

ELTS



GL-708550-23
02/16/2018
NRC FORM 664
(01 - 2018)
10 CFR 31.5

SECTION 1
PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 02/28/2019

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 **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.

Company Name: HILLS PET NUTRITION
[Grid of boxes for company name]

Department: 23
[Grid of boxes for department]

Address Line 1: 2325 UNION PIKE
[Grid of boxes for address line 1]

Address Line 2: P.O. BOX 2146
[Grid of boxes for address line 2]

City: RICHMOND
[Grid of boxes for city]

State: IN [Grid of boxes] Zip Code: 47374 - [Grid of boxes]

For NRC Use Only
(Do not write here)

Category: [Grid of boxes]

Packet Receipt Date (MMDDYYYY):
[Grid of boxes]

Accession Number:
[Grid of boxes]





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

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First Name: JACKIE

Middle Initial: L

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Business Telephone Number: (765) 973-2209

Extension:

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Title: EOHS NANOGER

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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

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Address Line 1: 2325 UNION PIKE

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Address Line 2: P.O. BOX 2146

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City: RICHMOND

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State: IN

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Zip Code: 47374 -

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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.

NRC Device Key **811539** (Internal Control Number)

Distributor/Distributed By: **BERTHOLD TECHNOLOGIES USA, LLC**

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

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Manufacturer Name: **BERTHOLD TECHNOLOGIES USA, LLC**

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Device Model (Not Source Model): **LB 7440-D-CR**

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Device Serial Number: **37624-11980**

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Transfer Date: **11/15/2010**

MM	DD	YY		YY			

Not in possession of device (Also complete Section 4.)

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 	50.000000000 	mCi
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.

PAGE 2 of 4

NRC Device Key 843128 (Internal Control Number)

Distributor/Distributed By: BERTHOLD TECHNOLOGIES U.S.A., LLC

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Distributor License Number: R-01082-B23

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Manufacturer Name: BERTHOLD TECHNOLOGIES U.S.A., LLC

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Device Model (Not Source Model): LB 7440-F-CR

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Device Serial Number: 37625-13086

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Transfer Date: 10/31/2016

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Not in possession of device (Also complete Section 4.)

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137	50.000000000	mCi
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.

PAGE 4 of 4

NRC Device Key 843132 (Internal Control Number)

Distributor/Distributed By: BERTHOLD TECHNOLOGIES U.S.A., LLC

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Distributor License Number: R-01082-B23

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Manufacturer Name: BERTHOLD TECHNOLOGIES U.S.A., LLC

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Device Model (Not Source Model): LB 7440-F-CR

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Device Serial Number: 37625-13082

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Transfer Date: 10/31/2016

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Not in possession of device (Also complete Section 4.)

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																												
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SECTION 3

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.

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

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

Manufacturer/Initial Transferor listed above

Other General Licensee

Date Transferred:

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MM

DD

YYYY

Other Source

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

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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:

(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):

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 Number:

Extension:

Title:





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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

PAGE 3 of 4

3 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: 843131

08 19 2019

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):

[Empty grid for license number]

Company Name:

[Empty grid for company name]

Department:

[Empty grid for department]

Address Line 1:

[Empty grid for address line 1]

Address Line 2:

[Empty grid for address line 2]

City:

[Empty grid for city]

State:

[Empty grid for state]

Zip Code:

[Empty grid for zip code]

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

Last Name:

[Empty grid for last name]

First Name:

[Empty grid for first name]

Middle Initial:

[Empty grid for middle initial]

Business Telephone Number:

[Empty grid for business telephone number]

[Empty grid for business telephone number]

[Empty grid for business telephone number]

Extension:

[Empty grid for extension]

Title:

[Empty grid for title]



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

Transfer Date:

NRC Device Key:

8	4	3	1	3	2
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(from Section 2 or 6)

0	8	1	1	2	0	1	7
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)
 Returned to Manufacturer (complete Part 1 only)
 (complete Part 2)

Part 2 License Number of Recipient (if transferred to a specific licensee):

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Company Name:

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Department:

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

Address Line 1:

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Address Line 2:

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City:

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State:

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Zip Code:

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

Last Name:

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First Name:

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Middle Initial:

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Business Telephone Number:

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Extension:

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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>)

André L. Vandyma
SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

3-5-18
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

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: