



GL-714005-23
 02/16/2018
 NRC FORM 664
 (01 - 2018)
 10 CFR 31.5

SECTION 1
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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
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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: ~~ROCK TENN~~

WESTROCK CO.

Department: MISSISQUOI MILL

Address Line 1: P.O. BOX 98

Address Line 2: 369 MILL STREET

City: SHELDON SPRINGS

State: VT

Zip Code: 05485 - 0098

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: ~~WAGNER~~

BRADLEY

First Name: ~~WILLIAM~~

Middle Initial: ~~A~~

ISAAC

Business Telephone Number: (802) 933-7733

Extension: ~~225~~

204

Title: ~~PLANT ENGINEER~~

ELECTRICAL ENGINEER

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:

Address Line 1: P.O. BOX 98

Address Line 2: 369 MILL STREET

City: SHELDON SPRINGS

State: VT

Zip Code: 05485 - 0098





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

NRC Device Key 689260 (Internal Control Number)

Distributor/Distributed By: HONEYWELL INTERNATIONAL, INC.

Grid for distributor information

Distributor License Number: 7-513

Grid for distributor license number

Manufacturer Name: HONEYWELL INTERNATIONAL, INC.

Grid for manufacturer name

Device Model (Not Source Model): 2201

Grid for device model

Device Serial Number: 4927BB

Grid for device serial number

Transfer Date: 06/13/2003

Grid for transfer date

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 | SR90 | 50.00000000 | 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.

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NRC Device Key 799743 (Internal Control Number)

Distributor/Distributed By: HONEYWELL INTERNATIONAL, INC.

Empty grid for distributor information

Distributor License Number: GA 832-1G

Empty grid for distributor license number

Manufacturer Name: HONEYWELL INTERNATIONAL, INC.

Empty grid for manufacturer name

Device Model (Not Source Model): 2201

Empty grid for device model

Device Serial Number: RD185

Empty grid for device serial number

Transfer Date: 07/23/2009

Empty grid for transfer date

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 | SR90 | 50.00000000 | mCi |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |





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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

[Grid for Manufacturer Name]

Initial Transferor Name

[Grid for Initial Transferor Name]

Initial Transferor License Number (if known)

[Grid for Initial Transferor License Number]

Device Model Number (Not Source Model)

[Grid for Device Model Number]

Device Serial Number

[Grid for Device Serial Number]

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

Manufacturer/Initial Transferor listed above

Other General Licensee

Other Source

Date Transferred:

[MM]

[DD]

[YYYY]

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

[Grid for Isotope]

[Grid for Activity]

[Grid for Unit]

- 1.
2.
3.
4.
5.
6.
7.
8.
9.
10.





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SECTION 4 - NOT IN POSSESSION OF DEVICE

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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 5 - CERTIFICATION

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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>)

Trace Beallay

2/9/2018

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: 689261

Manufacturer License No: 7-513

Manufacturer Name: HONEYWELL INTERNATIONAL, INC.

Model Number: 4201

Serial #: KR2995

Transfer Date: 06/13/2003

Isotope: KR85

Activity: 1000.000000000

Unit: mCi

NRC Device Key: 793495

Manufacturer License No: GA 832-1G

Manufacturer Name: HONEYWELL INTERNATIONAL, INC.

Model Number: 4201

Serial #: RC987

Transfer Date: 03/13/2009

Isotope: KR85

Activity: 1000.000000000

Unit: mCi
