

GL-44518-18

04/08/2014

NRC FORM 664

02 - 2004 10 CFR 31.5

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

EXPIRES: 03/31/2010

SECTION 1

PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

Estimated burden per response to comply with this mand atory 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 interme te-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.

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-44518-18

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: SOUTHERN INDIANA WOOD

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Address Line 1: 100	00 NORTH MAIN STREET
	BOX 535
Address Line 2: PO	
City: HU	I I I I I I I I I I I I I I I I I I I
State: IN	Zip Code: 47542 - - -
	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	Nam	e:																									
First Name: SCOTT M															Middle Initial: A												
Tele	Telephone: (812) 683-3860														Extension:												
Title	:		PRE	SID	ENT																						
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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:

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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 1 of 1

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SECTION 3

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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION PAGE 1 of 1 Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

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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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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-m/doc-collections/cfr)

5-27-14

DATE

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

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 SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

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Transfer Date: