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**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 Registration Number**
**GL-61309-18**

## 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: EXXON MOBIL CORPORATION ✓

Department: LABARGE OPERATIONS ✓

Address Line 1: 33 MILES N.E. OF KEMMERER ✓

Address Line 2:

City: KEMMERER ✓

State: WY ✓ Zip Code: 83101 - ✓ -

**For NRC Use Only**
***(Do not write here)***

**Category:**

**Packet Receipt Date (MMDDYYYY):**

**Accession Number:**

## 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: KNOLL ✓

First Name: JOHN ✓ Middle Initial: C ✓

Telephone: (307) 276-6140 ✓ Extension:

Title: CURRENT SAFETY OFFICER ✓

**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: LABARGE OPERATIONS ✓

Address Line 1: 33 MILES N.E. OF KEMMERER ✓

Address Line 2: P.O. BOX 1300 ✓

City: KEMMERER ✓

State: WY ✓ Zip Code: 83101 - ✓ -

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## SECTION 2 - DEVICES SUBJECT TO REGISTRATION



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

**NRC Device Key** **802419** ✓ **(Internal Control Number)**

Distributor/Distributed By: VEGA AMERICA'S CORPORATION ✓

Distributor License Number: 34-00639-04 ✓

Manufacturer Name: OHMART/VEGA CORPORATION ✓

Device Model (Not Source Model): SHLD-1 ✓

Device Serial Number: M-4069 ✓

Transfer Date (Receipt Date): 12/01/2009 ✓

MM DD YYYY

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

| | Isotope (e.g. AM241) | Activity (e.g. 100) | Unit (e.g. mCi) |
|---|---|---|---|
| 1 | CS137 | 80.000000000 | mCi |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

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## SECTION 2 - DEVICES SUBJECT TO REGISTRATION



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

**NRC Device Key** **802420** ✓ **(Internal Control Number)**

Distributor/Distributed By: VEGA AMERICA'S CORPORATION ✓

Distributor License Number: 34-00639-04 ✓

Manufacturer Name: OHMART/VEGA CORPORATION ✓

Device Model (Not Source Model): SHLD-1 ✓

Device Serial Number: M-4059 ✓

Transfer Date (Receipt Date): 12/01/2009 ✓

MM DD YYYY

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

| | Isotope (e.g. AM241) | Activity (e.g. 100) | Unit (e.g. mCi) |
|---|---|---|---|
| 1 | CS137 | 80.000000000 | mCi |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

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## SECTION 2 - DEVICES SUBJECT TO REGISTRATION



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

**NRC Device Key** **802421** ✓ **(Internal Control Number)**

Distributor/Distributed By: VEGA AMERICA'S CORPORATION ✓

Distributor License Number: 34-00639-04 ✓

Manufacturer Name: OHMART/VEGA CORPORATION ✓

Device Model (Not Source Model): SHLD-1 ✓

Device Serial Number: M-4060 ✓

Transfer Date (Receipt Date): 12/01/2009 ✓

MM DD YYYY

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

| | Isotope (e.g. AM241) | Activity (e.g. 100) | Unit (e.g. mCi) |
|---|---|---|---|
| 1 | CS137 | 80.000000000 | mCi |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

-NONE-

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## 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

Initial Transferor Name

Initial Transferor License Number (if known)

Device Model Number (Not Source Model)

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: (Received) MM DD YYYY

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

HAVE NOT RECIEVED NRC DEVICE KEY #'S SUBMITTED 8/27/12

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## SECTION 4 - NOT IN POSSESSION OF DEVICE



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

**Part 1**

NRC Device Key:
(from Section 2 or 6)

Transfer Date:
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



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)

John C. Knoll — 5 MAY 14

**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.

- NONE -

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## SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION



**NRC Device Key:** Manufacturer License No:

Manufacturer Name:

Model Number: Serial #: Transfer Date: