



GL-708550-23 02/16/2018 NRC FORM 664

U.S. NUCLEAR REGULATORY COMMISSION

(01 - 2018) 10 CFR 31.5

#### **GENERAL LICENSEE REGISTRATION**

#### APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 02/28/2019

**SECTION 1** 

PAGE 1 of 2

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 Information Services Branch (T-2 F43), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by 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** 

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**SECTION 1 - GENERAL LICENSEE INFORMATION** 

Registration Number GL-708550-23

Enter the company name and street address for the physical location of use for the device(s). For portable devices, specify the primary storage location. Do not use P. O. Boxes.

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Zip Code: 47374 -



GL-708550-23 02/16/2018

State: IN

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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: VANDERPOOL First Name: JACKIE Middle Initial: L Business Telephone Number: (765) 973-2209 Extension: Title: **EOHS NANAGER** Enter the mailing address where correspondence regarding your device(s) should be sent. This address should be specific to the physical location where the devices are used and/or stored. Department: EOHS & FP&R Address Line 1: 2325 UNION PIKE P.O. BOX 2146 Address Line 2: City: RICHMOND





## **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 1 of 4

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

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## **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 2 of 4

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

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## **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 3 of 4

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

NR	C Dev	rice Key	1		1	8431	31	(1	nter	nal (	Cont	rol N	lumb	er)											
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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 4 of 4 **NRC Device Key** 843132 (Internal Control Number) Distributor/Distributed By: BERTHOLD TECHNOLOGIES U.S.A., LLC Distributor License Number: R-01082-B23 Manufacturer Name: BERTHOLD TECHNOLOGIES U.S.A., LLC Device Model (Not Source Model): LB 7440-F-CR Device Serial Number: 37625-13082 Transfer Date: 10/31/2016 Not in possession of device (Also complete Section 4.)

1	Isotope (e.g. AM241) CS137	Activity (e.g. 100) 50.000000000	Unit (e.g. mCi) mCi
2			
3			
4			
5			
6			





**SECTION 3** 

## **SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION** 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.

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## **SECTION 4 - NOT IN POSSESSION OF DEVICE**

SECTION 4
PAGE 1 of 4

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

Part 1	Transfer Date:
NRC Device Key: 8 1 1 5 3 9	08 117 2017
(from Section 2 or 6)	MM DD YYYY
Location of the Device:	
	Transferred to another general licensee (complete Parts 2 and 3
<ul> <li>Never Possessed the Device (complete Part 1 only)</li> <li>Returned to Manufacturer (complete Part 1 only)</li> </ul>	Transferred to a Specific Licensee (Not the manufacturer) (complete Part 2)
Part 2 License Number of Recipient (if transferred to a spec	
Part 2 License Number of Necipient (in transferred to a spec	inc ncerisee).
Company Name:	
Department:	
Address Line 1:	
Address Line 1:	
Address Line 2:	
City:	
State: Zip Code:	
State: Zip Code:	
Part 3 Enter the name of the individual respon	sible for this device:
Last Name:	
First Name:	Middle Initial:
Business Telephone	
Number:	Extension:
Title:	





## **SECTION 4 - NOT IN POSSESSION OF DEVICE**

SECTION 4
PAGE 4-of 4

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

PAGE 1013.

Part 1		Transfer Date:		201
NRC Device Key: 8 4	3 1 2 8	D8 1	$\frac{1}{2012}$	
(from Section 2 or 6)		O O C		
Location of the Device:		MM	Ϋ́ΥΥΫ́	
<ul><li>Whereabouts Unknown (com</li></ul>	plete Part 1 only)	_	other general licensee (co	
O Never Possessed the Device	• • • • • • • • • • • • • • • • • • • •		Specific Licensee (Not the	e manufacturer)
Returned to Manufacturer (c	-	(complete Part 2)		
Part 2 License Number of Recipier	nt (if transferred to a sp	ecific licensee):		
Company Name:		<del></del>		
Department:				
Address Line 1:				
Address Line 2:				
City:				
State: Zip Code:				<u> </u>
Part 3 Enter the name  Last Name:	of the individual respo	onsible for this devic	e:	
First Name:	<del></del>	$\neg$	Middle Ini	tial:
Business Telephone Number:			Extension:	
Title:		e e Mark	<del></del>	





GL-708550-23

#### **SECTION 4 - NOT IN POSSESSION OF DEVICE**

SECTION 4
PAGE Bof 1

Provide information about devices listed in Section 2 or 6, but no longer in your possession. 30A4 Transfer Date: Part 1 NRC Device Key: (from Section 2 or 6) MM DD YYYY Location of the Device: Transferred to another general licensee (complete Parts 2 and 3) Whereabouts Unknown (complete Part 1 only) O Never Possessed the Device (complete Part 1 only) O 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): 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: **Business Telephone** Extension: Number: Title:





# **SECTION 4 - NOT IN POSSESSION OF DEVICE**

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

**SECTION 4** PAGE 1-of 1-U.Al.

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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-co/lections/cfr)

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.





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

**SECTION 6** 

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: