

## Wagner, Katie

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**From:** VonEhr, Jason  
**Sent:** Monday, August 07, 2017 1:25 PM  
**To:** Wagner, Katie  
**Subject:** FW: RE: Registrations of Generally Licensed Sources with the U.S. Nuclear Regulatory Commission  
**Attachments:** US Omega Foods Registration GL-724456-20.pdf  
**Importance:** High

Katie,

As discussed, the registration papers for U.S. Omega Foods,

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Jason vonEhr

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**From:** ron [mailto:ron@afpmt.com]  
**Sent:** Friday, August 04, 2017 3:36 PM  
**To:** VonEhr, Jason <Jason.VonEhr@nrc.gov>  
**Subject:** [External\_Sender] RE: Registrations of Generally Licensed Sources with the U.S. Nuclear Regulatory Commission  
**Importance:** High

Jason,

Updated signed form attached, the old address was the business office only. Unit has been and is located at the 1315 Allendale Road Laurel location.

Regards

Ron

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**From:** VonEhr, Jason [mailto:Jason.VonEhr@nrc.gov]  
**Sent:** Friday, August 04, 2017 8:21 AM  
**To:** ron@afpmt.com  
**Cc:** Wagner, Katie  
**Subject:** Registrations of Generally Licensed Sources with the U.S. Nuclear Regulatory Commission

Mr. Ron Oberlander,  
As requested, attached are the registration forms and instructions for completion.

When completed, feel free to cc my email here in reply, but please make sure that you include Ms. Katie Wagner ([Katie.wagner@nrc.gov](mailto:Katie.wagner@nrc.gov)) of NRC headquarters. For the subject line, I'd recommend at a minimum using your registered name "US Omega Foods" for clarity.

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Jason vonEhr  
Health Physicist  
U.S. Nuclear Regulatory Commission, Region-IV  
1600 East Lamar Boulevard  
Arlington, Texas 76011-4511

GLTS

Office: (817) 200-1186  
Fax: (817) 200-1083  
Email: [jason.vonehr@nrc.gov](mailto:jason.vonehr@nrc.gov)



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Note: Any views or opinions presented in this message are solely those of the author and do not necessarily represent those of the Nuclear Regulatory Commission, Region-IV or the Materials Licensing and Inspection Branch. All e-mails are subject to monitoring and archival.

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GL-724456-20  
03/01/2016  
NRC FORM 664  
07 - 2015  
10 CFR 31.5

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-724456-20

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: US OMEGA FOODS

U	S				O	m	e	g	a		F	o	o	d	s				
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Department:

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Address Line 1: 815 HIDDEN VALLEY ROAD NORHT

1	3	1	5		A	l	l	e	n	d	a	l	e		R	o	a	d			
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Address Line 2:

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

City: FLORENCE

L	a	u	r	e	l																
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State: MT

M	T
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Zip Code: 59833 -

5	9	0	4	4	-				
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<b>For NRC Use Only (Do not write here)</b>	<b>Category:</b>	<input type="text"/>
	<b>Packet Receipt Date (MMDDYYYY):</b>	<input type="text"/>
	<b>Accession Number:</b>	<input type="text"/>





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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: OBERLANDER

O b e r l a n d e r

First Name: RON

R o n a l d

Middle Initial:

R

Telephone: (406) 207-7545

4 0 6 2 0 7 7 5 4 5 5

Extension:

Title: CURRENT SAFETY OFFICER

o w n 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 1000

1 3 1 5 A l l e n d a l e R o a d

Address Line 2:

City: FLORENCE

L a u r e l

State: MT

M T

Zip Code: 59833 -

5 9 0 4 4 -







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SECTION 3

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

Manufacturer Name grid

Initial Transferor Name

Initial Transferor Name grid

Initial Transferor License Number (if known)

Initial Transferor License Number grid

Device Model Number (Not Source Model)

Device Model Number grid

Device Serial Number

Device Serial Number grid

How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

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 with 10 rows and 3 columns: Isotope, Activity, 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**

Transfer Date:

NRC Device Key:  
(from Section 2 or 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):**

[Grid for License Number]

Company Name:

[Grid for Company Name]

Department:

[Grid for Department]

Address Line 1:

[Grid for Address Line 1]

Address Line 2:

[Grid for Address Line 2]

City:

[Grid for City]

State:

[State Grid]

Zip Code:

[Zip Code Grid]

[Zip Code Grid]

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

Last Name:

[Grid for Last Name]

First Name:

[Grid for First Name]

Middle Initial:

[Grid for Middle Initial]

Telephone Number:

[Grid for Telephone Number]

[Grid for Telephone Number]

[Grid for Telephone Number]

Extension:

[Grid for Extension]

Title:

[Grid for 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>)

*Ronald Oberlander*

08/04/2017

**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: