



GL-720492-19  
 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**

<b>APPROVED BY OMB: NO. 3150-0198</b>	<b>EXPIRES: 03/31/2010</b>
<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>	

**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-720492-19

**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: GATLING, LLC

G	A	T	L	I	N	G	,	L	L	C										
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Department:

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Address Line 1: 1714 GRAHAM STATION RD

1	7	1	4		G	R	A	H	A	M		S	T	A	T	I	O	N		R	D
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Address Line 2:

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City: NEW HAVEN

N	E	W		H	A	V	E	N												
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State: WV 

W	V
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Zip Code: 25265 - 

2	5	2	6	5
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<b>For NRC Use Only</b> (Do not write here)	Category: <table border="1"><tr><td></td><td></td></tr></table>									
	Packet Receipt Date (MMDDYYYY): <table border="1"><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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*NMSS10  
 ISMELD*





**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: PRICE

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First Name: ~~JOE~~

Middle Initial: ~~P~~

K	e	n	n	e	t	h													
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J
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Telephone: (304) 595-2401

Extension: 2

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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: C/O COAL CLEAN CORPORATION

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Address Line 1: P.O. BOX 99

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Address Line 2:

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City: DAWES

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State: WV

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Zip Code: 25054 -

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GL-708880-19

12/29/2014

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 3

NRC Device Key 648238 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

Empty grid for distributor information

Distributor License Number: L03524

Empty grid for distributor license number

Manufacturer Name: THERMO MEASURETECH

Empty grid for manufacturer name

Device Model (Not Source Model): 5201

Empty grid for device model

Device Serial Number: B3619

Empty grid for device serial number

Transfer Date (Receipt Date): 01/17/2002

Empty grid for transfer date

MM DD YYYY

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

Input checkbox

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 <input type="text"/>	100.00000000 <input type="text"/>	mCi <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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### 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**                    **715357**        **(Internal Control Number)**

Distributor/Distributed By:      THERMO FISCHER SCIENTIFIC

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Distributor License Number:      L03524

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Manufacturer Name: THERMO MEASURETECH

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Device Model (Not Source Model): 5201

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Device Serial Number: B3536

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Transfer Date (Receipt Date): 09/08/2004

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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 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)

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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**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.nrd.gov/reading-rm/doc-collections/cfr>)

*Joe Piro*

*02-05-15*

**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**

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**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: