GL-727894-24
04/12/2019

NRC FORM 664
(04 - 2019)
10 CFR 31.5

U.S. NUCLEAR REGULARTORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198 **OMB EXPIRATION DATE: 04/30/2019**

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-6A10M), 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
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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: KETTLE HOUSE BREWERY

Department:

Address Line 1: 605 COLD SMOKE AVENUE

Address Line 2:

City: BONNER

State: MT

Zip Code: 59823 -

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: O'LEARY

NELSON

First Name: TIM

ZACH

Middle Initial:

Business Telephone Number: (406) 728-1660

Extension: 247

Title: CURRENT SAFETY OFFICER

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

Department:

Address Line 1: 605 COLOSMOKE AVENUE

605 COLD SMOKE AVENUE

Address Line 2:

City: BONNER

State: MT

Zip Code: 59823 -

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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 **843352** **(Internal Control Number)**

Distributor/Dustributed By: Krones USA

Distributor License Number: IL-02315-01

Manufacturer name: KRONES, INC.

Device Model (Not Source Model): CHECKMAT 700 SERIES

Device Serial Number: K707DVF

Transfer Date: 11/30/2016

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	45	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)?

- ○ Manufacturer/Initial Transferor listed above
- ○ Other General Licensee
- ○ 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:

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)

4-24-19

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: