





GL-704780-20  
11/03/2015

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: ~~MURPHY~~

NEWSOME

First Name: ~~CHARLES~~

Middle Initial: ~~W~~

WILLIAM

G

Telephone: ~~(304) 848-3730~~

Extension: ~~218~~

304 369 8500

Title: CURRENT SAFETY OFFICER

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: PLANT

Address Line 1: P.O. BOX 390 EAST

Address Line 2:

City: EAST LYNN

State: WV

Zip Code: 25512 -

























GL - 7 0 4 7 8 0 - 2 0

Date 06/24/2016

SECTION 4 - NOT IN POSSESSION OF DEVICE

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

Part 1

NRC Device Key 496929  
(from Section 2 or 6)

Transfer Date

0 1 0 7 2 0 1 6  
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)

R - 0 1 0 8 2 - B 2 3

Company Name:

B E R T H O L D T E C H N O L O G I E S U S A L L C

Department:

Address Line 1:

9 9 M I D W A Y L A N E

Address Line 2:

City:

O A K R I D G E

State: T N

Zip Code: 3 7 8 3 0 -

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

Last Name:

D O U G L A S

First Name:

Middle Initial:

C H E S T E R

Telephone Number:

Extension

8 6 5 - 4 8 3 - 1 4 8 8

Title

R S O



GL - 7 0 4 7 8 0 - 2 0

Date 06/24/2016

SECTION 4 - NOT IN POSSESSION OF DEVICE

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

Part 1

NRC Device Key 496931  
(from Section 2 or 6)

Transfer Date

0 1 0 7 2 0 1 6  
MM DD YYYY

Location of the Device:

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

Part 2

License Number of Recipient (if transferred to a specific licensee)

R - 0 1 0 8 2 - B 2 3

Company Name:

B E R T H O L D T E C H N O L O G I E S U S A L L C

Department:

Address Line 1:

9 9 M I D W A Y L A N E

Address Line 2:

City:

O A K R I D G E

State: T N

Zip Code: 3 7 8 3 0 -

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

Last Name:

D O U G L A S

First Name:

Middle Initial:

C H E S T E R

Telephone Number:

Extension

8 6 5 - 4 8 3 - 1 4 8 8

Title

R S O



GL - 7 0 4 7 8 0 - 2 0

Date 06/24/2016

SECTION 4 - NOT IN POSSESSION OF DEVICE

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

Part 1

NRC Device Key 546664  
(from Section 2 or 6)

Transfer Date

0 1 0 7 2 0 1 6  
MM DD YYYY

Location of the Device:

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

Part 2

License Number of Recipient (if transferred to a specific licensee)

R - 0 1 0 8 2 - B 2 3

Company Name:

B E R T H O L D T E C H N O L O G I E S U S A L L C

Department:

Address Line 1:

9 9 M I D W A Y L A N E

Address Line 2:

City:

O A K R I D G E

State: T N

Zip Code: 3 7 8 3 . 0

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

Last Name:

D O U G L A S

First Name:

Middle Initial:

C H E S T E R

Telephone Number:

Extension

8 6 5 - 4 8 3 - 1 4 8 8

Title

R S O



GL - 7 0 4 7 8 0 - 2 0

Date 06/24/2016

SECTION 4 - NOT IN POSSESSION OF DEVICE

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

Part 1

NRC Device Key 546665  
(from Section 2 or 6)

Transfer Date

0 1 0 7 2 0 1 6  
MM DD YYYY

Location of the Device:

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

Part 2

License Number of Recipient (if transferred to a specific licensee)

R - 0 1 0 8 2 - B 2 3

Company Name:

B E R T H O L D T E C H N O L O G I E S U S A L L C

Department:

Address Line 1:

9 9 M I D W A Y L A N E

Address Line 2:

City:

O A K R I D G E

State: T N

Zip Code: 3 7 8 3 0 -

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

Last Name:

D O U G L A S

First Name:

Middle Initial:

C H E S T E R

Telephone Number:

Extension

8 6 5 - 4 8 3 - 1 4 8 8

Title

R S O





GL - 7 0 4 7 8 0 - 2 0

Date 06/24/2016

SECTION 4 - NOT IN POSSESSION OF DEVICE

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

Part 1

NRC Device Key 546666 (from Section 2 or 6)

Transfer Date 01 07 2016 MM DD YYYY

Location of the Device:

- Whereabouts Unknown, Never Possessed the Device, Returned to Manufacturer, Transferred to another general licensee, Transferred to a Specific Licensee (not the manufacturer)

Part 2

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

R - 0 1 0 8 2 - B 2 3

Company Name:

B E R T H O L D T E C H N O L O G I E S U S A L L C

Department:

[Empty department box]

Address Line 1:

9 9 M I D W A Y L A N E

Address Line 2:

[Empty address line 2 box]

City:

O A K R I D G E

State:

T N

Zip Code:

3 7 8 3 0 - [Empty]

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

Last Name:

D O U G L A S

First Name:

C H E S T E R

Middle Initial:

[Empty]

Telephone Number:

8 6 5 - 4 8 3 - 1 4 8 8

Extension

[Empty extension box]

Title

R S O

GL - 7 0 4 7 8 0 - 2 0

Date 06/24/2016

SECTION 4 - NOT IN POSSESSION OF DEVICE

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

Part 1

NRC Device Key 722867  
(from Section 2 or 6)

Transfer Date

0 1 0 7 2 0 1 6  
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)

4 7 - 3 0 9 2 7 - 0 1

Company Name:

H I G H L A N D M I N I N G C O M A N N Y , I N C .

Department:

Address Line 1:

U S R O U T E 1 1 9 S O U T H

Address Line 2:

P . O . B O X 1 0 9 8

City:

H O L D E N

State: W V

Zip Code: 2 5 6 2 5 -

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

Last Name:

B U R D E T T E

First Name:

Middle Initial:

S C O T T

J

Telephone Number:

Extension

3 0 4 - 2 3 9 - 2 3 0 0

Title

R S O



GL - 7 0 4 7 8 0 - 2 0

Date 06/24/2016

SECTION 4 - NOT IN POSSESSION OF DEVICE

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

Part 1

NRC Device Key 754043  
(from Section 2 or 6)

Transfer Date

0 1 0 7 2 0 1 6  
MM DD YYYY

Location of the Device:

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

Part 2

License Number of Recipient (if transferred to a specific licensee)

R - 0 I 0 8 2 - B 2 3

Company Name:

B E R T H O L D T E C H N O L O G I E S U S A L L C

Department:

Address Line 1:

9 9 M I D W A Y L A N E

Address Line 2:

City:

O A K R I D G E

State: T N

Zip Code: 3 7 8 3 0 -

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

Last Name:

D O U G L A S

First Name:

Middle Initial:

C H E S T E R

Telephone Number:

Extension

8 6 5 - 4 8 3 - 1 4 8 8

Title

R S O



GL - 7 0 4 7 8 0 - 2 0

Date 06/24/2016

SECTION 4 - NOT IN POSSESSION OF DEVICE

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

Part 1

NRC Device Key 811537 (from Section 2 or 6)

Transfer Date

0 1 0 7 2 0 1 6 MM DD YYYY

Location of the Device:

- Whereabouts Unknown, Transferred to another general licensee, Never Possessed the Device, Transferred to a Specific Licensee, Returned to Manufacturer

Part 2

License Number of Recipient (if transferred to a specific licensee)

4 7 - 3 0 9 2 7 - 0 1

Company Name:

H I G H L A N D M I N I N G C O M A N N Y , I N C .

Department:

[Empty grid for Department]

Address Line 1:

U S R O U T E 1 1 9 S O U T H

Address Line 2:

P . O . B O X 1 0 9 8

City:

H O L D E N

State: W V

Zip Code: 2 5 6 2 5 -

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

Last Name:

B U R D E T T E

First Name:

Middle Initial:

S C O T T J

Telephone Number:

Extension

3 0 4 - 2 3 9 - 2 3 0 0

Title

R S O

GL - 7 0 4 7 8 0 - 2 0

Date 06/24/2016

SECTION 4 - NOT IN POSSESSION OF DEVICE

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

Part 1

NRC Device Key 811538 (from Section 2 or 6)

Transfer Date

0 1 0 7 2 0 1 6 MM DD YYYY

Location of the Device:

- Whereabouts Unknown, Never Possessed the Device, Returned to Manufacturer, Transferred to another general licensee, Transferred to a Specific Licensee (not the manufacturer)

Part 2

License Number of Recipient (if transferred to a specific licensee)

4 7 - 3 0 9 2 7 - 0 1

Company Name:

H I G H L A N D M I N I N G C O M A N N Y , I N C .

Department:

[Empty department field]

Address Line 1:

U S R O U T E 1 1 9 S O U T H

Address Line 2:

P . O . B O X 1 0 9 8

City:

H O L D E N

State: W V

Zip Code: 2 5 6 2 5 -

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

Last Name:

B U R D E T T E

First Name:

S C O T T

Middle Initial:

J

Telephone Number:

3 0 4 - 2 3 9 - 2 3 0 0

Extension

[Empty extension field]

Title

R S O





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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>)

W. G. Newsome

June 24 - 2016

Wm. G. Newsome  
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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11/03/2015



**SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION**

**SECTION 6**

PAGE 1 of 1

**NRC Device Key:**  
**Manufacturer Name:**  
**Model Number:**

**Manufacturer License No:**

**Serial #:**

**Transfer Date:**