

NMSSIO
NMSS

GL - 7 2 6 8 4 2 - 2 0

Date 12/14/2022

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:

E N G E L

First Name:

P A U L

Middle Initial

T

Business Telephone Number:

8 1 6 - 2 5 7 - 3 6 5 7

Extension:

Business E-mail Address:

P E N G E L @ C E N T R A L P L A I N S C E M E N T . C O M

Title:

R A D I A T I O N S A F E T Y O F F I C E R

Enter the mailing address where correspondence regarding your device(s) should be sent. This address should be specific to the physical location where the devices are used and/or stored.

Department:

Address Line 1:

2 2 0 0 N C O U R T N E Y R D

Address Line 2:

City:

S U G A R C R E E K

State:

M O

Zip Code:

6 4 0 5 0

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SECTION 2

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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

PAGE 1 OF 1

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 , L L C

Device Model (Not Source Model):

L B 7 4 4 2 - F - C R

Device Serial Number:

9 4 6 - 0 7 - 2 2

Transfer Date:

1 2

MM

0 6

DD

2 0 2 2

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 . 0 0	M C I
2.			
3.			
4.			
5.			
6.			

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

[illegible]

Initial Transferor Name

[illegible]

Initial Transferor License Number (if known)

[illegible]

Device Model Number (Not Source Model)

[illegible]

Device Serial Number

[illegible]

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

- ☐ Manufacturer/Initial Transferor listed above
☐ Other General License Date Transferred _____
☐ Other Source _____

Date Transferred:

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MM

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DD

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Isotope (e.g., AM241)

Activity (e.g., 100)

Unit (e.g., mCi)

1.	<div></div>	<div></div>	<div></div>
2.	<div></div>	<div></div>	<div></div>
3.	<div></div>	<div></div>	<div></div>
4.	<div></div>	<div></div>	<div></div>
5.	<div></div>	<div></div>	<div></div>
6.	<div></div>	<div></div>	<div></div>
7.	<div></div>	<div></div>	<div></div>
8.	<div></div>	<div></div>	<div></div>
9.	<div></div>	<div></div>	<div></div>
10.	<div></div>	<div></div>	<div></div>

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

Part 1

NRC Device Key _____
(from Section 2 or 6)

Transfer Date

MM DD YYYYY

Location of the Device:

- ☐ Whereabouts Unknown (complete Part 1 only)
- ☐ Never Possessed the Device (complete Part 1 only)
- ☐ Returned to Manufacturer (complete Part 1 only)
- ☐ Transferred to another general licensee (complete Parts 2 and 3)
- ☐ Transferred to a Specific Licensee (not the manufacturer) (complete Part 2)

Part 2

License Number of Recipient (if transferred to a specific licensee)

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

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Zip Code:

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Part 3 Enter the name of the individual responsible for this device.

Last Name:

[illegible]

First Name:

[illegible]

Middle Initial:

11

Business Telephone Number:

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Extension

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Title

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

Pd Cy

Dec 14, 2022

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.