



GL-642467-21  
 04/11/2017  
 NRC FORM 664  
 07 - 2015  
 10 CFR 31.5

GLTS

SECTION 1  
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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-642467-21

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: CERTAITEED GYPSUM

C E R T A I T E E D G Y P S U M

Department:

Address Line 1: 88 COUNTY ROAD 2AB

8 8 C O U N T Y R O A D 2 A B

Address Line 2:

City: CODY

C O D Y

State: WY **W Y**

Zip Code: 82414 - **8 2 4 1 4**

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

Category:

Packet Receipt Date (MMDDYYYY):

Accession Number:



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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: COLLINS

C O L L I N S

First Name: DUSTIN

Middle Initial: R

D U S T I N

Telephone: (307) 587-2236

Extension: 243

3 0 7 5 8 7 2 2 3 6

2 2 4 3

Title: ENVIRONMENT LEADER

M A I N T E N A N C E E N G I N E E R

**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:

Address Line 1: P.O BOX 590

P. O. B O X 5 9 0

Address Line 2: 88 COUNTY ROAD 2AB

8 8 C O U N T Y R O A D 2 A B

City: CODY

C O D Y

State: WY Zip Code: 82414 -

w y

8 2 4 1 4 -





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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.

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NRC Device Key 546610 (Internal Control Number)

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

KAY-RAY/SENSALL, INC

Distributor License Number: IL-01010-02

IL-01010-02

Manufacturer Name: KAY-RAY/SENSALL, INC.

KAY-RAY/SENSALL INC

Device Model (Not Source Model): 7062B

7062B

Device Serial Number: S95D0302

S95D0302

Transfer Date (Receipt Date): 05/15/1994

05 15 1994

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 CS137	100.00000000 100.00000000	mCi mCi
2			
3			
4			
5			
6			





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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

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**PAGE 2 of 3**

Our records indicate that you have these devices. Please update the information as necessary.

**NRC Device Key**                      **546611**      (**Internal Control Number**)

Distributor/Distributed By:      **KAY-RAY/SENSALL, INC.**

**KAY-RAY/SENSALL INC**

Distributor License Number:      **IL-01010-02**

**IL-01010-02**

Manufacturer Name: **KAY-RAY/SENSALL, INC.**

**KAY-RAY/SENSALL INC**

Device Model (Not Source Model): **7062B**

**7062B**

Device Serial Number: **S94F1001**

**S94F1001**

Transfer Date (Receipt Date): **05/15/1995**

**05 15 1995**

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 <b>CS137</b>	100.00000000 <b>100.00000000</b>	mCi <b>mCi</b>
2			
3			
4			
5			
6			





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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.

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NRC Device Key 546612 (Internal Control Number)

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

KAY-RAY/SENSALL, INC

Distributor License Number: IL-01010-02

IL-01010-02

Manufacturer Name: KAY-RAY/SENSALL, INC.

KAY-RAY/SENSALL, INC

Device Model (Not Source Model): 7062B

7062B

Device Serial Number: S95D0303

S95D0303

Transfer Date (Receipt Date): 05/15/1995

05 15 1995

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 CS137	100.00000000 100.00000000	mCi mCi
2			
3			
4			
5			
6			









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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>)

Justin Colman

05/11/2017

**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: