



GL-725526-17

04/22/2013

NRC FORM 664

02 - 2004

10 CFR 31.5

## SECTION 1

PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

## GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

**EXPIRES: 03/31/2010**

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 Records and FOIA/Privacy Services Branch (T-5 F52, U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [infocollections@nrc.gov](mailto:infocollections@nrc.gov) to the Desk Officer, Office of Information and Regulatory Affairs, NED-10202, (3150-0000), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**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

**SECTION 1 - GENERAL LICENSEE INFORMATION****Registration Number**

**GL-725526-17**

**Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.**

Company Name: GUYANDOTTE ENERGY

[illegible]

Department: MARIANNA COMPLEX PLANT

[illegible]

Address Line 1: 18 CLOVER STREET

[illegible]

**Address Line 2:**

[illegible]

City: WYOMING

[illegible]

State: WV

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Zip Code: 24898 -

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FOR NRC USE ONLY (Do not write here)		Category	<input type="text"/>	<input type="text"/>
Packet Receipt Date (MM/DD/YYYY)		<input type="text"/>		
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Accession Number		<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FSMEID



GL-725526-17  
04/22/2013

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: HATCHER

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First Name: CHRISTOPHER

Middle Initial: A

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Telephone: (304) 732-0400

Extension:

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Title: CURRENT SAFETY OFFICER

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

This address should be specific to the use or storage location of your device(s).

Department: PREP PLANT

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Address Line 1: P.O. BOX 429

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Address Line 2:

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City: PINEVILLE

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State: WV

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Zip Code: 24874 -

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04/22/2013

## SECTION 2

PAGE 2 of 4

**Distributor/Distributed By:** BERTHOLD TECHNOLOGIES USA, LLC

[illegible][illegible][illegible][illegible][illegible][illegible]

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

YYYY

Unit (e.g. mCi)

mCi

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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04/22/2013

## SECTION 2

PAGE 3 of 4

**Distributor/Distributed By:** BERTHOLD TECHNOLOGIES USA, LLC

[illegible][illegible][illegible][illegible][illegible]

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137	50.000000000	mCi
2			
3			
4			
5			
6			



04/22/2013

## SECTION 2

PAGE 4 of 4

**Distributor/Distributed By:** BERTHOLD TECHNOLOGIES USA, LLC

[illegible][illegible][illegible][illegible][illegible]

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

MM DD YYYY

Unit (e.g. mCi)

mCi			
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GL-725526-17  
04/22/2013

**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>)

Christopher A. Hatcher  
CHRISTOPHER A. HATCHER

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

6-28-13

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.



GL-725526-17

04/22/2013

**SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION**

**SECTION 6**

PAGE 1 of 1

**NRC Device Key:**

**Manufacturer License No:**

**Manufacturer Name:**

**Model Number:**

**Serial #:**

**Transfer Date:**