



GL-719181-19  
 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** **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, NE08-10202, (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** **SECTION 1 - GENERAL LICENSEE INFORMATION**  
 GL-719181-19

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: BP EXPLORATION NORTHSTAR

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Department:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 1: NORTHSTAR MATERIAL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 2:

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City: ANCHORAGE

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State: AK

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Zip Code: 99515 -

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<p><b>For NRC Use Only</b>          (Do not write here)</p>	<b>Category:</b>	<table border="1" style="width: 40px; height: 20px;"> <tr> <td></td><td></td> </tr> </table>																				
	<b>Packet Receipt Date (MMDDYYYY):</b>	<table border="1" style="width: 150px; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
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SECTION 1  
PAGE 2 of 2

**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: CARPENTER

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First Name: JEFF

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Initial:

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Telephone: (907) 659-4470

--	--	--	--	--	--	--	--	--	--

Extension:

--	--	--	--	--

Title: SENIOR IH RSO

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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: BPXA HSE DEPT

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Address Line 1: OPERATIONS WAREHOUSE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 2: EOA PBOC DP#31

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City: PRUDHOE BAY

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State: AK

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Zip Code: 99734 -

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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 3

**NRC Device Key**      **750812**      (Internal Control Number)

Distributor/Distributed By:      **VEGAAMERICA'S CORPORATION**

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Distributor License Number:      **34-00639-04**

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Manufacturer Name: **OHMART/VEGA CORPORATION**

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Device Model (Not Source Model): **SH-FX SERIES**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Serial Number: **M-6902**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Transfer Date (Receipt Date): **07/26/2006**

0	7	1	4	2	0	1	4
---	---	---	---	---	---	---	---

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

MM      DD      YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																						
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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2  
PAGE 3 of 3

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

**NRC Device Key**          **750813**      (**Internal Control Number**)

**Distributor/Distributed By:**      **VEGA AMERICA'S CORPORATION**

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**Distributor License Number:**      **34-00639-04**

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**Manufacturer Name:** **OHMART/VEGA CORPORATION**

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**Device Model (Not Source Model):** **SH-FX SERIES**

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**Device Serial Number:** **M-6903**

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**Transfer Date (Receipt Date):** **07/26/2006**

1	1	1	4	2	0	1	4
---	---	---	---	---	---	---	---

MM          DD          YYYY

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

	<b>Isotope (e.g. AM241)</b>	<b>Activity (e.g. 100)</b>	<b>Unit (e.g. mCi)</b>																																
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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) 

7	3	8	7	3	0
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Transfer Date:  

1	1	1	4	2	0	1	4
---	---	---	---	---	---	---	---

  
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):**

5	0	-	3	5	1	8	2	-	0	1
---	---	---	---	---	---	---	---	---	---	---

Company Name:

H	I	L	C	O	R	P	A	L	A	S	K	A	L	L	C
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Department:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 1:

3	8	0	0	C	E	N	T	E	R	P	O	I	N	T	D	R
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Address Line 2:

S	U	I	T	E	1	4	0	0
---	---	---	---	---	---	---	---	---

City:

A	N	C	H	O	R	A	G	E
---	---	---	---	---	---	---	---	---

State:

A	K
---	---

Zip Code:

9	9	5	0	3	-		
---	---	---	---	---	---	--	--

**Part 3**

Enter the name of the individual responsible for this device:

Last Name:

L	I	V	E	R	A	N	C	E
---	---	---	---	---	---	---	---	---

First Name:

T	H	O	M	A	S
---	---	---	---	---	---

Middle Initial:

--

Telephone Number:

9	0	7	7	7	7	8	3	7	1
---	---	---	---	---	---	---	---	---	---

Extension:

--	--	--	--

Title:

R	S	O
---	---	---





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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>)

Beatrice Egbajimba

2-25-15

**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**

PAGE 1 of 1

**NRC Device Key: 750814**

Manufacturer License No: 34-00639-04

Manufacturer Name: OHMART/VEGA CORPORATION

Model Number: SHGL

Serial #: CZ-1007

Transfer Date: 07/06/2006

Isotope: CS137

Activity: 2.000000000

Unit: mCi

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