

GL-711550-20 01/06/2016 NRC FORM 664

**SECTION 1** PAGE 1 of 2

07 - 2015 10 CFR 31.5 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-711550-20

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: FERGUSON ENTERPRISES, INC.														
Department:														
Address Line 1: 1734 LAMPMAN DRIVE														
Address Line 2:					, ,									
City: E	BILLINGS					<del></del>								
State: MT	Zip C	ode: 59102 -	3129		- [									
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SECTION 1 PAGE 2 of 2

## **SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)**

Enter the name, telelphone number and title of the person who is the responsible individual for the device(s).

Last Name:	SCHOE	SSLE	R																					
First Name: DOUGLAS													Middle Initial: R											
Telephone:	Ε	xten	sion:																					
Title: INSIDE INDUSTRIAL SALES																								
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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:																								
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Address Line	e 2:																		<del></del>					
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State: MT																								





### **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 1 704743 (Internal Control Number) **NRC Device Key** THERMO SCIENTIFIC PORTABLE ANALYTICAL INSTR Distributor/Distributed By: Distributor License Number: 53-0388 Manufacturer Name: NITON CORPORATION Device Model (Not Source Model): XLI818 Device Serial Number: 5975 Transfer Date (Receipt Date): 12/17/2003 Not in possession of device (Also complete Section 4.) MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 100) Unit (e.g. mCi) AM241 30.000000000 1 mCi 2 3 4 5 6





**SECTION 3** 

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

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							01	Manı	ufact	urer/	Initia	ıl Tra	nsfe	ror lis	sted a	abov	e									
How acquired and date (e.g., from a distributor/manufacturer,						urer,	0	Other General Licensee Date Transferred:												$\neg \vdash$						
other licensee, other source)?					e)?	0	Other Source (Received) MM DD									] )		YY	ΥΥ							
	Isotope (e.g. AM241)							Activity (e.g. 100					00)	)										Unit	(e.g.	mCi
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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.

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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)

Schoesth

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

**DATE** 

2/2/16

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.





# **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: