



NRC FORM 664

(04 - 2019) ['] 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: 04/30/2019

Estimated burden per response to comply with this mandatory collection request 20 minutes. NRC will use this information to track general licences 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 **SECTION 1 - GENERAL LICENSEE INFORMATION**

COL-20000016-955

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	GAF MATERIALS CORPORATION														
GAF															
Department:															
Address Line 1 6101 LOWER NEW HARMONY RD															
Address Line 2															
City: MOUNT VERNON															
State: IN	Zip Code: 47620														
	For NRC Use Only (Do not write here) Packet Receipt Date (MMDDYYYY): Accession Number:														





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.	Last Name. JENKINS																									
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First Name:																Middle Initial.										
JON	J 0 N																									
Business Telephone Number: (812) 833-2308 Extension:																										
812	3128332396																									
Title: TECHNICAL SVCS MANAGER															-											
PLA	NT		М	A	N	A	G	بح	R																	
Enter the mailing address where correspondence regarding your device(s) should be sent. Department																										
Address Line	Address Line 1: 6101 LOWER NEW HARMONY RD																									
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 1 of 1

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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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11/06/2019

SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
PAGE 1 of 1

PAGE 1 of 1 Provide information about devices listed in Section 2 or 6, but no longer in your possession. Part 1 Transfer Date: NRC Device Key. (from Section 2 or 6) MM DD YYYY Location of the Device: O Whereabouts Unknown (Complete Part 1 only) O Transferred to another general licensee (Complete Parts 2 and 3) O Never Possessed the Device (Complete Part 1 only) O Transferred to a Specific Licensee (Not the manufacturer) O 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: 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** Extension: Number. Title.









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)

SIGNATURE RESPONSIBLE INDIVIDUAL ALIGNATION SECONDARY

DANE.

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



SECTION 6 PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #.

Transfer Date:

Isotope:

Activity[.]

Unit: