



GL-707883-19
 12/29/2014
 NRC FORM 664
 02 - 2004
 10 CFR 31.5

SECTION 1
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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-707883-19

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: MIDLAND TRAIL RESOURCES

M I D L A N D T R A I L R E S O U R C E S

Department: PREP PLANT7 ILL

P R E P P L A N T

Address Line 1: P.O. BOX 0

P O B O X 0

Address Line 2: ROCKCLIFF ROAD

R O C K C L I F F R O A D

City: RUPERT

R U P E R T

State: WV W V

Zip Code: 25984 - 0574 2 5 9 8 4 - 0 5 7 4

For NRC Use Only <i>(Do not write here)</i>	Category: <input type="checkbox"/> <input type="checkbox"/>
	Packet Receipt Date (MMDDYYYY): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Accession Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>





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: KISER

K	I	S	E	R															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name: JIMMIE

J	I	M	M	I	E														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Initial: E

E

Telephone: (304) 392-1000

3	0	4	3	9	2	1	1	6	6
---	---	---	---	---	---	---	---	---	---

Extension: 241

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Title: SAFETY SUPERVISOR

S	A	F	E	T	Y	D	I	R	E	C	T	O	R						
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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: PREP PLANT

P	R	E	P	P	L	A	N	T											
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Address Line 1: P.O. BOX 0

P	O	B	O	X	0														
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Address Line 2: ROCKCLIFF ROAD

R	O	C	K	C	L	I	F	F	R	O	A	D							
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City: RUPERT

R	U	P	E	R	T														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State: WV

W	V
---	---

Zip Code: 25984 - 0574

2	5	9	8	4	-	0	5	7	4
---	---	---	---	---	---	---	---	---	---





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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 640332 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

THERMO FISCHER SCIENTIFIC

Distributor License Number: L03524

L03524

Manufacturer Name: THERMO MEASURETECH

THERMO MEASURETECH

Device Model (Not Source Model): 5202

5202

Device Serial Number: B2518

B2518

Transfer Date (Receipt Date): 05/29/2001

05 29 2001

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 CS137	200.000000000 200.000000000	mCi mCi
2			
3			
4			
5			
6			





SECTION 4 - NOT IN POSSESSION OF DEVICE

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Part 1

Transfer Date:

NRC Device Key:
(from Section 2 or 6)

6	4	0	3	3	2	
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0	7	0	7	2	0	1	4
MM		DD		YYYY			

Location of the Device:

- Whereabouts Unknown (complete Part 1 only)
 Transferred to another general licensee (complete Parts 2 and 3)
 Never Possessed the Device (complete Part 1 only)
 Transferred to a Specific Licensee (Not the manufacturer)
 Returned to Manufacturer (complete Part 1 only)
 (complete Part 2)

Part 2 License Number of Recipient (if transferred to a specific licensee):

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Company Name:

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Department:

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Address Line 1:

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Address Line 2:

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City:

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State:

--	--

 Zip Code:

-							-				
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Part 3 Enter the name of the individual responsible for this device:

Last Name:

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First Name:

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Middle Initial:

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Telephone Number:

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 Extension:

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

Title:

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ACKNOWLEDGMENT OF RECEIPT OF RADIOACTIVE MATERIAL

July 7, 2014

Jimmie Kiser II
Midland Trail Resources
1190 Rockcliff Road
Rupert, WV 25984

RMA Number 32535

Attention Jimmie Kiser II:

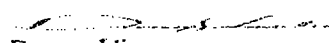
This is to certify that Thermo Fisher Scientific has received and accepted ownership of the radioactive material described below pursuant to applicable regulations and as authorized by our Texas Radioactive Material License L03524.

Manufacturer	Model	Serial	Isotope	Source	Activity Units	Assay
TN TECHNOLOGIES	5202	B2518	Cs-137	CG-1296	200 mCi	3/15/2001
Summary (1 source)					200 mCi	

This receipt should be retained in your files as a permanent record showing the disposition of this radioactive material. If you are not the Radiation Safety Officer or responsible for maintaining regulatory records for radioactive material, please forward this letter to the appropriate person.

If you have any questions or require additional assistance, please contact us at (800) 437-7979 or (713) 272-2204

Sincerely,
Thermo Fisher Scientific


Danny Vicente
Nuclear Services Specialist



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SECTION 5 - CERTIFICATION

SECTION 5
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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: