GL-720546-24
01/24/2019

NRC FORM 664
(04 - 2018)
10 CFR 31.5

GLS

U.S. NUCLEAR REGULARTORY 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 informationto track general licencees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collection Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 205555-0001, or by internet e-mail to Infocollects. Resource@nrc.gov, and to the DeskOfficer, 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 Registration Number
GL-720546-24

SECTION 1 - GENERAL LICENSEE INFORMATION

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

Company Name: LOUISIANA PACIFIC COMPANY

Department: SAGOLA, MI OSB

Address Line 1: HWY M 95

Address Line 2:

City: SAGOLA

State: MI

Zip Code: 49881

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: ~~PEPIN~~
MENARD

First Name: ~~BRUCE~~
RICH

Middle Initial:
A

Business Telephone Number: ~~(906) 542-7101~~
9065427360

Extension:

Title: CURRENT SAFETY OFFICER
EHS MANAGER

Enter the mailing address where correspondence regarding your device(s) should be sent.

Department: SAGOLA, MI OSB

Address Line 1: P.O. BOX 100

Address Line 2:

City: SAGOLA

State: MI

Zip Code: 498810100

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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

NRC Device Key **752152** **(Internal Control Number)**

Distributor/Dustributed By: Berthold Technologies U.S.A., LLC

Distributor License Number: R-01082-E12

Manufacturer name: BERTHOLD TECHNOLOGIES USA, LLC

Device Model (Not Source Model): LB 8110

Device Serial Number: 1374-07-06

Transfer Date: 10/27/2006

MM DD YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	AM241	120	mCi
2			
3			
4			
5			
6			

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Device Serial Number: 1373-07-06

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MM DD YYYY

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	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	AM241	120	mCi
2			
3			
4			
5			
6			

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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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/manufacturer, other licensee, other source)?

- O Manufacturer/Initial Transferor listed above
- O Other General Licensee
- O Other Sources

Date Transferred: MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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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

NRC Device Key:
(from Section 2 or 6)

Transfer Date:

MM DD YYYY

Location of the Device:

- O Whereabouts Unknown (Complete Part 1 only)
- O Never Possessed the Device (Complete Part 1 only)
- O Returned to Manufacturer (Complete Part 1 only)
- O Transferred to another general licensee (Complete Parts 2 and 3)
- O 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 responsibe for this device:**

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:

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SECTION 5 - CERTIFICATION

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.
(Copied of applicable regulations may be viewed at the NRC website at:
http://www.nrc.gov/reading-rm/doc-collections/cfr)

2/18/2019

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. 10 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 - DEVICE NOT SUBJECT TO REGISTRATION

NRC Device Key: Manufacturer License No:

Manufacturer Name:

Model Number: Serial #: Transfer Date:

Isotope: Activity: Unit: