



GL-723189-20  
 01/08/2016  
 NRC FORM 664  
 07 - 2015  
 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: 04/30/2016

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 FOIA, Privacy, and Information Collections Branch (T-5 F53), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0198), 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-723189-20

**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: SUNRISE COAL COMPANY

SUNRISE COAL COMPANY

Department:

Address Line 1: 1466 EAST STATE ROAD 58

1466 EAST STATE ROAD 58

Address Line 2:

City: CARLISLE

CARLISLE

State: IN IN

Zip Code: 47838 - 47838

**For NRC Use Only**  
*(Do not write here)*

Category:

Packet Receipt Date (MMDDYYYY):

Accession Number:





**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: WHEATON

W H E A T O N

First Name: JOHN

J O H N

Middle Initial: D

D

Telephone: (812) 878-8129

8 1 2 8 7 8 8 1 2 9

Extension:

Title: CURRENT SAFETY OFFICER

C U R R E N T S A F E T Y O F F I C E R

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: 1183 EAST CANVASBACK DRIVE

1 1 8 3 E A S T C A N V A S B A C K D R I V E

Address Line 2:

City: TERRE HAUTE

T E R R E H A U T E

State: IN

I N

Zip Code: 47802 -

4 7 8 0 2 -





GL-723189-20  
01/08/2016

**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2  
PAGE 1 of 4

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

NRC Device Key **804201** (Internal Control Number)

Distributor/Distributed By: SCAN TECHNOLOGIES, INC.

SCAN TECHNOLOGIES INC

Distributor License Number: GA1299-1

GA1299-1

Manufacturer Name: SCAN TECHNOLOGIES, INC.

SCAN TECHNOLOGIES INC

Device Model (Not Source Model): 2800

2800

Device Serial Number: 4511

4511

Transfer Date (Receipt Date): 02/18/2010

02 18 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	AM241 AM241	100.00000000 100	mCi mCi
2			
3			
4			
5			
6			





GL-723189-20  
01/08/2016

**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2  
PAGE 2 of 4

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

NRC Device Key **788311** (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

T H E R M O F I S C H E R S C I E N T I F I C

Distributor License Number: L03524

L 0 3 5 2 4

Manufacturer Name: THERMO MEASURETECH

T H E R M O M E A S U R E T E C H

Device Model (Not Source Model): 5201

5 2 0 1

Device Serial Number: B5071

B 5 0 7 1

Transfer Date (Receipt Date): 02/13/2009

0 2 1 3 2 0 0 9

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 C S 1 3 7	100.00000000 1 0 0	mCi m C i
2			
3			
4			
5			
6			





GL-723189-20  
01/08/2016

**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2  
PAGE 3 of 4

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

**NRC Device Key**                      **739967**                      (**Internal Control Number**)

Distributor/Distributed By:      THERMO FISCHER SCIENTIFIC

T H E R M O   F I S C H E R   S C I E ~~N~~ ~~T~~ ~~I~~ ~~F~~ ~~I~~ ~~C~~ <sup>N T I F I C</sup>

Distributor License Number:      L03524

L 0 3 5 2 4

Manufacturer Name: THERMO MEASURETECH

T H E R M O   M E A S U R E T E C H

Device Model (Not Source Model): 5201

5 2 0 1

Device Serial Number: B4364

B 4 3 6 4

Transfer Date (Receipt Date): 03/15/2005

0 3   1 5   2 0 0 5

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 C S 1 3 7	100.00000000 1 0 0	mCi m C i
2			
3			
4			
5			
6			





GL-723189-20

01/08/2016

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 4 of 4

NRC Device Key 734141 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

THERMO FISCHER SCIENTIFIC

Distributor License Number: L03524

L03524

Manufacturer Name: THERMO MEASURETECH

THERMO MEASURETECH

Device Model (Not Source Model): 5201

5201

Device Serial Number: B4294

B4294

Transfer Date (Receipt Date): 06/13/2005

06 13 2005

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 CS137	100.00000000 100	mCi mCi
2			
3			
4			
5			
6			





**SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION**

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

Manufacturer Name

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

Initial Transferor Name

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

Initial Transferor License Number (if known)

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

Device Model Number (Not Source Model)

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

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      Date Transferred: 

--	--	--	--

Other Source      (Received)      MM      DD      YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																														
1.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<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>																						<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
2.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<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>																						<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
3.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<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>																						<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
4.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<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>																						<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
5.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<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>																						<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
6.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<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>																						<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
7.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<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>																						<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
8.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<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>																						<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
9.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<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>																						<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
10.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<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>																						<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				





GL-723189-20  
01/08/2016

### 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

Transfer Date:

NRC Device Key:   
(from Section 2 or 6)

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:







GL-723189-20  
01/08/2016

**SECTION 5 - CERTIFICATION**

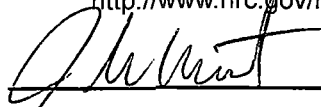
**SECTION 5**  
**PAGE 1 of 1**

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>)

  
\_\_\_\_\_

2/1/16  
\_\_\_\_\_

**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.





GL-723189-20

01/08/2016

**SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION**

**SECTION 6**

PAGE 1 of 1

**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: