



GL-714772-26  
 07/06/2021  
**NRC FORM 664**  
 (11 - 2020)  
 10 CFR 31.5

SECTION 1  
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U.S. NUCLEAR REGULATORY COMMISSION

**GENERAL LICENSEE REGISTRATION**

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 09/30/2022

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](mailto: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: [oir\\_submission@omb.eop.gov](mailto:oir_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-714772-26**

**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: ~~NATIONAL GYPSUM~~

G O L D B O N D B U I L D I N G P R O D U C T S

Department: GENERAL

[Empty grid box]

Address Line 1: HIGHWAY 50 EAST

[Empty grid box]

Address Line 2: 9720 US HWY 50

[Empty grid box]

City: SHOALS

[Empty grid box]

State: IN IN

Zip Code: 47581    -   

<p><b>For NRC Use Only</b>          (Do not write here)</p>	<p>Category: <span style="border: 1px solid black; padding: 2px;">  </span></p> <p>Packet Receipt Date (MMDDYYYY):  <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span></p> <p>Accession Number:  <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></span></p>
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AMSS ID  
 NMSS



**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: GAMMON

[Grid for last name: GAMMON]

First Name: TERRI

[Grid for first name: TERRI]

Middle Initial: L

[Grid for middle initial: L]

Business Telephone Number: (812) 247-2424

[Grid for business telephone number: (812) 247-2424]

Extension: 101

[Grid for extension: 101]

Business E-mail Address:

TLGAMMON@GOLDBONDBUILDING.COM

Title: PLANT ADMINISTRATIVE MGR

[Grid for title: PLANT ADMINISTRATIVE MGR]

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

Department: MAIN OFFICE

[Grid for department: MAIN OFFICE]

Address Line 1: HIGHWAY 50 EAST

[Grid for address line 1: HIGHWAY 50 EAST]

Address Line 2: 9720 US HWY 50

[Grid for address line 2: 9720 US HWY 50]

City: SHOALS

[Grid for city: SHOALS]

State: IN

[Grid for state: IN]

Zip Code: 47581

[Grid for zip code: 47581]

[Grid for zip code: 47581]









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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:

Transfer Date:        
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):**

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

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

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:





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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>)

Jeri Mannon

8-20-21

**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:

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