





GL-720548-27  
01/19/2022

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: JONES

W I L K E R S O N

First Name: DERRICK

D A V I D

Middle Initial: L

B

Business Telephone Number: (605) 892-7088

6 0 5 8 9 2 7 0 9 2

Extension: 8

Business E-mail Address: derrick.jones@amcol.com

d a v i d . w i l k e r s o n @ m i n e r a l s t e c h . c o m

Title: PLANT MANAGER

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

Department: ENGINEERING

B E L L E S P E C I A L T Y

Address Line 1: 10881 U.S. HWY 212

Address Line 2:

City: BELLE FOURCHE

State: SD

Zip Code: 57717





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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 **752155** (Internal Control Number)

Distributor/Distributed By: **Berthold Technologies U.S.A., LLC**

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Distributor License Number: **R-01082-E12**

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Manufacturer name: **BERTHOLD TEHNOLOGIES USA, LLC**

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Device Model (Not Source Model): **LB 7440D-CR**

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Device Serial Number: **37624-10567**

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Transfer Date: **10/02/2006**

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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)																									
1	CS137	30	mCi																									
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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)

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**  
**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>)

6-7-2022

**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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