



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 **SECTION 1 - GENERAL LICENSEE INFORMATION**

GL-704563-28

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:	BF GO	ODRICH											
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Department:	SAFET	Υ											
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Address Line 1:	18906 (OLD 24 I	EAST										
Address Line 2:													
				a l									
City:	WOODI	BURN											
State: IN		Zip	Code	: 467	97					_			
							According to						
		(Do not write here) Packet Receipt Date (MMDDYYYY):											
													MSS/ NMS
							A	ccessi	ion Nu	mber:			19 501
													NMS



Zip Code: 46797



GL-704563-28 11/09/2022

State: IN

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: DONNELLY First Name: PATRICK Middle Initial: J Business Telephone Number: (260) 493-8035 Extension: Business E-mail Address: PAT.DONNELLY@MICHELIN.COM Title: RADIATION SAFETY OFFICER Enter the mailing address where correspondence regarding your device(s) should be sent. ΕP Department: P.O. BOX 277 Address Line 1: Address Line 2: 18906 OLD 24 EAST City: **WOODBURN**





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.

NF	RC Device Key	740003 (Internal Control Number)												
Dist	tributor/Distributed By: Hon	eywell Inter												
Dist	tributor License Number: 7-	513	 											
Mar	nufacturer name: HONE	YWELL INT	ERNATION	IAL, INC.										
Dev	vice Model (Not Source Model): 4203		1	· · · · · · · · · · · · · · · · · · ·									
Dev	vice Serial Number: NL518	 }		<u> </u>										
		.] .												
Trai	nsfer Date: 12/22/2005				<u></u>									
IIai	Tisler Date. 12/22/2005						ossession of	device (Also						
<u> </u>					•	□ comple	te Section 4.)							
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	Isotope (e.g. AM241)	Ac	tivity (e.g. 1	005)				Unit (e.g. mCi)						
1	SR90	50)					mCi						
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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3 PAGE 1 of 1

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Initi	al Tra	nsfe	ror L	icens	se Nu	ımbe	er (i	لــــــــــــــــــــــــــــــــــــ	vn)				!				L			<u> </u>			.L	<u> </u>		
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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.

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(from	Sec	tion	2 or	6)]		1_				J	L	 MN				┙┕								
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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.goy/reading-rm/doc-collections/cfr)

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

DATE

12/8/2022

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:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit: