

605



GL-705027-23  
01/25/2018  
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-705027-23

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: ROSEBURG FOREST PRODUCTS

[Grid for Company Name]

Department: PRODUCTION

[Grid for Department]

Address Line 1: 3300 RASER ROAD

[Grid for Address Line 1]

Address Line 2:

[Grid for Address Line 2]

City: MISSOULA

[Grid for City]

State: MT [Grid]

Zip Code: 59806 - [Grid]

For NRC Use Only (Do not write here)  
Category: [Grid]  
Packet Receipt Date (MMDDYYYY): [Grid]  
Accession Number: [Grid]







GL-705027-23

01/25/2018

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 1 of 1

NRC Device Key 8582 (Internal Control Number)

Distributor/Distributed By: HONEYWELL INTERNATIONAL, INC.

Grid for distributor information

Distributor License Number: 1856-43 GL

Grid for distributor license number

Manufacturer Name: HONEYWELL INTERNATIONAL, INC.

Grid for manufacturer name

Device Model (Not Source Model): 2202

Grid for device model

Device Serial Number: 1088LA

Grid for device serial number

Transfer Date: 01/01/1900

Grid for transfer date

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

MM DD YYYY

Table with 3 columns: Isotope (e.g. AM241), Activity (e.g. 100), Unit (e.g. mCi). Row 1 contains AM241, 300.00000000, mCi.





GL-705027-23  
01/25/2018



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

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

Initial Transferor Name

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

Initial Transferor License Number (if known)

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

Device Model Number (Not Source Model)

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

Device Serial Number

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

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

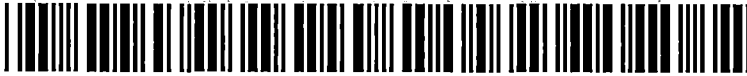
Manufacturer/Initial Transferor listed above  
 Other General Licensee Date Transferred: MM DD YYYY  
 Other Source

MM	DD	YYYY					

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																						
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GL-705027-23  
01/25/2018

**SECTION 5 - CERTIFICATION**

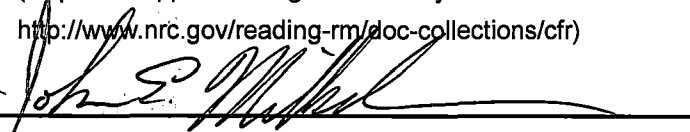
**SECTION 5**  
**PAGE 1 of 1**

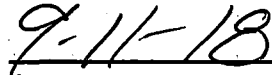
I hereby certify that:

- 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>)

  
\_\_\_\_\_  
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.

