



GL-724914-19
 04/07/2015
 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 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-724914-19

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: UIC CORPORATION

U I C A R C T I C R E S P O N S E S E R V I C E S

Department:

[Empty grid for Department]

Address Line 1: 7260 HOMER DRIVE

[Empty grid for Address Line 1]

Address Line 2:

[Empty grid for Address Line 2]

City: ANCHORAGE

[Empty grid for City]

State: AK

[Empty grid for State]

Zip Code: 99518 -

[Empty grid for Zip Code]

For NRC Use Only
 (Do not write here)

Category: [Empty grid]

Packet Receipt Date (MMDDYYYY):

[Empty grid for Packet Receipt Date]

Accession Number:

[Empty grid for Accession Number]





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SECTION 1
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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: **WRIGHT**

B R O T O N

First Name: **CURTIS**

Middle Initial: **W**

M A R K

T

Telephone: **(907) 538-1653**

Extension:

9 0 7 3 8 2 7 0 0 3

Title: **PLANNING & PREPAREDNESS SUPERV**

O S R T E A M L E A D

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: **SHELL ALASKA VENTURE**

Address Line 1: **3601 C STREET**

7 2 6 0 H O M E R D R I V E

Address Line 2: **SUITE 1000**

City: **ANCHORAGE**

State: **AK**

Zip Code: **99503 -**

9 9 5 1 8

-





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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 1 of 4

NRC Device Key 809153 (Internal Control Number)

Distributor/Distributed By: VEGA AMERICA'S CORPORATION

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

Distributor License Number: 34-00639-04

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Manufacturer Name: OHMART/VEGA CORPORATION

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Device Model (Not Source Model): SR-A

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Device Serial Number: 13547076

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Transfer Date (Receipt Date): 09/27/2010

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

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 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							20.000000000 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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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 815356 (Internal Control Number)

Distributor/Distributed By: VEGA AMERICA'S CORPORATION

[Empty grid box]

Distributor License Number: 34-00639-04

[Empty grid box]

Manufacturer Name: OHMART/VEGA CORPORATION

[Empty grid box]

Device Model (Not Source Model): SR-A

[Empty grid box]

Device Serial Number: 19068620

[Empty grid box]

Transfer Date (Receipt Date): 01/14/2011

[Empty grid box for date]

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 [Empty grid]	20.000000000 [Empty grid]	mCi [Empty grid]
2	[Empty grid]	[Empty grid]	[Empty grid]
3	[Empty grid]	[Empty grid]	[Empty grid]
4	[Empty grid]	[Empty grid]	[Empty grid]
5	[Empty grid]	[Empty grid]	[Empty grid]
6	[Empty grid]	[Empty grid]	[Empty grid]





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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 822782 (Internal Control Number)

Distributor/Distributed By: VEGA AMERICA'S CORPORATION

[Grid for distributor information]

Distributor License Number: 34-00639-04

[Grid for license number]

Manufacturer Name: OHMART/VEGA CORPORATION

[Grid for manufacturer name]

Device Model (Not Source Model): SR-A

[Grid for device model]

Device Serial Number: 19318792

[Grid for device serial number]

Transfer Date (Receipt Date): 04/15/2012

[Grid for transfer date]

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 [Grid]	20.000000000 [Grid]	mCi [Grid]
2	[Grid]	[Grid]	[Grid]
3	[Grid]	[Grid]	[Grid]
4	[Grid]	[Grid]	[Grid]
5	[Grid]	[Grid]	[Grid]
6	[Grid]	[Grid]	[Grid]





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

**SECTION 2
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Our records indicate that you have these devices. Please update the information as necessary.

NRC Device Key **822783** (**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): **SR-A**

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Device Serial Number: **13571296**

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Transfer Date (Receipt Date): **04/15/2012**

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

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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>						20.000000000 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>																mCi <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>			
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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

PAGE 1 of 4 2

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

O H M A R T / V E G A C O R P O R A T I O N

Initial Transferor Name

V E G A A M E R I C A ' S C O R P O R A T I O N

Initial Transferor License Number (if known)

3 4 - 0 0 6 3 9 - 0 4

Device Model Number (Not Source Model)

S R - A

Device Serial Number

1 9 3 1 8 7 9 1

How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

Manufacturer/Initial Transferor listed above

Other General Licensee

Other Source

Date Transferred:

0 6 1 9 2 0 1 3

(Received)

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. C S 1 3 7

2 0 . 0 0 0 0 0 0 0 0 0 0

m C i

2.

3.

4.

5.

6.

7.

8.

9.

10.





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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

PAGE 4 of 4 2 of 2

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

O	H	M	A	R	T	/	V	E	G	A		C	O	R	P	O	R	A	T	I	O	N			
---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	--	--

Initial Transferor Name

V	E	G	A		A	M	E	R	I	C	A	'	S		C	O	R	P	O	R	A	T	I	O	N
---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---

Initial Transferor License Number (if known)

3	4	-	0	0	6	3	9	-	0	4		
---	---	---	---	---	---	---	---	---	---	---	--	--

Device Model Number (Not Source Model)

S	R	-	A																						
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Serial Number

2	6	0	2	2	8	7	1																		
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Manufacturer/Initial Transferor listed above

How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

Other General Licensee

Date Transferred:

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

Other Source

(Received)

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1.	C S 1 3 7	2 0 . 0 0 0 0 0 0 0 0 0 0	m C i
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			





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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.nrc.gov/reading-rm/doc-collections/cfr>)

Mark T. Best

5/14/15

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 Name:
Model Number:

Manufacturer License No:

Serial #:

Transfer Date: