



GL-59156-20  
 04/05/2016  
 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, 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-59156-20

**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: THOMPSON CREEK MINING COMPANY

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Department:

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Address Line 1: 35 MILES SOUTHEAST OF CHALLIS

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Address Line 2:

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City: CHALLIS

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State: ID 

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Zip Code: 83226 - 0600 

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

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First Name: RICHARD

Middle Initial: L

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Telephone: (208) 838-2200

Extension:

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Title: CURRENT SAFETY OFFICER

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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: SAFETY

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Address Line 1: PO BOX 600

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Address Line 2:

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

City: CHALLIS

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State: ID

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Zip Code: 83226 -

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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 823943 (Internal Control Number)****Distributor/Distributed By: BERTHOLD TECHNOLOGIES USA, LLC**

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

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

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**Manufacturer Name: BERTHOLD TECHNOLOGIES**

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**Device Model (Not Source Model): LB 7444-CR**

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

**Device Serial Number: 37628-10366**

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**Transfer Date (Receipt Date): 08/23/2012**

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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

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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

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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/manufacture, other licensee, other source)?  Manufacturer/Initial Transferor listed above

Other General Licensee

Other Source

Date Transferred:

(Received)                  MM                  DD                  YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1.	<input style="width:50px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:100px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:30px; height:20px; border: 1px solid black;" type="text"/>
2.	<input style="width:50px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:100px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:30px; height:20px; border: 1px solid black;" type="text"/>
3.	<input style="width:50px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:100px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:30px; height:20px; border: 1px solid black;" type="text"/>
4.	<input style="width:50px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:100px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:30px; height:20px; border: 1px solid black;" type="text"/>
5.	<input style="width:50px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:100px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:30px; height:20px; border: 1px solid black;" type="text"/>
6.	<input style="width:50px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:100px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:30px; height:20px; border: 1px solid black;" type="text"/>
7.	<input style="width:50px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:100px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:30px; height:20px; border: 1px solid black;" type="text"/>
8.	<input style="width:50px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:100px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:30px; height:20px; border: 1px solid black;" type="text"/>
9.	<input style="width:50px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:100px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:30px; height:20px; border: 1px solid black;" type="text"/>
10.	<input style="width:50px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:100px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:30px; height:20px; border: 1px solid black;" type="text"/>







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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>)

*Roland R. Swigell JR*

*5/3/2016*

**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: