



GL-651456-17

04/16/2013

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 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

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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: SOUTH DAKOTA SOY BEAN PROCESSORS

[Grid for company name]

Department:

[Grid for department]

Address Line 1: 100 CASPIAN AVENUE

[Grid for address line 1]

Address Line 2:

[Grid for address line 2]

City: VOLGA

[Grid for city]

State: SD

[State grid]

Zip Code: 57071 -

[Zip code grid]

[Zip code grid]

For NRC Use Only (Do not write here)	Category:	[][]
	Packet Receipt Date (MMDDYYYY)	[][][][][][][][][][]
	Accession Number:	[][][][][][][][][][]

FSMEID





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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: EVENSON

C o n v e r s e

First Name: PAUL

Middle Initial: H

J a s o n

L

Telephone: (605) 627-6394

Extension: 1229

6 0 5 6 2 7 6 3 9 4

0 6 2 6 5

Title: SAFETY COORDINATOR

C o m p l i a n c e C o o r d i n a t o r

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:

Address Line 1: P.O. BOX 500

Address Line 2:

City: VOLGA

State: SD

Zip Code: 57071 -





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

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NRC Device Key 591408 (Internal Control Number)

Distributor/Distributed By: TN TECHNOLOGIES, INC.

[Grid]

Distributor License Number: L01105

[Grid]

Manufacturer Name: TN TECHNOLOGIES, INC.

[Grid]

Device Model (Not Source Model): 5036

[Grid]

Device Serial Number: B241

[Grid]

Transfer Date (Receipt Date): 08/15/1996

[Grid]

Not in possession of device (Also complete Section 4.)

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 [Grid]	100.00000000 [Grid]	mCi [Grid]
2	[Grid]	[Grid]	[Grid]
3	[Grid]	[Grid]	[Grid]
4	[Grid]	[Grid]	[Grid]
5	[Grid]	[Grid]	[Grid]
6	[Grid]	[Grid]	[Grid]





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

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NRC Device Key **591665** (**Internal Control Number**)

Distributor/Distributed By: TN TECHNOLOGIES, INC.

[Grid of 20 empty boxes]

Distributor License Number: L01105

[Grid of 12 empty boxes]

Manufacturer Name: TN TECHNOLOGIES, INC.

[Grid of 20 empty boxes]

Device Model (Not Source Model): 5205

[Grid of 20 empty boxes]

Device Serial Number: B947

[Grid of 27 empty boxes]

Transfer Date (Receipt Date): 05/15/1996

[Grid of 11 empty boxes]

Not in possession of device
(Also complete Section 4.)

MM

DD

YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 [Grid of 5 empty boxes]	100.000000000 [Grid of 10 empty boxes]	mCi [Grid of 3 empty boxes]
2	[Grid of 5 empty boxes]	[Grid of 10 empty boxes]	[Grid of 3 empty boxes]
3	[Grid of 5 empty boxes]	[Grid of 10 empty boxes]	[Grid of 3 empty boxes]
4	[Grid of 5 empty boxes]	[Grid of 10 empty boxes]	[Grid of 3 empty boxes]
5	[Grid of 5 empty boxes]	[Grid of 10 empty boxes]	[Grid of 3 empty boxes]
6	[Grid of 5 empty boxes]	[Grid of 10 empty boxes]	[Grid of 3 empty boxes]





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

N/A

Grid for Manufacturer Name

Initial Transferor Name

Grid for Initial Transferor Name

Initial Transferor License Number (if known)

Grid for Initial Transferor License Number

Device Model Number (Not Source Model)

Grid for Device Model Number

Device Serial Number

Grid for Device Serial Number

- 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: MM DD YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

Grid for Isotope information (rows 1-10)

Grid for Activity information (rows 1-10)

Grid for Unit information (rows 1-10)





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SECTION 4 - NOT IN POSSESSION OF DEVICE

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

Part 1

N/A

Transfer Date:

NRC Device Key:
(from Section 2 or 6)

MM DD YYYY

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):

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State: Zip Code: -

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

Last Name:

First Name:

Middle Initial:

Telephone Number: Extension:

Title:





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SECTION 5 - CERTIFICATION

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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 website at:
<http://www.nrc.gov/reading-rm/doc-collections/cfr>)

James Converse *Compliance Coordinator* *7-1-13*
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.





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SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

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NRC Device Key:
Manufacturer Name:
Model Number:

Manufacturer License No:

Serial #:

Transfer Date:

N/A