



GL-723378-19
 01/08/2015
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-723378-19

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: MIDDLEBURY COLLEGE

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Department: FACILITIES SERVICES

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Address Line 1: 84 SOUTH SERVICE ROAD

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Address Line 2:

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City: MIDDLEBURY

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State: VT

Zip Code: 05753 - -

For NRC Use Only (Do not write here)	Category: <input type="text" value=""/>
Packet Receipt Date (MMDDYY):	<input type="text" value=""/>
Accession Number:	<input type="text" value=""/>





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: LACROSS
[Grid of 20 boxes]

First Name: JEREMIAH Middle Initial: T
[Grid of 12 boxes] [Grid of 2 boxes]

Telephone: (802) 443-5667 Extension:
[Grid of 10 boxes] [Grid of 5 boxes]

Title: SAFETY & REG COMPLY MANAGER
[Grid of 20 boxes]

**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: FACILITIES SERVICES
[Grid of 20 boxes]

Address Line 1: 84 SOUTH SERVICE ROAD
[Grid of 20 boxes]

Address Line 2:
[Grid of 20 boxes]

City: MIDDLEBURY
[Grid of 20 boxes]

State: VT [Grid of 2 boxes] Zip Code: 05753 - [Grid of 5 boxes] - [Grid of 5 boxes]





GL-723378-19

01/08/2015

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 790420 (Internal Control Number)

Distributor/Distributed By: BERTHOLD TECHNOLOGIES USA, LLC

Empty grid for distributor information

Distributor License Number: R-01082-E12

Empty grid for distributor license number

Manufacturer Name: BERTHOLD TECHNOLOGIES USA, LLC

Empty grid for manufacturer name

Device Model (Not Source Model): LB 300 LP

Empty grid for device model

Device Serial Number: 17491-10239

Empty grid for device serial number

Transfer Date (Receipt Date): 11/25/2008

Empty grid for transfer date

MM DD YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 [][][][][][]	100.000000000 [][][][][][][][][][][][][][][][]	mCi [][][]
2	[][][][][][]	[][][][][][][][][][][][][][][][]	[][][]
3	[][][][][][]	[][][][][][][][][][][][][][][][]	[][][]
4	[][][][][][]	[][][][][][][][][][][][][][][][]	[][][]
5	[][][][][][]	[][][][][][][][][][][][][][][][]	[][][]
6	[][][][][][]	[][][][][][][][][][][][][][][][]	[][][]





GL-723378-19
01/08/2015

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

Transfer Date:

NRC Device Key:

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(from Section 2 or 6)

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MM DD YYYY

Location of the Device:

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

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

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Company Name:

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Department:

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Address Line 1:

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Address Line 2:

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City:

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State:

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Zip Code:

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

Last Name:

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First Name:

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Middle Initial:

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Telephone Number:

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Extension:

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Title:

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GL-723378-19
01/08/2015

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>)



SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

1-23-15

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.

