



GL-55992-20  
 04/05/2016  
 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-55992-20

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: APPALACHIAN POWER COMPANY

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Department: KANAWHA RIVER PLANT

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Address Line 1: GENERATING UNITS 1 & 2

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Address Line 2:

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City: GLASGOW

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State: WV

Zip Code: 25086 -  -

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

GLTS





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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: ~~DUNCAN~~

B O G G E S S

First Name: ~~DONALD~~

W I L M E R

Middle Initial: ~~D~~

H

Telephone: (304) 348-4751

Extension: 4751

Title: PLANT ENVIRONMENTAL

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: KANAWHA RIVER PLANT

Address Line 1: GENERATING UNITS 1&2

Address Line 2: POST OFFICE BOX 110

City: GLASGOW

State: WV

Zip Code: 25086 -





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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.

PAGE 1 of 8

NRC Device Key **399693** (Internal Control Number)

Distributor/Distributed By: **TN TECHNOLOGIES, INC.**

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Distributor License Number: **L01105**

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Manufacturer Name: **TN TECHNOLOGIES, INC.**

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Device Model (Not Source Model): **5197**

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Device Serial Number: **B7293**

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Transfer Date (Receipt Date): **05/15/1991**

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MM DD YYYY

Not in possession of device (Also complete Section 4.)

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																																															
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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

**SECTION 2  
PAGE 2 of 8**

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

**NRC Device Key**            399694     **(Internal Control Number)**  
**Distributor/Distributed By:**    TN TECHNOLOGIES, INC.

**Distributor License Number:**    L01105

**Manufacturer Name:** TN TECHNOLOGIES, INC.

**Device Model (Not Source Model):** 5197

**Device Serial Number:** B7292

**Transfer Date (Receipt Date):** 05/15/1991

MM            DD            YYYY

~~X~~ **Not in possession of device (Also complete Section 4.)**

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 <input type="text"/>	100.000000000 <input type="text"/>	mCi <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>





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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

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PAGE 3 of 8**

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

**NRC Device Key                    399695            (Internal Control Number)**

Distributor/Distributed By:     TN TECHNOLOGIES, INC.

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Distributor License Number:    L01105

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Manufacturer Name: TN TECHNOLOGIES, INC.

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Device Model (Not Source Model): 5197

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Device Serial Number: B7290

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Transfer Date (Receipt Date): 05/15/1991

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MM            DD            YYYY

**Not in possession of device (Also complete Section 4.)**

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																																
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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 399696 (Internal Control Number)

Distributor/Distributed By: TN TECHNOLOGIES, INC.

[Empty grid box]

Distributor License Number: L01105

[Empty grid box]

Manufacturer Name: TN TECHNOLOGIES, INC.

[Empty grid box]

Device Model (Not Source Model): 5197

[Empty grid box]

Device Serial Number: B7291

[Empty grid box]

Transfer Date (Receipt Date): 05/15/1991

[Empty grid box for 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	CS137 [Empty grid]	100.00000000 [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 2 - DEVICES SUBJECT TO REGISTRATION**

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**PAGE 5 of 8**

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

**NRC Device Key**                 **644726**         **(Internal Control Number)**

Distributor/Distributed By:     **TN TECHNOLOGIES, INC.**

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Distributor License Number:   **L01105**

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Manufacturer Name: **TN TECHNOLOGIES, INC.**

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Device Model (Not Source Model): **5197**

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Device Serial Number: **B7439**

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Transfer Date (Receipt Date): **05/15/1991**

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MM            DD            YYYY

**Not in possession of device (Also complete Section 4.)**

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																									
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION



SECTION 2

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

NRC Device Key 644728 (Internal Control Number)

Distributor/Distributed By: TN TECHNOLOGIES, INC.

[Grid of 20 empty cells]

Distributor License Number: L01105

[Grid of 12 empty cells]

Manufacturer Name: TN TECHNOLOGIES, INC.

[Grid of 20 empty cells]

Device Model (Not Source Model): 5197

[Grid of 20 empty cells]

Device Serial Number: B7438

[Grid of 24 empty cells]

Transfer Date (Receipt Date): 05/15/1991

[Grid for date: MM, DD, YYYY]

MM DD YYYY

Not in possession of device (Also complete Section 4.)

Table with 3 columns: Isotope (e.g. AM241), Activity (e.g. 100), Unit (e.g. mCi). Row 1: 1, CS137, 100.00000000, mCi. Rows 2-6 are empty.





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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**                    **644729**            (**Internal Control Number**)

Distributor/Distributed By:    TN TECHNOLOGIES, INC.

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Distributor License Number:    L01105

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Manufacturer Name: TN TECHNOLOGIES, INC.

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Device Model (Not Source Model): 5197

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Device Serial Number: B7440

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Transfer Date (Receipt Date): 05/15/1991

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MM            DD            YYYY

Not in possession of device (Also complete Section 4.)

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																											
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5	<table border="1"><tr><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><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></tr></table>				
6	<table border="1"><tr><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><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></tr></table>				









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

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

**Part 1**

NRC Device Key:  
(from Section 2 or 6)

Transfer Date:  
     
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):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Company Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Department:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address Line 1:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address Line 2:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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City:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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State:   Zip Code:      -

**Part 3** Enter the name of the individual responsible for this device:

Last Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

First Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Middle Initial:

<input type="text"/>
----------------------

Telephone Number:       Extension:

Title:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**SECTION 4 - NOT IN POSSESSION OF DEVICE**

**SECTION 4**

**PAGE 4 of 4**  
**5 of 8**

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)

6	4	4	7	2	6	
---	---	---	---	---	---	--

Ø	7	2	1	2	Ø	1	5
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:

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Zip Code:

--	--	--	--

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**Part 3**

**Enter the name of the individual responsible for this device:**

Last Name:

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

First Name:

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

Middle Initial:

--

Telephone Number:

--	--

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Extension:

--	--	--	--

Title:

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







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## SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4  
PAGE 4 of 4  
6 of 8

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

### Part 1

NRC Device Key:  
(from Section 2 or 6)

6	4	4	7	2	7
---	---	---	---	---	---

Transfer Date:

07	21	2015
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:

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Address Line 2:

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City:

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State: 

--	--

 Zip Code: 

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**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 4 - NOT IN POSSESSION OF DEVICE**

SECTION 4

PAGE ~~1~~ of ~~1~~  
7 of 8

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)

6	4	4	7	2	8		
---	---	---	---	---	---	--	--

0	7	2	1	2	0	1	5
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:

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-

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**Part 3**

Enter the name of the individual responsible for this device:

Last Name:

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

First Name:

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

Middle Initial:

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Telephone Number:

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Extension:

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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>)

*Wilmer H. Boggs*

*5-16-2016*

**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**

PAGE 1 of 1

**NRC Device Key:**  
Manufacturer Name:  
Model Number:

Manufacturer License No:

Serial #:

Transfer Date:

*[Handwritten marks]*