

Jim Yunker Sr. I&E Specialist Boise Team Chevron Pipe Line Co. 201 N. Phillippi Street Boise, ID 83706 Tel 208-373-2146 Fax 208-323-1935 jyun@chevron.com

April 9, 2013

ATTN: Document Control Desk/GLTS
Director, Office of Federal and State Materials
and Environmental Management Programs
U.S. Nuclear Regulatory Commission
11545 Rockville Pike
Rockville, MD 20852-2738

The enclosed General Licensee Registration form was originally returned with no corrections by certified mail on April 2, 2013. I am resending this form with "corrections". Please update this registration with the corrected information that is entered on the enclosed form.

Sincerely,

Jim Yunker I&F Specialist

**Enclosure** 

GL-726469-17 03/26/2013 NRC FORM 664

02 - 2004 10 CFR 31.5 SECTION 1 PAGE 1 of 2

#### U.S. NUCLEAR REGULATORY COMMISSION

#### **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 to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000). 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-726469-17

Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.

Department:  Address Line 1: PRODUCTION WAY  Address Line 2: 43 54 .972 N 116 14 .144 W  City: BOISE  State: ID Zip Code: 83705 -  Packet, Receipt Date (MMDDY/YYY):  Accession Number: 1	Con	Company Name: CHEVRON PIPELINE																				
Address Line 1: PRODUCTION WAY  Address Line 2: 43 54 .972 N 116 14 .144 W  City: BOISE  State: ID Zip Code: 83705 For NRC-Use (Only (Do not) write here)  Packet Receipt Date (MMDDYYYY):  Accession Numbers	C	H	E	٧	R	0	N		P	I	P	E		L	エ	N	E	C	0	•		
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# **SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)**

Enter the name, telelphone number and title of the person who is the responsible individual for the device(s).

Last Name:	YUNK	ŒR																
First Name:	JIM										M	liddle	Initi	al:				
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Telephone:	(208)	373-21	46								E	xten	sion:					
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## **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 1 of 2

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

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## **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 2 of 2

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

NRC Device Key							8268	13	(i	nter	nal (	Cont	rol N	lumb	er)												
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**SECTION 3** 

### **SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION**

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

PAGE 1 of 1

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

Mar	Manufacturer Name																									
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## SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

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

Part 1																						
NRC Device Key:								]						$\rceil$ $\lceil$								
(from Section 2 or 6	)		<u> </u>				1	J	_	848		Щ,	<u> </u>									
Location of the Devi	ce:									MN	1	•	DD		Y	YYY	Y					
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O Returned to M	anufact	urer	(com	plete	e Pai	rt 1 o	nly)		(0	omp	lete f	Part 2	2)									
Part 2 License Num	ber of	Recip	ient (	(if tra	nsfe	rred t	oas	peci	fic lic	ense	e):											
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### GL-726469-17 03/26/2013

### **SECTION 5 - CERTIFICATION**

**DATE** 

#### 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/readjng-rm/doc-collections/cfr)

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

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 - DEVICES NOT SUBJECT TO REGISTRATION

**SECTION 6** 

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: