



SECTION 1

EXPIRES: 03/31/2010

GL-711178-18 01/03/2014 NRC FORM 664

PAGE 1 of 2 U.S. NUCLEAR REGULATORY COMMISSION

02 - 2004 10 CFR 31.5

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198		

Estimated burden per response to comply with this mand atory 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-711178-18

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	: WE	/ERHAI	EUSEI	R NR	CC	MPA	NY							***			
Department:			u lug											ngooder tax	•	-	-
Address Line 1:	100	TJM DI	RIVE												9	•	
4117	. 2	M	D	R	1	M	E		П						Π	T	
Address Line 2:	T _{eff}		1.0			Ť			21 13 401								<u> </u>
City:	BUG	CKHANI	NON														
State: WV			Zip (Code	: 2	6201] -			
		#20000000000	or NR(re)	Pack	et F	Recei		itego ate ()DY'	YYY)			
					4					Ac	ces	sion	Nun	nber:			





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).

Last Name: MCHENRY
First Name: GARY Middle Initial: M
Telephone: (304) 473-5441 Extension:
Title: ELECTRICAL ENGINEER
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: ATTENTION: GARY MCHENRY
Address Line 1: 100 TJM DRIVE
Address Line 2:
City: BUCKHANNON
State: WV Zip Code: 26201





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.

NRC Device Key							6637	28	(I	nter	nal (Cont	rol N	lumb	er)															
Dist	ribute	or/Di	stribu	uted	Ву:	(OHM	IART.	/VE	GA C	ORF	PORA	ATIO	N																
																								Ī						
Dist	ribute	or Lic	ense	e Nui	mber		34-0	0639-	-03G	 }		L																		
													1																	
Mar	l ufac	turer	Nan	ne: C	HMA	RT/	VEG	A CC	DRP	L ORA	TION	N	j																	
Dev	ice N	lode	l (No	t Sou	ırce l	Mode	el): S	SH-F1	1				·		I	L							-	ı						
Dev	rice S	erial	Nun	nber:	6705	GK	L	<u></u>							.	·		·						•						
														-			Τ		Τ]				
	<u> </u>	I		<u> </u>				i			l	Ļ	<u> </u>		<u> </u>	<u> </u>		1		. 1				L	L]				
Trar	nsfer	Date	(Re	ceipt	Date	e): 11	I/15/ 	1998										Not	in no	sses	sion	of (devid							
				╛┖														(Als	o coi	nplet	e Se	ctio	n 4.))						
M	IM		DD			YYY	ſΥ																							
	Isote	ope (e.g.	AM2	41)				Activ	vity (e.g.	100)		24.					*					Unit	(e.g	. mC	i)			
1	CS1	37 -							50.0	0000	0000	00												•						
									į																			•		
2		•									•		•	•				•												
3						•																					_			
4						•																								
_															<u> </u>															
5		Т	T	T	1	1				T	T	T^-	1	1	Т		1	Т	<u> </u>		7				$\overline{}$	Τ	7			
6					<u> </u>]						<u> </u>		<u> </u>			<u>L</u> _		.]						<u> </u>	1_	╛			
6				Τ	<u> </u>						T^{-}	T				Τ		1	T	Τ	7				T .	Τ	7			





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.

Distributor/Distributed By: OHMART/VEGA CORPORATION	
Distributor License Number: 34-00639-03G	
Manufacturer Name: OHMART/VEGA CORPORATION	
Device Model (Not Source Model): SHRM-BW	
Device Model (Not obuide Model). Still (Ni-BVV	
Device Or del Number: 507701//577001/	
Device Serial Number: 5077GK/5779GK	
Transfer Date (Receipt Date): 10/01/1999	
Not in possession (Also complete Se	of device ection 4.)
MM DD YYYY	
Isotope (e.g. AM241) Activity (e.g. 100)	Unit (e.g. mCi)
1 CS137 50.000000000	mCi
2 CS137 20.000000000	mCi
3	
4	[
5	
6	





