#### UNITED STATES NUCLEAR REGULATORY COMMISSION WASHINGTON, D.C. 20555-0001



April 20, 2018

#### TO: Users of Devices Subject to General License Registration

SUBJECT: ANNUAL REGISTRATION OF GENERALLY LICENSED DEVICES

The U.S. Nuclear Regulatory Commission (NRC) requires annual registration of certain devices that are possessed under the general license issued in Section 31.5 of Title 10 U.S. Code of Federal Regulations (10 CFR 31.5). Devices subject to registration include those containing the radioactive material and activity listed in Table 1 of the attached NRC Form 664. You are receiving this notice because NRC records indicate that you have one or more such devices. Information about the general license registration program is available NRC website at <a href="http://www.nrc.gov/materials/miau/miau-reg-initiatives/gen-license.html">http://www.nrc.gov/materials/miau/miau-reg-initiatives/gen-license.html</a>

Note that under 10 CFR 31.5(c)(11), the attached General Licensee Registration Package must be completed, signed, and returned to the NRC within 30 days from the date of this letter. Read all of the instructions prior to completing the package. Mail the completed package in the enclosed envelope to:

Director, Office of Nuclear Material Safety and Safeguards ATTN: GLTS U.S. Nuclear Regulatory Commission Washington DC 20555-0001

**Registration Fee:** Commission regulations (10 CFR 170.31, Category 3Q) require that you submit a registration fee with each registration on an annual basis. The registration fee is subject to change yearly, and you are required to submit the fee that is in effect as of the date of this letter. An invoice for the current amount due will be sent to you under separate cover. If you have any questions about the fee or the invoice, please contact the License Fee Billing Help Desk at 301-415-7554 or e-mail at fees.resource@nrc.gov.

NRC amended 10 CFR Parts 170.11 and 170.31 to provide that 10 CFR Part 170 fees be assessed to Federal agencies, where applicable, in accordance with the Energy Policy Act of 2005. Therefore, those Federal facilities required to register certain generally licensed devices in their possession will be required to pay the annual registration fee.

Attachment: NRC Form 664 -- General Licensee Registration and Instructions

Sincerely,

Katie Wagner U.S. Nuclear Regulatory Commission Office of Nuclear Material Safety and Safeguards Division of Material Safety, State, Tribal and **Rulemaking Programs** 

Materials Safety Licensing Branch

#### INSTRUCTIONS FOR COMPLETING NRC FORM 664 "GENERAL LICENSEE REGISTRATION"

Review all six sections of this registration form. If any information is incorrect or missing, make corrections in the applicable boxes. If you have more devices than space provided in the form, **copy the form before starting, as needed.** Use black ink and print in **CAPITAL LETTERS**. Start information in the first box provided. If the information contains a number with a dash (-) or a decimal point (.), include the dash or decimal point as an individual character. Use the "ø" character to represent the number 0 (zero).

Verify information about the devices by reviewing the label on the <u>outside</u> of the device. **For safety reasons, DO NOT TRY TO TAKE APART any device to verify this information.** If you are uncertain how to identify the device's label, contact the device's manufacturer or an authorized service agent for this information. Also, contact the manufacturer for any additional information about NRC requirements. You may also review 10 CFR 31.5 and other applicable regulations on the NRC web site at <u>http://www.nrc.gov/reading-rm/doc-collections/cfr/</u>, or review specific information about the general licensee project at http://www.nrc.gov/materials/miau/miau-reg-initiatives/gen-license.html

**Note to specific licensees:** If you believe the device(s) listed on the registration form are possessed under your specific license, then verify the device label does not state the device is subject to a general license. If the labels indicate the device is subject to a general license, then complete the registration form as instructed below. If not, complete the registration as instructed below, however, in Section 2, follow the instructions for "not in possession of device" and complete one Section 4 page per device transferred to your specific license.

**Section 1 - General Licensee Information.** Provide the requested information about you, the general licensee.

On Page 1, provide the street address/location where your device(s) are used. For portable devices, provide the storage location. P.O. Box addresses are not allowed.

Do not write in the box marked For NRC Use Only.

On Page 2, provide the name, telephone number, and title of the individual responsible for your device(s), and a mailing address where correspondence about your device(s) can be sent. The mailing address should be specific to the physical location where the devices are used and/or stored (P.O. boxes may be used if this is the only available mailing address). The individual indicated in this section as responsible for your device(s) must also verify and sign the form in Section 5.

**Section 2 - Devices Subject to Registration.** This section lists each device subject to registration and in your possession, according to NRC records. Devices subject to registration include those containing at least one of the radionuclides listed in Table 1, with the activity indicated, at the time of manufacture.

Radionuclide Activity greater than or equal											
	Activity greater than of equal to.										
Strontium-90, Radium-226	3.7 megabecquerel (0.1 millicurie)										
Cobalt-60, Curium-244, Americium-241, and Californium-252	37 megabecquerel (1 millicurie)										
Cesium-137	370 megabecquerel (10 millicurie)										

#### Table 1. Criteria for Registration

Use the codes from Table 2 when correcting isotope information for devices in this section. If you do not possess a device on this list, blacken the "not in possession of device" circle, and provide the relevant information in Section 4. Note that each device is assigned a unique six-digit number called the NRC Device Key.

Radionuclide	Code for form	Radionuclide	Code for form						
Americium-241	AM241	Curium-244	CM244						
Californium-252	CF252	Strontium-90	SR90						
Cesium-137	CS137	Radium-226	RA226						
Cobalt-60	CO60								

## Table 2. Isotope Codes for Sections 2 and 3

**Section 3 - Additional Devices.** If you have other generally licensed devices (not listed in Section 2) that meet the conditions for registration listed in Table 1, provide information about each additional device. **Before starting, copy this section as needed for your additional devices.** Also indicate how you acquired each device by blackening the proper circle.

When entering isotope and unit information for your device(s), use the codes listed in Table 2 of Section 2 for isotope information, and use the codes from Table 3 for unit information.

Unit	Code for form	Unit	Code for form
picocurie	PCI	becquerel	BQ
nanocurie	NCI	kilobecquerel	KBQ
microcurie	UCI	megabecquerel	MBQ
millicurie	MCI	gigabecquerel	GBQ
curie	CI	terabecquerel	TBQ
pound	LB	microgram	UG
•		milligram	MG
kilogram	KG	gram	G

 Table 3. Unit Codes for Section 3

Section 4 - Not in Possession of Device. Use this section to report any devices that are listed in Sections 2 or 6, but that you no longer possess. Before starting, copy this section as needed for additional devices that are not in your possession. Enter the NRC Device Key, as listed in Section 2 or 6. Blacken the circle (choose only one) that best describes the disposition of the device and complete the rest of the section as appropriate.

**Section 5 - Certification and Signature.** The responsible individual must certify, sign, and date Section 5.

**Section 6 - Devices Not Subject to Registration.** This list contains information about devices that NRC records indicate are in your possession, but **are not subject to registration**. If you no longer have one or more of the listed devices, you are required to make a transfer report to NRC in accordance with 10 CFR 31.5(c)(8) or (9), as applicable. You may use Section 4 for this purpose. This section does not list any static eliminators containing polonium-210 (Po-210), or luminous exit signs containing tritium (H-3). These devices are not subject to registration, and are not included in this section in an effort to reduce the length of this form.

## RETURN THE COMPLETED FORM IN THE ENCLOSED ENVELOPE WITH PROPER POSTAGE.





NRC FORM 664

(01 - 2018) 10 CFR 31.5

## **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 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-727056-23

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: DEPARTMENT OF VETERANS AFFAIRS

Department:	FACILITI	ES MAN	AGEME	NT SE	RVI	CE								
Address Line 1: 1 VA CENTER														
Address Line 2:	MDP 18	5												
City:	AUGUS	TA												
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State: ME		Zip(	Code:	04330	-							] -		
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**SECTION 1** 

PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION





GL-727056-23 04/11/2018 **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: ROGERS	
First Name: ROBERT	Middle Initial: O
Business Telephone Number: (207) 623-8411	Extension: 5279
Title: BOILER PLANT SUPERVISOR	
Enter the mailing address where correspondence regarding	your device(s) should be sent. This ac

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: FACILITIES MANAGEMENT SERVICE

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Addr	ess	Line	2:	MD	P 18	5												
City:	City: AUGUSTA																	
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GL-727056-23 04/11/2018	SECTIO	ON 2 - DEVI	CES SUBJECT 1	O REGISTRATION	SECTION 2
Our records indicate that y	you have thes	se devices. F	Please update the	information as nec	essary. PAGE 1 of 1
NRC Device Key	833484		ontrol Number)		
Distributor/Distributed By:	BERTHOLI		DGIES U.S.A., LLC		
Distributor License Number:	R-01082-B	··· · · <u>· · · · · · · · · · · · · · · </u>			
K-01820	<del>) \ 0 {</del>	32-	B R-010	82-E12	
Manufacturer Name: BERTH		DLOGIES U.S	S.A., LLC		T
Device Model (Not Source Mo	odel): LB 300	LP			
Device Serial Number: 17491	-10702				
Transfer Date:	11/12/2013				
Hansiel Dale.	11/12/2013				
				Not in possess	sion of device (Also ion 4.)
	Y YY			Not in possess	sion of device (Also ion 4.)
	Y YY	Activity (e.g. 10	00)	Not in possess complete Sect	sion of device (Also ion 4.) Unit (e.g. mCi)
MM DD Y	Y YY A	Activity (e.g. 10		Not in possess complete Sect	ion 4.)
MM         DD         Y           Isotope (e.g. AM241)         1         CS137	Y YY A			Not in possess complete Sect	Unit (e.g. mCi)
MM DD Y Isotope (e.g. AM241)	Y YY A			Not in possess complete Sect	Unit (e.g. mCi)
MM       DD       Y         Isotope (e.g. AM241)       1         CS137	Y YY A			Not in possess complete Sect	Unit (e.g. mCi)
MM         DD         Y           Isotope (e.g. AM241)         1         CS137	Y YY A			Not in possess complete Sect	Unit (e.g. mCi)
MM       DD       Y         Isotope (e.g. AM241)       1         CS137	Y YY A			Not in possess complete Sect	Unit (e.g. mCi)
MM       DD       Y         Isotope (e.g. AM241)       1         CS137	Y YY A			Not in possess complete Sect	Unit (e.g. mCi)
MM       DD       Y         Isotope (e.g. AM241)       1         CS137	Y YY A			Not in possess complete Sect	Unit (e.g. mCi)
MM       DD       Y         Isotope (e.g. AM241)       1         1       CS137         2	Y YY A			Not in possess complete Sect	Unit (e.g. mCi)
MM       DD       Y         Isotope (e.g. AM241)       1         1       CS137         2	Y YY A			Not in possess complete Sect	Unit (e.g. mCi)





**SECTION 3** 

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## **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.

Man	ufact	urer	Nam	ne								_						_								
Initia	nitial Transferor Name																									
Initia	al Tra	nsfei	or L	icens	se Ni	umbe	er (if	kno	wn)																	
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Ном	/ acqi	uired	and	date	e (e a		0	Man	ufact	urer/	Initia	l Tra	nsfei	ror lis	ted a	abov	е									
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1727069:23 Arriteoria       SECTION 4 - NOT IN POSSESSION OF DEVICE       SECTION 4 PAGE 1 of 1         Part 1       Transfer Date:       PAGE 1 of 1         Part 1       Transfer Date:       MM       DD       YYYY         Location of the Device:       MM       DD       YYYY       VYYY         Location of the Device:       MM       DD       YYYY       VYYY         Location of the Device:       MM       DD       YYYY         Never Possessed the Device (complete Part 1 only)       Transferred to another general licensee (Not the manufacturer)       Returned to Manufacturer (complete Part 1 only)       Transferred to a specific Licensee (Not the manufacturer)         Part 2 License Number of Recipient (if transferred to a specific licensee):       Image: I			
Part 1       Transfer Date:         NRC Device Key:       MM       DD       YYYY         Location of the Device:       MM       DD       YYYY         Whereabouts Unknown (complete Part 1 only)       Transferred to another general licensee (complete Part 2 ar         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):       Company Name:         Company Name:       Company Name:         Address Line 1:       Company Name:         City:       City Code:         City:       City Code:         Part 3       Enter the name of the individual responsible for this device:         Last Name:       Middle Initial:         State:       Zip Code:         Middle Initial:       City:         First Name:       Middle Initial:	SECTION 4 - NOT IN	1 POSSESSION OF DEVI	
NRC Device Key: (from Section 2 or 6) (from	rovide information about devices listed in Section 2 or	r 6, but no longer in your po	ossession. PAGE 1 of 1
(from Section 2 or 6)	<sup>o</sup> art 1	Transfer Date:	
Location of the Device:   Ubereabouts Unknown (complete Part 1 only) Transferred to another general licensee (complete Parts 2 ar   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):   Department:      Company Name:   Department:      Address Line 1:      City:      Part 3 Enter the name of the individual responsible for this device:   Last Name:      First Name:         Business Felephone   Number:			
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):     Company Name:   Department:   Cathering and the department is a specific licensee in the manufacture in the man	Location of the Device:	MM DD	ΥΥΥΥ
Returned to Manufacturer (complete Part 1 only) (complete Part 2)   Part 2 License Number of Recipient (if transferred to a specific licensee):   Depart 2 License Number of Recipient (if transferred to a specific licensee):     Dompany Name:     Department:     Department:     Address Line 1:     Address Line 2:     City:     Depart 3   Enter the name of the individual responsible for this device:     Last Name:     Middle Initia:     Display Stelephone     Number:     Middle Initia:	<ul> <li>Whereabouts Unknown (complete Part 1 only)</li> </ul>	○ Transferred to another ge	eneral licensee (complete Parts 2 and
Part 2 License Number of Recipient (if transferred to a specific licensee):  Part 2 License Number of Recipient (if transferred to a specific licensee):  Part 3 Enter the name of the individual responsible for this device: Last Name:  First Name:  Part 3 Enter the name of the individual responsible for this device: Last Name:  First Name:  Part 3 Enter the name of the individual responsible for this device: Last Name:  Part 3 Enter the name of the individual responsible for this device: Last Name:  Part 4 Enter the name of the individual responsible for this device: Last Name:  Part 4 Enter the name of the individual responsible for this device: Last Name:  Part 5 Enter the name of the individual responsible for this device: Last Name:  Part 5 Enter the name of the individual responsible for this device: Last Name:  Part 6 Extension:  Part 6 Extension:  Part 7 Extension: Part 7 Extension: Part 7 Extension: Part 7 Extension: Part 7 Extension: Part 7 Extension: Part 7 Extension: Part 7 Extension: Part 7 Extension: Part 7 Extension: Part 7 Extension: Part 7 Extens	-		Licensee (Not the manufacturer)
Company Name:         Department:         Department:         Address Line 1:         Address Line 2:         Department:			
Department:         Address Line 1:         Address Line 2:         Address Line 2:         City:         State:       Zip Code:         Part 3       Enter the name of the individual responsible for this device:         Last Name:       Middle Initial:         Susiness Telephone       Middle Initial:			
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Address Line 1:			
Address Line 2:     Address Line 2:     City:     City:     State:     Zip Code:     Image: Code:     Part 3   Enter the name of the individual responsible for this device:   Last Name:     First Name:     Middle Initial:     Susiness Telephone     Number:     Extension:     Extension:	epartment:		
Address Line 2:     Address Line 2:     City:     City:     State:     Zip Code:     Image: Code:     Part 3   Enter the name of the individual responsible for this device:   Last Name:     First Name:     Middle Initial:     Business Telephone     Number:     Extension:     Extension:			
City: City: State: Zip Code:	Address Line 1:		
City: City: State: Zip Code:			
City: City: State: Zip Code:	Address Line 2:		
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:     Extension:			
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:     Extension:	City:		
Part 3 Enter the name of the individual responsible for this device: Last Name: First Name: Business Telephone Number:			
Part 3 Enter the name of the individual responsible for this device: Last Name: First Name: Business Telephone Number:	State:		
Last Name:   Last Name:  First Name:  Business Telephone Number:			
First Name:	-	onsible for this device:	
Business Telephone     Extension:       Number:     Image: Image			
Business Telephone Extension:	First Name:		
Number:		7	
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## **SECTION 5 - CERTIFICATION**

## SECTION 5 PAGE 1 of 1

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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.nro.gov/reading-rm/doc-collections/cfr)

30 2018 DATE

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

**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:

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Manufacturer Name:

Model Number:

Serial #:

Transfer Date: