



SECTION 1  
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U.S. NUCLEAR REGULATORY COMMISSION

## GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 04/30/2019

OMB EXEMPTION DATE: 6/30/2015  
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 20555-0001, or by internet e-mail to [Infocollects.Resource@nrc.gov](mailto: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  
Registration Number  
GL-727934-25**

## 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: NOVITA AURORA LLC

[illegible]

Department: OPERATIONS

[illegible]

Address Line 1: 47491 213TH STREET

[illegible]

Address Line 2:

[illegible]

City: AURORA

[illegible]

State: SD

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Zip Code: 57002


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

**Category:**

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Packet Receipt Date (MMDDYYYY):

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**Accession Number:**

[illegible]



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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: BRANDT

[illegible]

First Name: JUSTIN

[illegible]

Middle Initial:

[illegible]

Business Telephone Number: (605) 799-1404

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Extension:

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Title: EHS MANAGER

[illegible]

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

Department:

[illegible]

Address Line 1: 47491 213TH STREET

[illegible]

Address Line 2:

[illegible]

City: AURORA

[illegible]

State: SD

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Zip Code: 57002

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**851957 (Internal Control Number)**

[illegible][illegible][illegible][illegible][illegible]

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MM

DD

Y Y Y Y

Activity (e.g. 1005)

Unit (e.g. mCi)

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50

[illegible]

mCi

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2

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[illegible]

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3

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[illegible]

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4

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[illegible]

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5

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[illegible]

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6

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[illegible]

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## SECTION 4 - NOT IN POSSESSION OF DEVICE

## SECTION 4

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**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)

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Transfer Date:

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MM

DD

YYYY

Location of the Device:

- ☐ Whereabouts Unknown (Complete Part 1 only)
 ☐ Transferred to another general licensee (Complete Parts 2 and 3)
- ☐ Never Possessed the Device (Complete Part 1 only)
 ☐ Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

**Part 2** License Number of Recipient (if transferred to a specific licensee):

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

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Zip Code:

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

Last name:

[illegible]

First name:

[illegible]

Middle Initial:

1

Business Telephone  
Number:

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Extension:

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Title:

[illegible]



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**SECTION 5 - CERTIFICATION**

**SECTION 5**

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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>)

Justin Brandt

12-3-19

**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**  
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**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

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