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U.S. NUCLEAR REGULATORY COMMISSION

02 - 2004 10 CFR 31.5

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198	EXPIF	RES: 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 	re a higher
level of device accountability. Send comments regarding burden estimate to the Records and	id 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 In	nformation and Regulatory Affairs, NEOB-10202, (3150-0000). Office of Manageme	ent and
Purdoet Washington, DC 20503. If a means used to impose an information collection does no	not display a currently valid OMB control number, the NRC may not conduct or soon	ear and a

level of device accountainty. Send comments regarding burden sestimate to the Records and Powerheave Services Extend (1-5 F-2), U.S. Nuclear Regulatory Commission, Vashington, 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

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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.

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SECTION 1 PAGE 2 of 2

SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)

Enter the name, telelphone number and title of the person who is the responsible individual for the device(s).

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Firs	First Name: DERRICK												М	Middle Initial: L								
Tele	phon	e:	(605) 892	2-708	8								Е	xtens	sion:	3					
Title: SAFETY OFFICER																						
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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** 752155 (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: 37624-10567 Transfer Date (Receipt Date): 10/02/2006 Not in possession of device (Also complete Section 4.) MMDD YYYY Isotope (e.g. AM241) Activity (e.g. 100) Unit (e.g. mCi) CS137 30.000000000 mCi 2 3 4 5 6

SECTION 3

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 Initial Transferor Name Initial Transferor License Number (if known) Device Model Number (Not Source Model) **Device Serial Number** O Manufacturer/Initial Transferor listed above How acquired and date (e.g., O Other General Licensee from a distributor/manufacturer, Date Transferred: other licensee, other source)? (Received) Other Source MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 100) Unit (e.g. mCi) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.



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.

Part 1 NRC Device Key:	Transfer Date:										
(from Section 2 or 6)											
Location of the Device: MM DD YYYY											
O Whereabouts Unknown (complete Part 1 only)	Transferred to another general licensee (complete Parts 2 and 3										
O Never Possessed the Device (complete Part 1 only)	,										
O Returned to Manufacturer (complete Part 1 only)	(complete Part 2)										
Part 2 License Number of Recipient (if transferred to a specific licensee):											
Company Name:											
Department:											
Department.											
Address Line 1:											
Address Line 2:											
Cibu											
City:											
State: Zip Code:	-										
Part 3 Enter the name of the individual responsible for this device:											
Last Name:											
First Name:	Middle Initial:										
	ividdic ilitidi.										
Telephone Number:	Extension:										
Title:											
riue:											

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)

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

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.

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: