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Date 07/29/2022

NRC FORM 664
(11-2020)
10 CFR 31.5

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), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; e-mail: 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 SECTION 1 - GENERAL LICENSEE INFORMATION

Registration Number

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Enter the company name and street address for the physical location of use for the device(s). For portable devices, specify the primary storage location. Do not use P. O. Boxes.

Company Name:

K N A U F I N S U L A T I O N I N C .

Department:

E N V R I O N M E N T A L

Address Line 1:

4 8 1 2 T A B L E R S T A T I O N R O A D

Address Line 2:

City:

I N W O O D

State:

W V

Zip Code:

2 5 4 2 8 -

For NRC Use Only <i>(Do not write here)</i>	Category: <input type="text"/> <input type="text"/>
	Packet Receipt Date (MMDDYYYY) <input type="text"/>
	Accession Number <input type="text"/>
	<input type="text"/>

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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:

~~H A D L E Y~~ S i n k

First Name:

~~J E R R Y~~ B r a n d o n

Middle Initial:

Business Telephone Number:

3 0 4 - ~~8 6 0~~ - ~~5 9 3 2~~

Extension:

Business E-mail Address:

620 4574

~~J E R A L D . H A D L E Y @ K N A U F . C O M~~

B r a n d o n . S I N K @ K N A U F . C O M

Title:

~~H S E M A N A G E R~~

H o t E n d P r o c e s s E n g i n e e r

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

Department:

~~H S E~~ P r o c e s s E n g i n e e r i n g

Address Line 1:

4 8 1 2 T A B L E R S T A T I O N R O A D

Address Line 2:

City:

I N W O O D

State:

W V

Zip Code:

2 5 4 2 8 -



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

NRC Device Key _____ (Internal Control Number)

Distributor/Distributed By:

B E R T H O L D T E C H N O L O G I E S U S A L L C

Distributor License Number:

R - 0 1 0 8 2 - B 2 3

Manufacturer Name:

B E R T H O L D T E C H N O L O G I E S U S A

Device Model (Not Source Model):

L B - 7 4 4 2

Device Serial Number:

3 7 1 - 0 4 - 1 7

Transfer Date:

MM DD YYYY

Not in possession of device (Also complete Section 4)

	Isotope (e.g., AM241)	Activity (e.g., 100)	Unit (e.g., mCi)
1.	C O - 6 0	1 0 0	m C i
2.			
3.			
4.			
5.			
6.			



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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

B E R T H O L D T E C H N O L O G I E S U S A L L C

Initial Transferor Name

B E R T H O L D T E C H N O L O G I E S U S A L L C

Initial Transferor License Number (if known)

R - 0 1 0 8 2 - B 2 3

Device Model Number (Not Source Model)

L B - 7 4 4 4

Device Serial Number

1 5 6 7 - 1 0 - 1 9

How acquired and date
(e.g., from a distributor/
manufacturer, other
licensee, other source)?

- Manufacturer/Initial Transferor listed above
- Other General License
- Other Source

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)
1.	C O - 6 0	5 0 0	m C i
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			



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Date

SECTION 5 - CERTIFICATION

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 Web site at www.nrc.gov/reading-rm/doc-collections/cfr/)



SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

8-4-22

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.

