



GL-720547-18  
 01/08/2014  
 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 infocollects@nrc.gov to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-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-720547-18

**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: AMERICAN COLLOID COMPANY

American Colloid Company

Department:

EHS Department

Address Line 1: 92 HWY 37

92 HWY 37

Address Line 2:

City: LOVELL

Lovell

State: WY WY

Zip Code: 82431 - 82431

**For NRC Use Only**  
*(Do not write here)*

Category:

Packet Receipt Date (MMDDYYYY):

Accession 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 Name: BOWERS

B o w e r s

First Name: JUSTIN

J u s t i n

Middle Initial: D

D

Telephone: (307) 548-5137

3 0 7 5 4 8 5 1 3 7

Extension:

Title: CURRENT SAFETY OFFICER

E H S C o o r d i n a t o r

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:

E H S D e p a r t m e n t

Address Line 1: P.O. BOX 428

9 2 H w y 3 7

Address Line 2:

City: LOVELL

L o v e l l

State: WY

W y

Zip Code: 82431 -

8 2 4 3 1 -





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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

**SECTION 2**

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

**PAGE 1 of 1**

**NRC Device Key**                    **752154**            **(Internal Control Number)**

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Distributor License Number:    **R-01082-E12**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Manufacturer Name: **BERTHOLD TEHNOLOGIES USA, LLC**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Model (Not Source Model): **LB 7440D-CR**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Serial Number: **37624-10451**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Transfer Date (Receipt Date): **10/02/2006**

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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)																											
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**SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION**

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

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Initial Transferor Name

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Initial Transferor License Number (if known)

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Model Number (Not Source Model)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Serial Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

How acquired and date (e.g., from a distributor/manufacture, other licensee, other source)?

Manufacturer/Initial Transferor listed above  
 Other General Licensee  
 Other Source

Date Transferred: 

--	--	--	--	--	--

 (Received)      MM      DD      YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																							
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### SECTION 4 - NOT IN POSSESSION OF DEVICE

**Provide information about devices listed in Section 2 or 6, but no longer in your possession.**

#### Part 1

NRC Device Key:

(from Section 2 or 6)

Transfer Date:

MM DD YYYY

Location of the Device:

- Whereabouts Unknown (complete Part 1 only)
- Never Possessed the Device (complete Part 1 only)
- Returned to Manufacturer (complete Part 1 only)
- Transferred to another general licensee (complete Parts 2 and 3)
- Transferred to a Specific Licensee (Not the manufacturer) (complete Part 2)

**Part 2** License Number of Recipient (if transferred to a specific licensee):

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:   Zip Code:       -

**Part 3** Enter the name of the individual responsible for this device:

Last Name:

First Name:

Middle Initial:

Telephone Number:         Extension:

Title:





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**SECTION 5 - CERTIFICATION**

**SECTION 5**  
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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.
- 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>)

*Justin Bauers*  
**SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)**

*2/3/2014*  
**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 - DEVICES NOT SUBJECT TO REGISTRATION**

**SECTION 6**

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**NRC Device Key:**

Manufacturer License No:

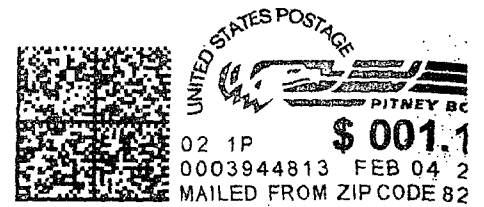
Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

American Colloid/Cetco  
P.O. Box 428  
Lovell, WY 82431



Director, Office of Federal and State Materials  
and Environmental Management Programs  
ATTN: GLTS  
U.S. Nuclear Regulatory Commission  
Washington DC 20555-0001