



NRC FORM 664

(11 - 2020) 10 CFR 31.5 SECTION 1 PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

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, Library, and Information Collections Branch (T-6 A10M), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0198), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; e-mail: oira_submission@omb.eop.gov. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

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-650428-26 **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:	ROHM AND HAAS ELECTRONIC MATERIALS, CMP, INC.													
Department:	BUILDING 2													
FELT														
Address Line 1:	451 BELLEVUE RD													
Address Line 2:	BUILDING 2													
City:	NEWARK													
State: DE	Zip Code: 19713													
•	For NRC Use Only Category: (Do not write here) Packet Receipt Date (MMDDYYYY);													
	Accession Number: MMSS/ MMSS/													
	NM-													



Zip Code: 19713



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State: DE

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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).														(s).													
Last	Last Name: FICKE																										
																							,				
First	First Name: JOHN													Middle Initial: R													
Business Telephone Number: (302) 574-0374 Extension:																											
Bus	nes	s E-n	nail A	Addre	ss:	JO	HN.R	.FIC	KE@	DU	PON	T.CC	MC														
Title	:		INI	DUST	RIA	L HY	GIE	NIST																			
	Enter the mailing address where correspondence regarding your device(s) should be sent. Department: EHS																										
Addı	Address Line 1: 451-BELLEVUE RD-																										
3	Q	т —		B	E	L	L	E	V	u	E		R	D													
Addı			2:	BUIL	DIN	G 9																		_			
City				NEV	VARI	<		-											•	•				-			





SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 1 of 1

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

NRC Device Key	856550	(Internal Control Number)
Distributor/Distributed By: Ma	ahlo America	
Distributor License Number:	GL-142-02	
Manufacturer name: MAHL		LS SYSTEMS AUTOMATION
iviandiacturer flame.		
Device Model (Not Source Mode	el): 11-2009:	33
Device Serial Number: BA-8	8616	
	<u> </u>	
Transfer Date: 09/02/2020		
		complete Section 4.)
MM DD YY	YY	
Isotope (e.g. AM241)	Act	civity (e.g. 1005) Unit (e.g. mCi)
1 SR90	74	
2		
3		
4		
5		
6		





SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3 PAGE 1 of 1

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** O Manufacturer/Initial Transferor listed above How acquired and date (e.g., from a distributor/manufacturer, O Date Transferred: Other General Licensee other licensee, other source)? DD YYYY MM O Other Sources Isotope (e.g. AM241) Activity (e.g. 100) Unit (e.g. mCi) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.





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										Transfer Date:																	
NRC E	Device I	Key:															$\prod \prod$					7					
(from S	Section	2 or	6)					<u> </u>	_L_			L	L									J					
Location of the Device:											MM DD YYYY																
0 1	O Whereabouts Unknown (Complete Part 1 only)											От	Fransferred to another general licensee (Complete Parts										ts 2	and 3)			
Ο ι	O Never Possessed the Device (Complete Part 1 only)									')	O Transferred to a Specific Licensee (Not the manufacturer)																
0 1	O Returned to Manufacturer (Complete Part 1 only)										(Complete Part 2)																
Part :	Part 2 License Number of Recipient (if transferred to a s											spe	cific I	icens	see):												
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Part 3	3	Er	iter	the	nam	e of	the	indi	ivid	ual r	esp	onsi	be f	or th	nis d	levi	ce:										
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Business Telephone Number:					1_											_] [Exter	nsio	ո։ [<u></u>				
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.
- I am aware of the requirements of the general license, provided in 10 CFR 31.5.
 (Copies of applicable regulations may be viewed at the NRC website at: http://www.nrc.gov/reading-rm/doc-collections/cfr)

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

5-10-2021

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. 18 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: