



NRC FORM 664

02 - 2004 10 CFR 31.5 SECTION 1

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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 level of device accountability. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U. S. Nuclear DC 20555-0001, or by internet e-mail to infocollects@nrc.gov to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0) Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC person is not required to respond to, the information collection.	Regulatory Commission, Washington, 000). Office of Management and

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

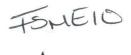
Registration Number

GL-639368-17

portable devices, specify the primary storage location. Do not use a P.O. Box address. Company Name: U.S. ARMY CORPS OF ENGINEERS FOUNTAIN CITY SVC BASE Department: PHYSICAL SUPPORT BRANCH Address Line 1: 431 NO. SHORE DR. Address Line 2: City: **FOUNTAIN CITY** State: WI Zip Code: 54629 - 0397 For NRC Use Only Category: (Do not write here) Packet Receipt Date (MMDDYYYY):

Accession Number:

Enter the company name and the street address/physical location of use for your device(s). For







SECTION 1 PAGE 2 of 2

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).

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	<u></u>																									
First Name: RANDALL													М	Middle Initial: K												
Telephone: (608) 687-8526												Е	Extension: 5													
Title);		ENG	SINE	ER T	ECH	INIC	IAN																		
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: FOUNTAIN CITY SVC BASE																										
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Add	ress	Line	1:	PHY	'SIC	AL S	UPP	ORT	BR	ANCI	Η															
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State: WI Zip Code: 54629 - 0397																-										





GL-639368-1

04/11/2013

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

Our records indicate that you have these devices. Please update the information as necessary. PAGE 1 of 1 731132 **NRC Device Key** (Internal Control Number) Distributor/Distributed By: OHMART/VEGA CORPORATION Distributor License Number: 34-00639-03G Manufacturer Name: OHMART/VEGA CORPORATION Device Model (Not Source Model): SR-1A Device Serial Number: 4769CM Transfer Date (Receipt Date): 01/31/2005 Not in possession of device (Also complete Section 4.) MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 100) Unit (e.g. mCi) 1000.000000000 CS137 1 mCi 2 3 4 5 6





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	ufac	turer	Nan	ne															_	 			_		
Initial Transferor Name																									
Initial Transferor License Number (if known)																									
Device Model Number (Not Source Model)																									
Device Serial Number																									
O Manufacturer/Initial Transferor listed above How acquired and date (e.g., from a distributor/manufacturer, O Other General Licensee Date Transferred:													_												
from a distributor/manufacturer, other licensee, other source)?				_				Lice	ensee	€	Date Transferred:														
		Isoto	ne (i	e.g. <i>F</i>	AM24	11)	O Other Source Activity (e.g. 100)							,						DD	,		YY Unit		mCi)
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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.





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)

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

DATE

06-May-2013

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.





SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

PAGE 1 of 1

Manufacturer Name:

Model Number: Serial #: Transfer Date: