



GL-704325-20  
 11/02/2015  
**NRC FORM 664**  
 07 - 2015  
 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: 04/30/2016**

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 FOIA, Privacy, and Information Collections Branch (T-5 F53), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0198), 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-704325-20

**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: INDEPENDENCE COAL COMPANY

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Department: LIBERTY PROCESSING

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Address Line 1: ROUTE 85 SOUTH ROBINSON CREEK

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Address Line 2:

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City: UNEEDA

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State: WV

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Zip Code: 25205 -

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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 1**  
**PAGE 1 of 2**  
**U.S. NUCLEAR REGULATORY COMMISSION**

### GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

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**General License**                      **SECTION 1 - GENERAL LICENSEE INFORMATION**  
**Registration Number**  
**GL-704325-20**

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: INDEPENDENCE COAL COMPANY

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Department: LIBERTY PROCESSING

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Address Line 1: ROUTE 85 SOUTH

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Address Line 2: ROBINSON CREEK ROAD

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City: UNEEDA

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State: WV

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Zip Code: 25205 -

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<b>For NRC Use Only (Do not write here)</b>	<b>Category:</b> <table border="1"><tr><td></td><td></td></tr></table>									
	<b>Packet Receipt Date (MMDDYYYY):</b> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
<b>Accession Number:</b> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										





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11/02/2015

SECTION 1  
PAGE 2 of 2

**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: ~~XXXXXX~~

NEWSOME

First Name: ~~KRISTY~~

Middle Initial: ~~A~~

WILLIAM

G

Telephone: (304) 369-7704

Extension: ~~7047~~

304 369 8500

Title: ~~CURRENT SAFETY OFFICER~~

RSO

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: SAFETY AND TRAINING

Address Line 1: 782 ROBINSON CREEK RD

Address Line 2:

City: MADISON

State: WV      Zip Code: 25130 -







GL-704325-20

11/02/2015

### 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 3

NRC Device Key **757063** (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 TEHNOLOGIES USA, LLC

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

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Device Serial Number: 37624-10832

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Transfer Date (Receipt Date): 10/19/2007

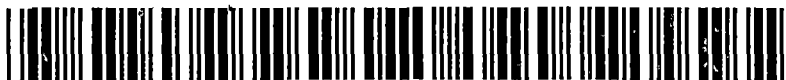
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Not in possession of device (Also complete Section 4.)

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																													
1	CS137 <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>						500.000000000 <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																						mCi <table border="1"> <tr><td></td><td></td><td></td></tr> </table>			
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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 3 of 3

**NRC Device Key**                 **757064**        **(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 TEHNOLOGIES USA, LLC

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

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**Device Serial Number:** 37624-10833

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**Transfer Date (Receipt Date):** 10/19/2007

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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)																							
1	CS137 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						500.000000000 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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11/02/2015

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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Initial Transferor Name

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Initial Transferor License Number (if known)

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

Device Model Number (Not Source Model)

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

Device Serial Number

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

- How acquired and date (e.g., from a distributor/manufacturor, 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)																							
1.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																<table border="1"><tr><td></td><td></td><td></td></tr></table>			
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11/02/2015

SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4  
PAGE 1 of 3

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Part 1

Transfer Date:

NRC Device Key:

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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11/02/2015

SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4  
PAGE 2 of 3

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Part 1

NRC Device Key: 

7	5	7	0	6	3
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(from Section 2 or 6)

Transfer Date: 

01	06	20	16
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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):

P	A	-	0	6	7	8	-	1	0		
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Company Name:

A	L	A	R	O	N		N	U	C	L	E	A	R		S	E	R	V	I	C	E	S			
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Department:

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Address Line 1:

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Address Line 2:

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City:

W	A	M	P	U	M																				
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State: 

P	A
---	---

 Zip Code: 

1	6	1	5	7		
---	---	---	---	---	--	--

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

Last Name:

O	W	O	C																						
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name:

J	U	L	I	A	N						
---	---	---	---	---	---	--	--	--	--	--	--

Middle Initial:

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Telephone Number: 

7	2	4		5	3	5		5	7	7	7
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 Extension: 

2	6	6		
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Title:

R	S	O																							
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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4  
PAGE 3 of 3

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Part 1

Transfer Date:

NRC Device Key:

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**  
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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>)

W.G. Newsome  
*William G. Newsome*  
 SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

01-26-2016  
 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: 591827**

Manufacturer License No: L01105

Manufacturer Name: TN TECHNOLOGIES, INC.

Model Number: 9277

Serial #: M461

Transfer Date: 02/15/1998

Isotope: CD109

Activity: 4.000000000

Unit: mCi

**NRC Device Key: 591903**

Manufacturer License No: L01105

Manufacturer Name: TN TECHNOLOGIES, INC.

Model Number: 9277

Serial #: M461

Transfer Date: 02/15/1998

Isotope: FE55

Activity: 45.000000000

Unit: mCi

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