
Location of the Device:		MM DD) YYYY	
O Whereabouts Unknown (Comp	lete Part 1 only)	Transferred to anot	her general license	e (Complete Parts 2 and 3)
O Never Possessed the Device (Complete Part 1 only) C	Transferred to a Sp	ecific Licensee (No	t the manufacturer)
O Returned to Manufacturer (Cor	nplete Part 1 only)	(Complete Part 2)		
Part 2 License Number of Rec	cipient (if transferred to a s	pecific licensee):		
Company Name:				
Department:				
Address Line 1:			1 1 1	
Address Line 2:				
City:			<u> </u>	
State: Zip Code:				<u> </u>
		-		
Part 3 Enter the name of	of the individual respor	sibe for this dev	rice:	
Last name:		·	<u> </u>	
First name:			Midd	le Initial:
			Iviida	ie iriitai.
Business Telephone		1 	<u> </u>	
Number:			Extension:	
Title:				





SECTION 5 - CERTIFICATION

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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.
- 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: