



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-642467-19

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: CERTAINTEED GYPSUM																					
Depa	epartment:																				
Addre	Address Line 1: 88 COUNTY ROAD 2AB																				
Addre	ess	Line	2:																		
City:	y: CODY																				
State	: V	Λ					Zip (ode	: 82	2414	-						 -				
						For (Do	NRC not	Use write	hei	ly re)	Pack	et R	ecei		ate (I	MM D	YY): ber:				





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).

Last Name: ROBERTS														
CHOWNING														
First Name: MICHAEL Middle Initial: M														
MATTHEW														
Telephone: (307) 587-2236 Extension: 220														
3075872236														
Fitle: PROGRAMMER														
FINVIRONMENT LEADER														
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: P.O. BOX 590														
Address Line 2: 88 COUNTY ROAD 2AB														
City: CODY														
State: WY														





SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 1 of 3

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

NRC Device Key						5466	10	(I	nter	nal (Cont	roi N	lumb	er)											
Distributor/Distributed By:						KAY-	RAY	/SEN	ISAL	L, IN	IC.														
Dis	tributo	or Licen	se Nu	mber		IL-01	010-	02	2																
Mai	nufact	turer Na	me: k	CAY-F	RAY/	SENS	SALL	, INC).		·	J													
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Dev	/ice M	lodel (N	ot So	urce	Mod	el): 7	' '062F	 З	L	1	1		J	L	<u> </u>	<u> </u>	l	l .	·	J	<u>. </u>	J			
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GL-642467-19

04/06/2015 SECTION 2 - DE

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

SECTION 2 PAGE 2 of 3

NRC Device Key	546611	(Internal (Control N	lumber)	,													
Distributor/Distributed By:	KAY-RAY/S	SENSALL, IN	IC.															
Distributor License Number:	IL-01010-0)2		· · · · · · · · · · · · · · · · · · ·		•	······											
Manufacturer Name: KAY-RAY	//SENSALL,	INC.																
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Device Model (Not Source Mo	del): 7062B		1	T	1	1			1			1						
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Device Serial Number: S94F10	001			<u> </u>														
Transfer Date (Receipt Date):	05/15/1995																	
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04/06/2015

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

PAGE 3 of 3 Our records indicate that you have these devices. Please update the information as necessary. **NRC Device Key** 546612 (Internal Control Number) Distributor/Distributed By: KAY-RAY/SENSALL, INC. Distributor License Number: IL-01010-02 Manufacturer Name: KAY-RAY/SENSALL, INC. Device Model (Not Source Model): 7062B Device Serial Number: S95D0303 Transfer Date (Receipt Date): 05/15/1995 Not in possession of device (Also complete Section 4.) MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 100) Unit (e.g. mCi) 1 CS137 100.000000000 mCi 2 3 4 5 6





SECTION 3

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.

Manufacturer Name																									
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Initia	al Tra	nsfe	ror L	icens	se N	umbe	er (if	kno	wn)																
Dev	ice N	e Model Number (Not Source Model)																							
Dev	ice S	erial	Nun	ber					•														-		
	vice Serial Number																								
	O Manufacturer/Initial Transferor listed above																								
from	ow acquired and date (e.g., om a distributor/manufacturer, O Other General Licensee Date Transferred: ther licensee, other source)?																								
othe	a distributor/manufacturer, O Other General Licensee Date Transferred: Detection of the Indian Control of the															YY	ΥY								
		Isotope (e.g. AM241) Activity (e.g. 100)																Unit	(e.g.	mCi)					
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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.

Par	1				Transfer Date:																						
NR	C De	vice	Key:		[1	T	\top			}	Γ					1 [T						
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Loc	ation	of th	e De	vice	:									ΜN	/1	[OD		Y	YY.	Y						
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0	 Never Possessed the Device (complete Part 1 only) Returned to Manufacturer (complete Part 1 only) 																	ecific	Lice	nsee	(No	t the	man	ıufac	ture	r)	
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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.
- 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

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: