

GL-705036-23 01/25/2018

NRC FORM 664

(01 - 2018) 10 CFR 31.5 SECTION 1 PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198 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 Information Services Branch (T-2 F43), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and to the Desk 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-705036-23

Enter the company name and street address for the physical location of use for the device(s). For portable devices, specify the primary storage location. Do not use P. O. Boxes.

Company Name: SOUTHEAST WOOD TREATING																
Department:	· · ·			•												
Address Line 1: 612 WALKER ROAD																
Address Line 2:						•	•		•		•	•				
City:	y: PLEASANT HILL															-
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State: MO		Zip (Code:	64080	_						_] -				
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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: JOLLY First Name: TERRELL Middle Initial: J Business Telephone Number: (816) 540-2181 Extension: Title: **PLANT MANAGER** Enter the mailing address where correspondence regarding your device(s) should be sent. This address should be specific to the physical location where the devices are used and/or stored. Department: 612 SOUTH WALKER STREET Address Line 1: Address Line 2:

City:			PLE	ASA	NT H	IILL										
State:	State: MO Zip Code: 64080 -													_		





SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 1 of 1

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

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Distrib	utor Licer	se Nu	mber:		L027	88G														<u> </u>				
Manufa	acturer Na	ame: S	PEC1	ΓRC)						_										_			
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Device	e Serial N	umber	: 5211						<u>. </u>	1	<u>, </u>				<u> </u>		1		1	1	٦			
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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.

Manufa	Manufacturer Name																								
Initial Transferor Name																									
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Initial Transferor License Number (if known)																									
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Device	Seria	l Nun	nber											-								 			
																	<u> </u>								
l laa	Manufacturer/Initial Transferor listed above How acquired and date (e.g.,																								
from a	How acquired and date (e.g., from a distributor/manufacturer, Other General Licensee Date Transferred: other licensee, other source)?																								
other I	icense	e, otr	ner so	ource	∋)'?	0	Other Source MM DD														 YYYY				
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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.

Part	1												Т	rans	fer D	ate:											
NRO	De	vice	Key:					Γ																			
(fron	m Section 2 or 6)												L			L.	<u> </u>										
Loca	ocation of the Device:													ΜN	/ I	l	DD		١	YYY'	Y						
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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.
- 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)

2-23-18

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.







SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

PAGE 1 of 1

NRC Device Key: 489682

Manufacturer License No: 6-2788G

Manufacturer Name: ASOMA INSTRUMENTS, INC.

Model Number: 100

Serial #: 1594

Transfer Date: 05/15/1994

Isotope: AM241 Activity: 0.030000000

Unit: mCi