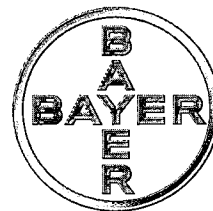


Bayer CropScience



**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

June 10, 2016

Director, Office of Nuclear Material Safety and Safeguards
Attn: GLTS
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

**Subject: General License Registration
Bayer CropScience LP
1740 Whitehall Rd
Muskegon, MI 49445
GL-705198**

Bayer CropScience
1740 Whitehall Road
North Muskegon, MI 49445

To Whom It May Concern:

We wish to notify you that Bayer CropScience LP has received a Cs-137 (Cesium source) level gauge containing 50mCi (1.85GBq) of radioactive material subject to registration on June 9, 2016.

Attached you will find NRC Form 664 which includes the above mentioned device with a transfer date of 06/07/2016 along with a copy of our most recent annual registration GL-705198-20.

If you have any questions, concerns, or comments, please feel free to contact me by e-mail at james.whitaker@bayer.com or phone at (231) 719-3001.

Sincerely

James P. Whitaker
HSE&S Representative

Enclosures

GL - 7 0 5 1 9 8 - 2 0

Date 06/10/2016

NRC FORM 664
(07-2015)
10 CFR 31.5SECTION 1
PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 04/30/2016

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, Privacy, and Information Collections Branch (T-5 F53), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0198), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

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

GL - 7 0 5 1 9 8 - 2 0

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:

B A Y E R C R O P S C I E N C E

Department:

Address Line 1:

1 7 4 0 W H I T E H A L L R O A D

Address Line 2:

City:

M U S K E G O N

State:

M I

Zip Code:

4 9 4 4 5 -

| | | | |
|--|--|--------------------------------|--|
| For NRC Use Only (Do not write here) | | Category: | |
| | | Packet Receipt Date (MMDDYYYY) | |
| | | Accession Number | |

GL - 7 0 5 1 9 8 - 2 0

Date 06/10/2016

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:

W H I T A K E R

First Name:

J A M E S

Middle Initial:

P

Telephone:

2 3 1 - 7 1 9 - 3 0 0 1

Extension:

Title:

H S E & S R E P R E S E N T A T I V E

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

Department:

B A Y E R C R O P S C I E N C E

Address Line 1:

1 7 4 0 W H I T E H A L L R O A D

Address Line 2:

City:

M U S K E G O N

State:

M I

Zip Code:

4 9 4 4 5 -

Date _____

PAGE OF

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

Distributor/Distributed By:

[illegible][illegible][illegible][illegible][illegible]

Transfer Date: MM/DD/YYYY

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

YYY

Unit (e.g., mCi)

| | | | |
|----|--|--|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |



GL - 7 0 5 1 9 8 - 2 0

Date 06/10/2016

SECTION 3

PAGE 1 OF 1

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

T h e r m o P r o c e s s I n s t r u m e n t s , L P

Initial Transferor Name

T h e r m o F i s h e r S c i e n t i f i c

Initial Transferor License Number (if known)

5 3 - 0 7 2 4

Device Model Number (Not Source Model)

5 2 0 5

Device Serial Number

M 5 2 6 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:

0 6

MM

0 7

DD

2 0 1 6

YYYY

Isotope (e.g., AM241)

Activity (e.g., 100)

Unit (e.g., mCi)

1.

C s 1 3 7

5 0

m C i

2.

3.

4.

5.

6.

7.

8.

9.

10.

Date _____

PAGE 1 OF 1

[illegible]

GL - 7 0 5 1 9 8 - 2 0

Date 06/10/2016

SECTION 5
PAGE 1 of 1

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/)

James P. Whitaker

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

06/10/2016

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.

Date _____

SECTION 6
PAGE OF

Manufacturer Name: _____

Isotope: Activity: Unit: Isotope: Activity: Unit:

Isotope: Activity: Unit:

Isotope: Activity: Unit: Isotope: Activity: Unit:

Manufacturer Name: _____

Model Number: Serial No.: Transfer Date:

Isotope: Activity: Unit: Isotope: Activity: Unit:

Isotope: Activity: Unit:

Isotope: Activity: Unit:

Isotope: Activity: Unit:

Manufacturer Name:

Model Number: Serial No.: Transfer Date:

Isotope: Activity: Unit:

Isotope: Activity: Unit: Isotope: Activity: Unit:

Isotope: Activity: Unit:

Isotope: Activity: Unit: