



Krones, Inc.  
6312 Oakton Street  
Morton Grove, IL 60053

July 30, 2024

Director  
Office of Nuclear Safety and Safeguards  
ATTN: GLTS  
U.S. Nuclear Regulatory Commission  
One White Flint North  
11555 Rockville Pike  
Rockville, MD 20852-2738

RE: Report of Transfers by Krones, Inc., IL-02315-01, to General Licensees in Non-Agreement States

To whom it may concern:

A copy of NRC Form 653, *Transfers of Industrial Devices Report (to General Licensees)*, for the second quarter of 2024 is attached. Please call me at 847-965-1999 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Aaron O. Morris".

Aaron O. Morris

Attachment

ec: Doris Mayer  
Josh Mrotek



# TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)

(Continue on NRC Form 653, 653A or 653B, as appropriate)

Estimated burden per response to comply with this mandatory collection request: 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the FOIA, Library and Information Collections Branch (T-8 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@nrc.gov), and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0001), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503. 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.

For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:

Name of Vendor Krones, Inc.	Reporting Period	
	From 4/1/2024	To 6/30/2024
License Number IL-02315-01		

### Intermediate Person(s) (if any)

Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

### General Licensee Information

Name of General Licensee NONE	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
Name of Responsible Individual	Business Telephone Number
Title of Responsible Individual	

### Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units
	NONE				

### Intermediate Person(s) (if any)

Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

### General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
Name of Responsible Individual	Business Telephone Number
Title of Responsible Individual	

### Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units