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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: EVANS

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

First Name: CHRISTINA

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

Middle Initial: M

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Telephone: (406) 255-2690

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

Extension:

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

Title: CURRENT SAFETY OFFICER

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

**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: BILLINGS REFINERY

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Address Line 1: 401 SOUTH 23RD STREET

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Address Line 2: P.O. BOX 30198

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City: BILLINGS

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State: MT

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Zip Code: 59101 - 4337

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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 719558 (Internal Control Number)**

Distributor/Distributed By: THERMO SCIENTIFIC PORTABLE ANALYTICAL INSTR

[Empty grid for distributor information]

Distributor License Number: 53-0388

[Empty grid for distributor license number]

Manufacturer Name: NITON CORPORATION

[Empty grid for manufacturer name]

Device Model (Not Source Model): XLI-SERIES

[Empty grid for device model]

Device Serial Number: 5338

[Empty grid for device serial number]

Transfer Date (Receipt Date): 12/10/2002

[Empty grid for transfer 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	AM241 [Empty grid]	30.000000000 [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 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: