

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: 11/30/2022

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

GL-700511-28

SECTION 1 - GENERAL LICENSEE INFORMATION

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:	MILES	TONE A	V TEC	HNOL	.OGI	IES I	LC								
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Department:															
Address Line 1:	3100 N	ORTH	DETRO	IT ST	REE	ΞT									
Address Line 2:															
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City:	WARSA	AW													
State: IN		Z	ip Code	: 46	582								-		
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NMSSID



Zip Code: 46582



11/09/2022

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. SPARKS First Name: DEREK Middle Initial: Business Telephone Number: (574) 267-8101 Extension: Business E-mail Address. Derek.sparks@legrand.com Title: **DIRECTOR OF OPERATIONS** Enter the mailing address where correspondence regarding your device(s) should be sent. **ENGINEERING** Department: Address Line 1. 3100 NORTH DETROIT STREET Address Line 2: City: WARSAW



State: IN







NRC Device Key

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.

769825 (Internal Control Number)

Dis	tributor/D	istributed	d By:	NE	OC Te	chno	ologi	es		_			, 								
Dis	tributor L	icense N	umber	: 1	933-	19GI	L														
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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3 PAGE 1 of 1

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 O Manufacturer/Initial Transferor listed above How acquired and date (e.g., from a distributor/manufacturer, Date Transferred: Other General Licensee other licensee, other source)? MM DD YYYY O Other Sources Isotope (e.g. AM241) Activity (e.g. 100) Unit (e.g. mCi) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.





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.

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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)

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.





SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION



SECTION 6 PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Senal #:

Transfer Date:

Isotope:

Activity:

Unit:

	NIDO	Customer name:	Legrand AV		Incident #	211118-000067	Equipment Type	7.00
	myNDC	Address:	3100 N Detroit St		Purchase Order#		SO Numbers	
TECHNOLOGIES		City:	Warsaw		FSE Assigned:	Theron Jones		
5314 N. Irwindale Ave.		State:	IN	Zip: 46582				
Irwindale, CA 91706, USA		Country:	USA		Contract #:		Serial Numbers	13769
24/7 Support: 800-866-4733 or 626-939-	3855	Contact:	Christopher Loos		Charge code:	Chargeable		
For more support please visit us at		email:	christopher.loos@legr	and.com	Dates	11/09/22		
https://ndc.custhelp.com		Tel:	815-823-5765		S/W version:			74
Reason for Visit					的基础的特别。			
Pack source for disposal								
Actions Taken								
Packed source #13769 and shippe	d to Dayton, OH							
Follow-up required:								
	lead			Synancia			Summary of Charge	
Parts U		Total		Expenses		Parts	Summary of Charge	25
Parts U	Jsed Price EA. QTY	Total	Airfare	Expenses	\$60	Parts Travel and Labour H		
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	Price EA. QTY	DV-2022	Airfare Per Diem Mileage Other (car rental parking Discussed S Discussed Suppo	etc) Spares with customer ort Services with custo *Signature Date:	\$176	Travel and Labour H Expenses Weekend/Overtime	Hours e Charges	9 \$2,19

By signing above, you are confirming that the Total Charges indicated on this form are the charges incurred in providing Services to you, and that you agree to pay this amount in lieu of the Estimated Charges on your current Purchase Order. NDCT will invoice you for these Total Charges using your Current Purchase Order number for reference. If a Purchase Order has not been submitted, please issue within 24 hours or NDCT will

invoice using the case number above.