



GL-645573-26
04/13/2021

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: BUTCHER

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First Name: CHARLES

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Middle Initial: T

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Business Telephone Number: (304) 765-4262

--	--	--	--	--	--	--	--

Extension:

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Business E-mail Address:

T	I	M	.	B	U	T	C	H	E	R	@	W	E	Y	E	R	H	A	E	U	S	E	R	.	C	O	M		
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Title: ENGINEER

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

Department: PROCESS CONTROL

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Address Line 1: 3601 GAULEY TURNPIKE

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Address Line 2:

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City: HEATERS

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State: WV

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Zip Code: 266278001

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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

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NRC Device Key **537305 (Internal Control Number)**

Distributor/Distributed By: BSI Instruments, Inc.

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Distributor License Number: 37-21226-02G

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Manufacturer name: BSI INSTRUMENTS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Model (Not Source Model): LB 330

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Serial Number: 1698-6-95

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Transfer Date: 11/15/1995

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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 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

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NRC Device Key 537307 (Internal Control Number)

Distributor/Distributed By: BSI Instruments, Inc.

[Grid]

Distributor License Number: 37-21226-02G

[Grid]

Manufacturer name: BSI INSTRUMENTS

[Grid]

Device Model (Not Source Model): LB 330

[Grid]

Device Serial Number: 1700-6-95

[Grid]

Transfer Date: 11/15/1995

[Grid]

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	AM241 [Grid]	140 [Grid]	mCi [Grid]
2	[Grid]	[Grid]	[Grid]
3	[Grid]	[Grid]	[Grid]
4	[Grid]	[Grid]	[Grid]
5	[Grid]	[Grid]	[Grid]
6	[Grid]	[Grid]	[Grid]





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SECTION 3
PAGE 1 of 1

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

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Initial Transferor Name

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Initial Transferor License Number (if known)

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Device Model Number (Not Source Model)

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Device Serial Number

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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)

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																			
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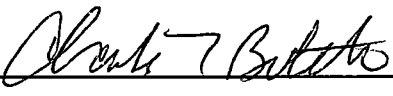
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SECTION 5 - CERTIFICATION

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.
(Copies of applicable regulations may be viewed at the NRC website at:
<http://www.nrc.gov/reading-rm/doc-collections/cfr>)


4/27/21

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. 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.





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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:

