

GL-725737-16

01/10/2013  
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  
Registration Number

### SECTION 1 - GENERAL LICENSEE INFORMATION

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.

Company Name: NABORS COMPLETION AND PRODUCTION SERVICES CO.

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Department:

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Address Line 1:

S	2	5		W	e	s	t		M	a	i	n		S	T	.			
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Address Line 2:

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City:

K	i	m	b	a	l														
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State:

W	V
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Zip Code:

2	4	8	5	3	-			
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For NRC Use Only (Do not write here)	Category	<table border="1"><tr><td></td><td></td></tr></table>										
	Packet Receipt Date (MMDDYYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Accession Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											

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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: CESSNA

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First Name: LEW

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Middle Initial:

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Telephone: (724) 403-9080

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Extension:

--	--	--	--	--	--

Title: HSE COMPLIANCE MANAGER

H	S	E		R	a	d	i	a	T	i	O	N		3		E	x	p	l	o	s	i		HSE Manager
---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	--	---	---	---	---	---	---	---	--	-------------

Enter the mailing address where correspondence regarding your device(s) should be sent.  
This address should be specific to the use or storage location of your device(s).

Department:

S	a	f	e	t	y																		
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Address Line 1: 1380 ROUTE 286 EAST

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Address Line 2: SUITE 121

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City: INDIANA

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State: PA

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Zip Code: 15701 -

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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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

Manufacturer Name

Thermo Fisher Scientific

Initial Transferor Name

Thermo Fisher Scientific

Initial Transferor License Number (if known)

603524

Device Model Number (Not Source Model)

5190

Device Serial Number

B6899

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

Manufacturer/Initial Transferor listed above

Other General Licensee

Other Source

Date Transferred: (Received)

09 07 2001  
MM DD YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1.	Cs137	200	mCi
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			



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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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

Manufacturer Name

T h e r m o F i s h e r S c i e n t i f i c

Initial Transferor Name

T h e r m o F i s h e r S c i e n t i f i c

Initial Transferor License Number (if known)

L 0 3 5 2 4

Device Model Number (Not Source Model)

S 1 9 0

Device Serial Number

B 7 0 4 8

Manufacturer/Initial Transferor listed above

Other General Licensee

Other Source

Date Transferred:  
(Received)

0 4 0 2 2 0 0 4  
MM DD YYYY

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

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. C 5 1 3 7

2 0 0

m C i

2.

3.

4.

5.

6.

7.

8.

9.

10.



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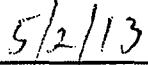
**SECTION 5 - CERTIFICATION**

**SECTION 5**  
**PAGE 1 of 1**

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>)

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**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.**

