



GL-58142-19  
 04/06/2015  
 NRC FORM 664  
 02 - 2004  
 10 CFR 31.5

**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-58142-19**

**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: CULPEPER

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

Department:

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

Address Line 1: 701 WEST MAUSOLEUM ROAD

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

Address Line 2:

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

City: SHELBYVILLE

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

State: IN

--	--

Zip Code: 46176 -

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

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





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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: BECKTEL

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

First Name: JASON

Middle Initial: D

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

--

Telephone: (800) 222-7857

Extension:

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

--	--	--	--	--

Title: PLANT MANAGER

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

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:

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

Address Line 1: 701 WEST MAUSOLEUM ROAD

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

Address Line 2:

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

City: SHELBYVILLE

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

State: IN 

--	--

 Zip Code: 46176 -






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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**                    **795041**            **(Internal Control Number)**

Distributor/Distributed By:    **SPECTRO**

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

Distributor License Number:   **L02788G**

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

Manufacturer Name: **SPECTRO**

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

Device Model (Not Source Model): **200**

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

Device Serial Number: **11126**

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

Transfer Date (Receipt Date): **05/10/2006**

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

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	<b>CM244</b> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<b>30.000000000</b> <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><td> </td><td> </td><td> </td></tr></table>																						<b>mCi</b> <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

PAGE 1 of 1

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

Manufacturer Name

[Grid for Manufacturer Name]

Initial Transferor Name

[Grid for Initial Transferor Name]

Initial Transferor License Number (if known)

[Grid for Initial Transferor License Number]

Device Model Number (Not Source Model)

[Grid for Device Model Number]

Device Serial Number

[Grid for Device Serial Number]

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:

(Received)

[Date Transferred Grid]

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1.

[Isotope Grid 1]

[Activity Grid 1]

[Unit Grid 1]

2.

[Isotope Grid 2]

[Activity Grid 2]

[Unit Grid 2]

3.

[Isotope Grid 3]

[Activity Grid 3]

[Unit Grid 3]

4.

[Isotope Grid 4]

[Activity Grid 4]

[Unit Grid 4]

5.

[Isotope Grid 5]

[Activity Grid 5]

[Unit Grid 5]

6.

[Isotope Grid 6]

[Activity Grid 6]

[Unit Grid 6]

7.

[Isotope Grid 7]

[Activity Grid 7]

[Unit Grid 7]

8.

[Isotope Grid 8]

[Activity Grid 8]

[Unit Grid 8]

9.

[Isotope Grid 9]

[Activity Grid 9]

[Unit Grid 9]

10.

[Isotope Grid 10]

[Activity Grid 10]

[Unit Grid 10]





**SECTION 4 - NOT IN POSSESSION OF DEVICE**

**SECTION 4**

**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)

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) (complete Part 2)
- Returned to Manufacturer (complete Part 1 only)

**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>)

\_\_\_\_\_  
**SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)**

5-5-15  
\_\_\_\_\_  
**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: