



GL-715039-21  
 02/07/2017  
 NRC FORM 664  
 07 - 2015  
 10 CFR 31.5

**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-715039-21

**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: USDI BLM SALMON FIELD OFFICE

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Department: ABANDONED MINE LANDS

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Address Line 1: 1206 SOUTH CHALLIS STREET

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Address Line 2:

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City: SALMON

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State: ID 

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Zip Code: 83467 - 

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<b>For NRC Use Only</b> <i>(Do not write here)</i>	Category: <table border="1"><tr><td></td><td></td></tr></table>									
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SECTION 1  
 PAGE 1 of 2  
 U.S. NUCLEAR REGULATORY COMMISSION

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Department:      ABANDONED MINE LANDS

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Address Line 2:

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City:                SALMON

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State: ID    

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Zip Code: 83467 - 

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SECTION 1  
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**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: BARBARICK

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First Name: PHIL

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Middle Initial: D

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Telephone: (208) 756-5415

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Extension:

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Title: PHYSICAL SCIENTIST

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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: USDI BLM SALMON FIELD OFFICE

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City: SALMON

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State: ID

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Zip Code: 83467 -

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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 1

NRC Device Key 698962 (Internal Control Number)

Distributor/Distributed By: THERMO SCIENTIFIC PORTABLE ANALYTICAL INSTR

[Grid for distributor information]

Distributor License Number: 53-0388

[Grid for distributor license number]

Manufacturer Name: NITON CORPORATION

[Grid for manufacturer name]

Device Model (Not Source Model): XLI512

[Grid for device model]

Device Serial Number: 5735 MODEL #XLI512W

[Grid for device serial number]

Transfer Date (Receipt Date): 08/27/2003

[Grid for transfer 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	AM241 [Grid]	30.00000000 [Grid]	mCi [Grid]
2	[Grid]	[Grid]	[Grid]
3	[Grid]	[Grid]	[Grid]
4	[Grid]	[Grid]	[Grid]
5	[Grid]	[Grid]	[Grid]
6	[Grid]	[Grid]	[Grid]





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SECTION 3

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

Grid for Manufacturer Name

Initial Transferor Name

Grid for Initial Transferor Name

Initial Transferor License Number (if known)

Grid for Initial Transferor License Number

Device Model Number (Not Source Model)

Grid for Device Model Number

Device Serial Number

Grid for Device Serial Number

How acquired and date (e.g., from a distributor/manufacture, 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.	<input type="text"/>	<input type="text"/>	<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"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>







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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>)

2/21/2017

**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: