



GL-720300-19
01/06/2015
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 <small>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.</small>	EXPIRES: 03/31/2010
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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-720300-19

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: CARTER ROAG COAL COMPANY

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Department:

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Address Line 1: HC 58 BOX 200

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Address Line 2:

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City: MILL CREEK

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State: WV

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Zip Code: 26280 -

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For NRC Use Only (Do not write here)	Category: <table border="1"><tr><td> </td><td> </td></tr></table>										
Packet Receipt Date (MMDDYY)											
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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: WARE

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First Name: DUANE

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Middle Initial:

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Telephone: (304) 335-2145

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Extension: 7521

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Title: SUPERINTENDENT

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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:

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Address Line 1: HC 58 BOX 200

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Address Line 2:

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City: MILL CREEK

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State: WV

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Zip Code: 26280 -

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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.

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NRC Device Key 751663 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

Grid for distributor information

Distributor License Number: L03524

Grid for distributor license number

Manufacturer Name: THERMO MEASURETECH

Grid for manufacturer name

Device Model (Not Source Model): 5201

Grid for device model

Device Serial Number: B4596

Grid for device serial number

Transfer Date (Receipt Date): 09/29/2006

Grid for transfer date

MM DD YYYY

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

Table with 3 columns: Isotope (e.g. AM241), Activity (e.g. 100), Unit (e.g. mCi). Row 1 contains CS137, 100.000000000, and 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

Transfer Date:

NRC Device Key:

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>)

Duane Ware

1-26-2015

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: