



GL-726471-18  
 04/18/2014  
**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** **SECTION 1 - GENERAL LICENSEE INFORMATION**  
**Registration Number**  
**GL-726471-18**

**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: TESORO LOGISTICS GP, LLC

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Department:

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Address Line 1: 500 SOUTH 2000 EAST

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Address Line 2:

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City: MALTA

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State: ID  Zip Code: 83342 -  -

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

Category:

Packet Receipt Date (MMDDYYYY):

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Accession Number:

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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: CANADAY

W A L K E R

First Name: DEVIN

Middle Initial:

T I M O T H Y

A

Telephone: (210) 626-6327

Extension:

5 0 9 4 1 2 4 5 1 0

Title: SENIOR MANAGER

S A F E T Y S P E C I A L I S T

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: ATTN: DEVIN CANADAY

T I M O T H Y W A L K E R

Address Line 1: 19100 RIDGEWOOD PARKWAY

Address Line 2:

City: SAN ANTONIO

State: TX

Zip Code: 78259 -





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**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                    826815            (Internal Control Number)**

Distributor/Distributed By:    TN TECHNOLOGIES, INC.

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Distributor License Number:    L01105

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Manufacturer Name: TN TECHNOLOGIES, INC.

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Device Model (Not Source Model): 5202

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Device Serial Number: B989

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Transfer Date (Receipt Date): 10/15/1988

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MM            DD            YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. 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.**

**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**

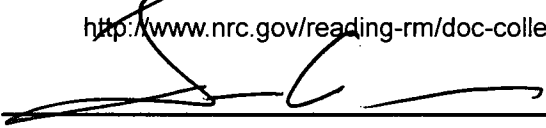
**SECTION 5**  
**PAGE 1 of 1**

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>)

  
\_\_\_\_\_

5/18/14  
\_\_\_\_\_

**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.





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**SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION**

**SECTION 6**

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**NRC Device Key:**  
Manufacturer Name:  
Model Number:

Manufacturer License No:

Serial #:

Transfer Date: