



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

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, and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0198), Atln: 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-705753-27

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	: KNAUF	INSULATI	ON INC													
									Ĭ							
Department:			•		•	•										
Address Line 1: 400 EAST WALKER STREET																
Address Line 2:								•		•						
City:	SHELB	BYVILLE														
State: IN		Zip Code: 46176														
For NRC Use Only (Do not write here) Packet Receipt Date (MMDDYYYY):																
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	f.,	ww.					Acc	cessio	n Nur	nber:						



Zip Code: 46176



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State: IN

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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: LINVILLE First Name: ANDY Middle Initial: 3422 Business Telephone Number: (317) 398-4434 Extension: **Business E-mail Address:** E a K INI C N D I Title: **HSE MANAGER** Enter the mailing address where correspondence regarding your device(s) should be sent. Department: **HSE** Address Line 1: 400 EAST WALKER STREET Address Line 2: City: **SHELBYVILLE**





SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 1 of 2

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

NRC Device Key	852156	(Internal Control Number)												
Distributor/Distributed By: E	Berthold Tech	nnologies U.S.A., LLC												
Distributor License Number:	R-01082-B2	23												
Manufacturer name: BEF	RTHOLD TEC	CHNOLOGIES U.S.A., LLC												
Device Model (Not Source Mo	del): LB 744	44-CR												
Device Serial Number: 376														
Transfer Date: 01/10/2019	 	Not in possession of device (Also												
		complete Section 4.)												
MM DD Y	YYY													
Isotope (e.g. AM241)	А	Activity (e.g. 1005) Unit (e.g. mCi)												
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 2 of 2

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

N	RC Device Key	854614	(Internal C	Control Num							
Dis	stributor/Distributed By:	Berthold Techi	nologies U.S	6.A., LLC							
Dis	stributor License Number:	R-01082-B2	3		~ !! -~-	 					
L Ma	ınufacturer name: BE	ERTHOLD TEC	HNOLOGIE	LJ ES U.S.A., LL	.C						
L De	vice Model (Not Source M	lodel): LB 744	4-CR] · [:		<u></u>	<u> </u>				
						·					
Dev	vice Serial Number: 37	/628-10653									
	vice Serial Number: 37	7028-10033		:	1 1						
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Tra	ansfer Date: 11/13/2019)	•								
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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3 PAGE 1 of 1

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11/15/2021

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:															
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(from Section 2 or 6)									L					┙┖												
ocation of the Device:													MN	/I		DD		`	YYY	′						
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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.
- 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)

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

DATE

12/2/21

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: