



GL-724523-24  
 04/11/2019  
 NRC FORM 664  
 (04 - 2019)  
 10 CFR 31.5

**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 information to track general licensees 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 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE0B-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**

**SECTION 1 - GENERAL LICENSEE INFORMATION**

**GL-724523-24**

**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: MORRIS INCORPORATED

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Department:

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Address Line 1: 4080 EAST HIGHWAY 34

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Address Line 2:

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City: PIERRE

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State: SD

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Zip Code: 57501

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**For NRC Use Only**  
*(Do not write here)*

<b>Category:</b>	<table border="1"><tr><td></td><td></td></tr></table>																
<b>Packet Receipt Date (MMDDYYYY):</b>																	
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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: MORRIS

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First Name: MILTON

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Middle Initial:

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Business Telephone Number: (605) 223-2585

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Extension:

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Title: CURRENT SAFETY OFFICER

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

Department: C/O MORRIS, INC.

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Address Line 1: P.O. BOX 1162

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Address Line 2:

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City: PIERRE

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State: SD

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Zip Code: 57501

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### SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

**NRC Device Key**                      **804074 (Internal Control Number)**

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

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Distributor License Number:    R-01082-E12

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Manufacturer name:            BERTHOLD TECHNOLOGIES USA, LLC

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Device Model (Not Source Model):    LB 7440 F CR

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Device Serial Number:        1469

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Transfer Date:    02/12/2010

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

MM            DD            YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)																										
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**SECTION 4 - NOT IN POSSESSION OF DEVICE**

**SECTION 4**

**PAGE 1 of 1**

**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)

8 0 4 0 7 4

Transfer Date:

0 9 1 4 2 0 1 8

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):

[Empty grid for license number]

Company Name:

[Empty grid for company name]

Department:

[Empty grid for department]

Address Line 1:

[Empty grid for address line 1]

Address Line 2:

[Empty grid for address line 2]

City:

[Empty grid for city]

State:

[Empty grid for state]

Zip Code:

[Empty grid for zip code]

**Part 3** Enter the name of the individual responsible for this device:

Last name:

[Empty grid for last name]

First name:

[Empty grid for first name]

Middle Initial:

[Empty grid for middle initial]

Business Telephone Number:

[Empty grid for business telephone number]

Extension:

[Empty grid for extension]

Title:

[Empty grid for title]





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**SECTION 5 - CERTIFICATION**

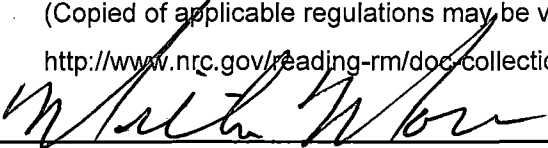
**SECTION 5**  
PAGE 1 of 1

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.

(Copied of applicable regulations may be viewed at the NRC website at:

<http://www.nrc.gov/reading-rm/doc-collections/cfr>)

 \_\_\_\_\_ 
 4/25/19

**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.





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**SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION**

**SECTION 6**  
**PAGE 1 of 1**

**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

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