

Voith Group
Group Division Paper

Voith US Inc. | VPAW
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Confidential information submitted under 10 CFR 2.390

October 1, 2022

Document Control Desk, Director
Office of Federal and State Materials and
Environmental Management Programs
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001
Telephone - 301-415-7000

Subject: Quarterly Report – Transfer of Industrial Devices to General Licensees

Dear Sir or Madam,

For the following Vendor:

Voith US Inc.
NRC License Number: SSD-NR-1231-D-101-B
Wisconsin License Number: 087-1029-01
Registration Certificate No.: NR-1231-D-101-B

Reporting Period: July 1, 2022, through October 30, 2022

We did not have any device transfers this quarter.



Larry Hall
RSO
Voith US Inc.

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NRC FORM 653(12-2019)
10 CFR 32

U. S. NUCLEAR REGULATORY COMMISSION

**TRANSFERS OF INDUSTRIAL
DEVICES REPORT
(TO GENERAL LICENSEES)**

(Continue on NRC Form 653, 653A or 653B, as appropriate)

APPROVED BY OMB: NO. 3150-0001

EXPIRES: 11/30/2022

Estimated burden per response to comply with this mandatory collection request: 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the Information Services Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), 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.

For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:

Name of Vendor Voith US Inc.	Reporting Period	
License Number SSD-NR-1231-D-101-B	From 07/01/2022	To 09/30/2022

Intermediate Person(s) (if any)

Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)		
Name of Responsible Individual	Business Telephone Number	No device transfers this quarter	
Title of Responsible Individual			

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

Intermediate Person(s) (if any)

Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)		
Name of Responsible Individual	Business Telephone Number		
Title of Responsible Individual			

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units