



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: BROOKS

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First Name: STEVEN

Middle Initial: D

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Telephone: (816) 387-6415

Extension:

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Title: CURRENT SAFETY OFFICER

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**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: STEVE BROOKS

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Address Line 1: REF: LAKE ROAD PLANT

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Address Line 2: 1413 LOWER LAKE ROAD

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City: SAINT JOSEPH

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State: MO

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Zip Code: 64504 - 0998

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GL-11137-18

04/07/2014

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 4

NRC Device Key 249766 (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): **5219**

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Device Serial Number: **B371**

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Transfer Date (Receipt Date): **12/28/2000**

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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 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 2 of 4

NRC Device Key **249765** **(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): **5219**

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Device Serial Number: **B370**

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Transfer Date (Receipt Date): **12/28/2000**

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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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04/07/2014

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 3 of 4

NRC Device Key **249764** (Internal Control Number)

Distributor/Distributed By: **TN TECHNOLOGIES, INC.**

Distributor License Number: **L01105**

Manufacturer Name: **TN TECHNOLOGIES, INC.**

Device Model (Not Source Model): **5219**

Device Serial Number: **B369**

Transfer Date (Receipt Date): **12/28/2000**

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	50.00000000	mCi
	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>





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04/07/2014

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 4 of 4

NRC Device Key 249767 (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): 5219

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Device Serial Number: B372

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Transfer Date (Receipt Date): 12/28/2000

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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

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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04/07/2014

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>)

Steve D. Smith

5-16-2014

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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04/07/2014

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:



May 16, 2014

Director, Office of Federal and State Materials
And Environmental Management Programs
ATTN: GLTS
U. S. Nuclear Regulatory Commission
Washington, DC 20555-0001

**Re: KCPL Lake Road Generating Station
Registration Number GL-11137-17
Registration Fee**

Dear Sir or Madame:

Enclosed is the completed General Licensee Registration Package for the Kansas City Power & Light Lake Road Generating Station, Registration number GL-11137-17. Please note the credit card authorization and copy of completed Section 1, Page 1 of 2 of this form were sent under separate cover to the U. S. Bank Accounts Receivable Team in St. Louis, Missouri.

If you have any questions or need any additional information, please do not hesitate to call at (816) 387-6415.

Sincerely,

A handwritten signature in black ink that reads 'Steven D. Brooks'.

Steven D. Brooks
Senior Engineer

Enclosure

cc: Mark Howell
Frank Barton

Acct Code 26.2