



GL-717059-19  
 01/06/2015  
 NRC FORM 664  
 02 - 2004  
 10 CFR 31.5

SECTION 1  
 PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

## GENERAL LICENSEE REGISTRATION

<b>APPROVED BY OMB: NO. 3150-0198</b>	<b>EXPIRES: 03/31/2010</b>
<small>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.</small>	

**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-717059-19

**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: ELEMENTIS SPECIALITIES

Department:

Address Line 1: 1003 MACCORKLE AVE. S.W.

Address Line 2:

City: CHARLESTON

State: WV

Zip Code: 25303 -

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

7013 2630 0000 2234 8939





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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: DINICOLA

S N O D G R A S S

First Name: PAUL

Middle Initial: M

J O H N

Telephone: (304) 342-8103

Extension: 815

8 0 6

Title: PLANT MANAGER

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:

Address Line 1: 1003 MACCORKLE AVE. S.W.

Address Line 2:

City: CHARLESTON

State: WV

Zip Code: 25303 -







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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 2 of 2**

**NRC Device Key**                 **735603**         **(Internal Control Number)**

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

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

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

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Device Model (Not Source Model): **LB 379**

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Device Serial Number: **1112**

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Transfer Date (Receipt Date): **09/18/1998**

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MM           DD           YYYY

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

	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

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

Initial Transferor License Number (if known)

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Device Model Number (Not Source Model)

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Device Serial Number

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

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

- Manufacturer/Initial Transferor listed above  
 Other General Licensee  
 Other Source

Date Transferred: 

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(Received)                          MM                  DD                  YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																					
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**SECTION 5 - CERTIFICATION**

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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>)

*Michael Hank*

4/2/15

**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.





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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: