



GL-702374-21
 11/07/2016
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
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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 LLC

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Department: ENGINEERING

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Address Line 1: 6594 WEST STATE RD. 56

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Address Line 2:

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City: PETERSBURG

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State: IN

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Zip Code: 47567 -

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For NRC Use Only (Do not write here)	Category: <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>										
	Packet Receipt Date (MMDDYYYY): <table border="1" style="display: inline-table; width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
	Accession Number: <table border="1" style="display: inline-table; width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										





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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: WHEATON

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First Name: JOHN

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Middle Initial: D

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Telephone: (812) 878-8129

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Extension:

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Title: DEVELOPMENT MANAGER

F	O	R	E	M	A	N													
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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: ENGINEERING

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Address Line 1: 6594 WEST STATE RD. 56

1	2	6	6	1		N.		A	G	R	I	C	A	R	E		R	D.	
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Address Line 2:

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City: PETERSBURG

O	A	K	T	O	W	N													
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State: IN

I	N
---	---

Zip Code: 47567 -

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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 2

NRC Device Key 608511 (Internal Control Number)

Distributor/Distributed By: TN TECHNOLOGIES, INC.

Grid for additional distributor information

Distributor License Number: L01105

Grid for additional license information

Manufacturer Name: TN TECHNOLOGIES, INC.

Grid for additional manufacturer information

Device Model (Not Source Model): 5202

Grid for additional model information

Device Serial Number: B2453

Grid for additional serial number information

Transfer Date (Receipt Date): 05/04/2000

Grid for date information

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

MM DD YYYY

Table with 3 columns: Isotope (e.g. AM241), Activity (e.g. 100), Unit (e.g. mCi). Row 1: CS137, 200.00000000, 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.

PAGE 2 of 2

NRC Device Key 656204 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

Empty grid box for distributor information.

Distributor License Number: L03524

Empty grid box for distributor license number.

Manufacturer Name: THERMO MEASURETECH

Empty grid box for manufacturer name.

Device Model (Not Source Model): 5202

Empty grid box for device model.

Device Serial Number: B2555

Empty grid box for device serial number.

Transfer Date (Receipt Date): 10/26/2001

Empty grid boxes for transfer date (MM, DD, YYYY).

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 [][][][][][]	200.000000000 [][][][][][][][][][][][]	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

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Initial Transferor Name

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Initial Transferor License Number (if known)

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Device Model Number (Not Source Model)

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Device Serial Number

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How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

Manufacturer/Initial Transferor listed above

Other General Licensee

Other Source

Date Transferred:

(Received)

--	--

MM

--	--

DD

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YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			





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SECTION 5 - CERTIFICATION

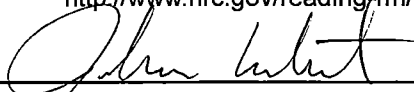
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I hereby certify that:

- 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)



3/1/17

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 Name:
Model Number:

Manufacturer License No:

Serial #:

Transfer Date: