

**PROP**

GL - \_\_\_\_\_  
Date 10/18/2010  
NRC FORM 664  
(3-2007)  
10 CFR 31.5

### GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198 EXPIRES: 03/31/2010  
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 Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [infocollects@nrc.gov](mailto:infocollects@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 Registration Number SECTION 1 - GENERAL LICENSEE INFORMATION  
GL - \_\_\_\_\_

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:

A N T H C / D E H E

Department:

E q u i p m e n t S h o p

Address Line 1:

2 4 2 O r c a S t r e e t

Address Line 2:

City:

A n c h o r a g e

State:

A K

Zip Code:

9 9 5 0 1 -

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

Category:

Packet Receipt Date (MMDDYY)

Accession Number

FSMB10

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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).

Last Name:

B u c k a l e w

First Name:

R i c k

Middle Initial:

Telephone:

9 0 7 - 2 7 8 - 4 0 3 3

Extension:

Title:

E q u i p S h o p S u p e r v i s o r

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

Department:

D E H E S h i p i n g & R e c e v i n g

Address Line 1:

A t t n : E q u i p m e n t S h o p

Address Line 2:

1 3 1 O r c a S t r e e t

City:

A n c h o r a g e

State:

A K

Zip Code:

9 9 5 0 1 -



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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/](http://www.nrc.gov/reading-rm/doc-collections/cfr/))



\_\_\_\_\_  
SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

10/18/2010

\_\_\_\_\_  
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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(907) 278-4022



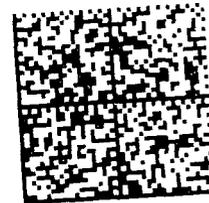
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