0

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	nufac	turer	Nan	ne																					
				;																					
Initia	al Tra	ansfe	ror N	lame)																				
Initia	al Tra	ansfe	ror L	icen:	se N	umbe	er (if	knov	wn)																
Device Model Number (Not Source Model)																									
						:																			
Device Serial Number																									
Цои	O Manufacturer/Initial Transferor listed above How acquired and date (e.g.,																								
from	ı a di	stribu	utor/r	manı	ıfactı	ırer,	0	Othe	r Ge	neral	Lice	nse	е	Dat	e Tra	nsfe	rred:		Ţ						
Othe	ii iice	ensee	s, Ou	iei 50	Jurce	; (;	0	Othe	r Soı	ırce				(Re	ceive	ed)			ММ	 DD)	L	YY	ΎΥ	<u></u>
		Isoto	pe (e.g. /	4M24	41)	_		,	Activity (e.g. 100)										Unit	(e.g	. mCi)			
1.																									
2.]												;						
3.							,] -				~							/-		<u> </u>	,]			<u> </u>	
						<u> </u>]]													<u> </u>]			L I	
4.						L]]				
5.																									
6.																									
7.]					-									ĺ				
8.							,]						I							 I	,]			L	
						l)]						L							 <u> </u>]				
9.]													 	<u> </u>			<u> </u>	
10.									į																





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												T	rans	fer D	ate:											
NR	C De	vice	Key:						İ				Γ					7 [
(fron	n Se	ction	2 or	6)	<u> </u>		<u> </u>	<u> </u>	<u> </u>]	<u> </u>	J	L.			L		JL									
Loca	ation	of th	e De	evice	:									MN	Л	L	DD		Y	YYY	Y						
0	Wh	erea	bout	s Un	knov	vn (c	omp	lete f	Part 1	1 onl	y)	(T C	rans	ferre	d to a	anoth	ner g	ener	al lice	ense	e (co	omple	ete P	'arts	2 an	d 3)
0	Ne	ver P	osse	esse	d the	Dev	ice	(com	plete	Par	t 1 oı	nly) (T C	rans	ferre	d to a	a Spe	ecific	c Lice	nsee	(No	t the	mar	านfac	ture	r)	
0	Ref	turne	d to	Man	ufact	urer	(co	mple	te Pa	art 1	only)		(0	comp	lete	Part	2)										
Part	2 Li	icens	e Nı	ımbe	er of I	Recip	pient	(if tr	ansfe	erred	to a	spec	cific I	icen	see):												
]														
		. Nor		İ	l	L	<u></u>	<u> </u>	<u> </u>	<u> </u>	<u></u>		J														
Com	pany	/ Nar	ne:	·	r	Γ.	ı	ı	E	I		1			1		•	1	 -	1			Τ	т —	т.	Т	า
												į															
Depa	artme	ent:																									
]
	rocc	Line	4.	<u> </u>	<u> </u>	L	L	.1	<u> </u>	i	<u></u>	<u> </u>	l	<u> </u>		<u> </u>	.	<u> </u>	<u> </u>	l	<u> </u>	<u> </u>	!	<u> </u>			J
Add	iess I	Line	۱. 	Τ	г	<u> </u>	Ι	1	Τ.	i	1	1	1		τ	T	ı	1		ı			 	т	т—	т	ך
		İ	<u> </u>						:	<u> </u>		<u> </u>															
Add	iress	Line	2:																								
		Ţ]
City	,.	L	L	l		L	<u> </u>	<u> </u>	l	J	<u> </u>	l	l	L	1	<u> </u>		<u> </u>	<u> </u>	<u> </u>		ــــــــــــــــــــــــــــــــــــــ	ــــــــــــــــــــــــــــــــــــــ		Д	1	J
<u> </u>	· [<u> </u>	<u> </u>	l	Π	Γ	T-	Τ		l	1	Ţ <u> </u>		T T		Τ	ŀ	1		1	I	\Box	Τ.	$\overline{\Box}$	Т	1	7
			<u> </u>	<u> </u>	ļ		<u>.</u>	<u> </u>	<u> </u>	<u></u>	<u> </u>		<u></u>	<u> </u>		<u> </u>		<u> </u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>		_
Stat	e:				Zip	Cod	e :						-			-		ŀ									
Part	3	·		- nter	the i	namo	e of	the i	ndivi	idua	res	pons	sible	for	this	devid	e:	_1									
	t Nar	ne:																									
											<u> </u>								1				T	Γ]
Eiro	· Nor	i			_		L				<u> </u>			<u> </u>	<u> </u>				<u> </u>			<u> </u>	<u> </u>	Ь	Щ]
FIIS	t Nar	ne.	 1				f		Γ				l							М	iddle	e Initi	ial:				
							Ĺ <u></u>	<u></u>																			
Telep	hone	e Nu	mbei	r:] E	xter	nsion:								
Title	:											-					-				•						
																							T		Γ	T]
L	L	L	L	1	<u></u>						<u></u>	L		<u> </u>		1	L	<u></u>	1		L	i	1	L	i_		1





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

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

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number: Serial #:

Transfer Date: