

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

OMB EXPIRATION DATE: 02/28/2019

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 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-721865-23

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:	GREENB	GREENBRIER SMOKLESS COAL														
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Department:	PREP PL	_ANT				•	•									
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Address Line 2:	4425 AN	JEAN RO	DAD		<u> </u>			•								
City:	RUPERI	ERT														
State: WV		Zip Code: 25984 - 0574 -														
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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: -KISER														
J 0 B														
First Name: JHMMIE	Middle Initial: -E													
KENNETH	7													
Business Telephone Number: ( <del>304)</del> 392-1166	Extension: 241													
3045393482														
Title: CURRENT SAFETY OFFICER														
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: PREP PLANT														
Address Line 1: PO BOX G														
POBOXO														
Address Line 2: 100 BILL BAKER WAY - Remove														
Remove														
City: BECKLEY														
Rupert														
State: WV Zip Code: 25801 -	5984-													





#### **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 3 **NRC Device Key** 764837 (Internal Control Number) THERMO FISCHER SCIENTIFIC Distributor/Distributed By: Distributor License Number: L03524 Manufacturer Name: THERMO MEASURETECH Device Model (Not Source Model): 5201 Device Serial Number: B4739 05/31/2007 Transfer Date: Not in possession of device (Also complete Section 4.) YYYY MM DD Isotope (e.g. AM241) Activity (e.g. 100) Unit (e.g. mCi) 1 CS137 50.000000000 mCi 2 3 4 5 6









# **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 2 of 3

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

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02/20/2018

### **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2

Our records indicate that you have these devices. Please update the information as necessary. PAGE 3 of 3 **NRC Device Key** 836666 (Internal Control Number) Distributor/Distributed By: VEGA AMERICA'S CORPORATION Distributor License Number: 34-00639-04 Manufacturer Name: VEGA AMERICA'S CORPORATION Device Model (Not Source Model): SHLD Device Serial Number: 7199CP 06/04/2015 Transfer Date: Not in possession of device (Also complete Section 4.) DD YYYY MM Unit (e.g. mCi) Isotope (e.g. AM241) Activity (e.g. 100) CS137 21.000000000 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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Initial Transferor Name																									
Initial T	ranst	eror I	_icen	se N	umbe	er (if	knov	wn)																	
Device	evice Model Number (Not Source Model)																								
Device Serial Number																									
														_											
How acquired and date (e.g., from a distributor/manufacturer, Other General Licensee Date Transferred:																									
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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/spac-collections/cfr)

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:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: