



GL-726585-19  
 04/07/2015  
**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](mailto: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-726585-19

**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: BELLE FOURCHE

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Department: BRIDGER PIPELINE

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Address Line 1: 1319 W. MAIN ST

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Address Line 2:

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City: NEWCASTLE

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State: WY 

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Zip Code: 82701 - 

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**For NRC Use Only**  
 (Do not write here)

Category: 

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Packet Receipt Date (MMDDYYYY):

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Accession Number:

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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** 828723 **(Internal Control Number)**

Distributor/Distributed By: BERTHOLD TECHNOLOGIES U.S.A., LLC

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Distributor License Number: R-01082-B23

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Manufacturer Name: BERTHOLD TECHNOLOGIES U.S.A., LLC

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Device Model (Not Source Model): LB 7440D CR

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Device Serial Number: 37624-12963

3	7	6	2	4	-	1	2	9	6	3								
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Transfer Date (Receipt Date): 03/08/2013

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																					
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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

[Grid for Manufacturer Name]

Initial Transferor Name

[Grid for Initial Transferor Name]

Initial Transferor License Number (if known)

[Grid for Initial Transferor License Number]

Device Model Number (Not Source Model)

[Grid for Device Model Number]

Device Serial Number

[Grid for Device Serial Number]

How acquired and date (e.g., from a distributor/manufactur...

Manufacturer/Initial Transferor listed above

Other General Licensee

Other Source

Date Transferred:

[Date Transferred grid]

(Received)

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

Table rows for Isotope

Table rows for Activity

Table rows for Unit





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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.**

**Part 1**

NRC Device Key:   
(from Section 2 or 6)

Transfer Date:   
MM DD YYYY

Location of the Device:

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

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

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:  Zip Code:  -

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

Last Name:

First Name:

Middle Initial:

Telephone Number:

Extension:

Title:





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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.
- 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>)

  
\_\_\_\_\_

5/16/15  
\_\_\_\_\_

**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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<b>NRC Device Key:</b>	Manufacturer License No:
Manufacturer Name:	
Model Number:	Serial #:
	Transfer Date: