



GL-60253-19
 04/06/2015
 NRC FORM 664
 02 - 2004
 10 CFR 31.5

SECTION 1
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U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198	EXPIRES: 03/31/2010
<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-60253-19

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: FIBERMARK, NA

F I B E R M A R K N O R T H A M E R I C A

Department:

Address Line 1:

Address Line 2: 161 WELLINGTON ROAD

City: BRATTLEBORO

State: VT

Zip Code: 05302 - 0 5 3 0 1 -

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





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: SHERMAN

S	N	O	O	K															
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First Name: JAMES

S	T	E	V	E	N														
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Middle Initial: A

K

Telephone: (802) 258-2705

8	0	2	2	5	8	7	5	9	8	2
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Extension:

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Title: OPERATIONS MANAGER

E	N	V	I	R	O	N	M	E	N	T	A	L	S	P	E	C	I	A	L	I	S	T
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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: ATTN: JAMES SHERMAN

A	T	T	N	:	S	T	E	V	E	N	S	N	O	O	K							
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Address Line 1: 161 WELLINGTON ROAD

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Address Line 2:

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City: BRATTLEBORO

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State: VT

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Zip Code: 05302 -

0	5	3	0	1	-				
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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>)

Steve H. Lusk

4/30/2015

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 Name:
Model Number:

Manufacturer License No:

Serial #:

Transfer Date: