



SECTION 1  
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U.S. NUCLEAR REGULATORY COMMISSION

## GENERAL LICENSEE REGISTRATION

**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 [Infocollections.Resource@nrc.gov](mailto:Infocollections.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: [aira\\_submission@omb.eop.gov](mailto:aira_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.**

## 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 INSULATION INC

[illegible]

Department:

[illegible]

Address Line 1: 400 EAST WALKER STREET

[illegible]

Address Line 2:

[illegible]

City: SHELBYVILLE

[illegible]

State: IN

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Zip Code: 46176

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**For NRC Use Only**  
*(Do not write here)*

**Category:** [ ][ ]

**Packet Receipt Date (MMDDYYYY):**  
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

**Accession Number:**  
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]



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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).**

[illegible][illegible]

1

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A	N	D	Y	.	L	I	N	V	I	L	L	E	@	K	N	A	U	F	.	C	O	M
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[illegible]

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

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

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## SECTION 2

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**852156 (Internal Control Number)**

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

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☐ **Not in possession of device (Also complete Section 4.)**

YYYY

Unit (e.g. mCi)

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[illegible]

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[illegible]

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[illegible]

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[illegible]

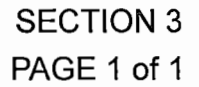
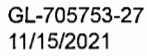
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	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CO60	500	mCi
2			
3			
4			
5			
6			





**Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.**

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

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1.					
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2.					
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3.					
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4.					
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5.					
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6.					
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7. 

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8.				
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[illegible]

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9.					
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[illegible]

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10					
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[illegible]

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**SECTION 5 - CERTIFICATION**

**SECTION 5**

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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**

**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  
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**SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION**

**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

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