



GL-21761-18  
04/07/2014  
**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](mailto:infocollects@nrc.gov) to the Desk Officer, Office of Information and Regulatory Affairs, NEOF-10202, (3155-0-0000). 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-21761-18**

**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: RAVEN INDUSTRIES, INC.

[illegible]

Department:

[illegible]

Address Line 1: 1810 EAST AVENUE

8	2	1	W	A	L	G	O	N	Q	U	I	N	S	T	R	E	E	T
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Address Line 2:

[illegible]

City: SIOUX FALLS

[illegible]

State: SD

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Zip Code: 57104 -

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For NRC Use Only (Do not write here)				Category:			
Packet Receipt Date (MMDDYYYY):							
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: FELTMAN

W E N D L I N G

First Name: MIKE

Middle Initial:

R O G E R

W

Telephone: (605) 759-3292

Extension:

6 0 5 3 3 5 0 1 8 1

Title: CURRENT SAFETY OFFICER

C U R R E N T S A F E T Y O F F I C E 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:

8 2 1 W A L G O N Q U I N S T R E E T

Address Line 1: 1810 EAST AVENUE

Address Line 2:

City: SIOUX FALLS

State: SD

Zip Code: 57104 -











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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>)

**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 License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: