



GL-725890-19
 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 <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>	EXPIRES: 03/31/2010
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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
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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 GULF OF MEXICO

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Department: KEPPLER (K1)

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Address Line 1: 200 WESTLAKE PARK BLVD

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Address Line 2: LAT:28° 34' 50.8188"LONG:-88°

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City: HOUSTON

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State: TX

Zip Code: 77079 - -

For NRC Use Only <i>(Do not write here)</i>	Category: <input style="width:40px; height:20px;" type="text"/>
Packet Receipt Date (MMDDYY):	
<input style="width:100%; height:25px;" type="text"/>	
Accession Number:	
<input style="width:100%; height:25px;" type="text"/>	





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: MURRAY

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First Name: VALERIE

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Middle Initial:

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Telephone: (281) 366-6352

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

Extension:

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Title: CIH- MANAGER

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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: INDUSTRIAL HYGIENE

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Address Line 1: 200 WESTLAKE PARK BLVD

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Address Line 2: REF KEPPLER- K1

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City: HOUSTON

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State: TX

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Zip Code: 77079 -

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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 820326 (Internal Control Number)

Distributor/Distributed By: ROXAR, INC.

[Empty grid box]

Distributor License Number: 42-27765-01

[Empty grid box]

Manufacturer Name: ROXAR, INC.

[Empty grid box]

Device Model (Not Source Model): RFM SH-7950

[Empty grid box]

Device Serial Number: 2001-0578

[Empty grid box]

Transfer Date (Receipt Date): 06/15/2003

[Empty grid box for 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 [Empty grid]	30.00000000 [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 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

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

Part 1

Transfer Date:

NRC Device Key:

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

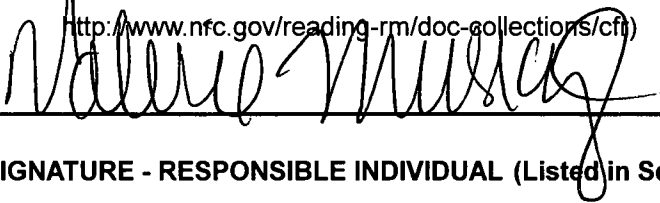
SECTION 5
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I hereby certify that:

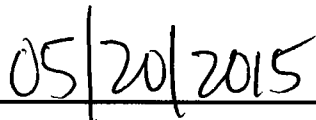
- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed, and the device information on this form has been checked against the device labeling.
- C. I am aware of 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: