

NRC FORM 664

(11 - 2022) 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: 11/30/2025** 

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), Athr: 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 **SECTION 1 - GENERAL LICENSEE INFORMATION** 

GL-714772-30

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.

	(Do not write here)  Packet Receipt Date (MMDDYYYY):  Accession Number:  MMS
	For NRC Use Only Category:
State: IN	Zip Code: 47581
City:	SHOALS
2:6	CHOALS
Address Line 2:	9720 US HWY 50
Address Line 1:	HIGHWAY 50 EAST
Department:	GENERAL
Company Name:	GOLD BOND BUILDING PRODUCTS







SECTION 1 PAGE 2 of 2

# **SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)**

	SAMMON		1				188								7.0		
rst Name: 1	ERRI								Mi	ddle	Initia	al: I					
Business Telep	hone Nu	mber:	(812	2) 247	7-242	4			Ex	tens	ion:	4	)1-				
					7					1	9	0	3				
Business E-ma	ail Addres	ss: T	LGAM	MON	_  @G(	OLDBO	ONDBI	JILDI	NG.C	OM							
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Γitle:	PLANT A	DMIN	ISTRA	TIVE	MGI	P- H	RIO	Stic	-	191							
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HR/	OF	FI	1 6	E		M	regai	rding	your	dev	ice(	s) sh	nould	l be	sent		
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Enter the mail	MAIN  : HIGH	F I OFFI	here c	corres		M		rding	your	dev	ice(	s) sh	nould	I be	sent		
inter the mail	MAIN  : HIGH	F I OFFI	here of	corres		M		rding	your	dev	ice(	s) sh	nould	I be	sent		
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## **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	696322	(Internal Co	ontrol Numb	er)			
Distributor/Distributed By:	Berthold Techr	nologies U.S.	A., LLC				
Distributor License Number	: R-01082-E12	2				Trains	
Manufacturer name: B	ERTHOLD TEC	HNOLOGIES	USA. LLC				
Device Medal (Net Course I	Madally I B 200						
Device Model (Not Source I	Model): LB 300	L					
Device Serial Number: 8	3958						
Transfer Date: 09/30/200	03						
					Not in pos	ssession of de Section 4.)	vice (Also
	20001				Complete	Section 4.)	
MM DD	YYYY						
Isotope (e.g. AM241)	A	ctivity (e.g. 10	005)				Unit (e.g. mCi)
1 CO60	5						mCi
2	1 -						
3							
	] [						
4							
•	] [						
5	1 [						
6			7 9 3				





## **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.

NRC Device Key  Distributor/Distributed B	<b>714862</b> By:	(Internal Cor	ntrol Number)				
		TIT					
Distributor License Num	nber:						
Manufacturer name:	BERTHOLD TE	CHNOLOGIES	USA, LLC				
Device Model (Not Sou	rce Model): LB 30	0 L					
Device Serial Number:	8744						
Transfer Date: 05/30  MM DD	/2003 YYYY			_ ;	Not in poss complete S	ession of de ection 4.)	evice (Also
Isotope (e.g. AM24	11)	Activity (e.g. 100	05)				Unit (e.g. mCi)
	71)						
1 CO60		3				$\neg$	mCi
		3					mCi
1 CO60 2		3					mCi
2		3					mCi
		3					mCi
2 3		3					mCi
2		3					mCi
2 3		3					mCi
3		3					mCi
3		3					mCi





## **SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION**

SECTION 3 PAGE 1 of 1

Provide	e informat	ion abo	ut othe	r device	s you h	ave tha	t are su	bject t	o regist	ration.	Do not	repor	t spe	cificall	y licen	sed de	vices.
Manufa	cturer Nar	me															
Initial T	ransferor l	Name													4		
1																	
Initial T	ransferor l	License	Numb	er (if kı	nown)												
Device	Model Nu	mber (N	Not Sou	irce Mo	del)												
Device	Serial Nur	mber															
How ac	quired and	d date (	e.g.,	O Ma	anufacti	urer/Init	ial Trar	nsferor	listed a	above					,		
from a c	distributor/ ensee, ot	/manufa	cturer,	O 0t	her Ge	neral Li	censee		Date Tra	ansferr	red:						
				O 01	her Sou	urces						MM	ı	DD	,	YYYY	
	Isotope	(e.g. Al	M241)			Activity	(e.g. 1	00)								Unit (	e.g. mCi)
1.																	
2.																	
3.																	
	2 4 4 4 4 4		100 000 00	2 1 1 Land													Alexander of
4.																	
<ul><li>4.</li><li>5.</li></ul>																	
<ul><li>5.</li><li>6.</li></ul>																	
5.																	
<ul><li>5.</li><li>6.</li></ul>																	
<ul><li>5.</li><li>6.</li><li>7.</li></ul>																	
<ul><li>5.</li><li>6.</li><li>7.</li><li>8.</li></ul>																	





## **SECTION 4 - NOT IN POSSESSION OF DEVICE**

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

SECTION 4 PAGE 1 of 1

Part 1	Transfer Date:
NRC Device Key: (from Section 2 or 6)	
Location of the Device:	MM DD YYYY
O Whereabouts Unknown (Complete Part 1 only)	O Transferred to another general licensee (Complete Parts 2 and 3)
O Never Possessed the Device (Complete Part 1 only	) Transferred to a Specific Licensee (Not the manufacturer)
O Returned to Manufacturer (Complete Part 1 only)	(Complete Part 2)
Part 2 License Number of Recipient (if transferre	to a specific licensee):
Company Name:	
Department:	
Address Line 1:	
Address Line 2:	
City	
City:	
State: Zip Code:	
Part 3 Enter the name of the individual	acconsibe for this device:
Last name:	esponsible for this device.
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)

Jeri Dammon

3-4-25

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 PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit: