

GLTS



GL-726469-23  
04/11/2018  
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

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-726469-23

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: TESORO LOGISTICS GP, LLC

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Department:

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

Address Line 1: PRODUCTION WAY

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Address Line 2: 43 54 .972 N 116 14 .144 W

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City: BOISE

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State: ID

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Zip Code: 83705 -

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<b>For NRC Use Only</b> (Do not write here)	<b>Category:</b>	<table border="1"><tr><td></td><td></td></tr></table>								
	<b>Packet Receipt Date (MMDDYYYY):</b>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
<b>Accession Number:</b>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									





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: ALDER

Grid for last name: ALDER

First Name: ANNE

Grid for first name: ANNE

Middle Initial: M

Grid for middle initial: M

Business Telephone Number: (801) 521-4945

Grid for business telephone number: (801) 521-4945

Extension:

Grid for extension:

Title: RADIATION SAFETY OFFICER

Grid for title: RADIATION 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:

Grid for department:

Address Line 1: 475 WEST 900 NORTH

Grid for address line 1: 475 WEST 900 NORTH

Address Line 2:

Grid for address line 2:

City: SALT LAKE CITY

Grid for city: SALT LAKE CITY

State: UT

Grid for state: UT

Zip Code: 84103 -

Grid for zip code: 84103 -

Grid for zip code: 84103 -





GL-726469-23

04/11/2018



### 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**                    **826812**        (**Internal Control Number**)

Distributor/Distributed By:      **RONAN ENGINEERING COMPANY**

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Distributor License Number:      **IND-267-95G**

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Manufacturer Name: **RONAN ENGINEERING COMPANY**

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Device Model (Not Source Model): **SA1-C10**

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Device Serial Number: **M2386**

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Transfer Date:                        **10/04/1988**

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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	<b>CS137</b> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<b>300.000000000</b> <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><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						<b>mCi</b> <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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GL-726469-23

04/11/2018

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 826813 (Internal Control Number)

Distributor/Distributed By: RONAN ENGINEERING COMPANY

Empty grid for distributor information

Distributor License Number: IND-267-95G

Empty grid for distributor license number

Manufacturer Name: RONAN ENGINEERING COMPANY

Empty grid for manufacturer name

Device Model (Not Source Model): SA1-C10

Empty grid for device model

Device Serial Number: 72429

Empty grid for device serial number

Transfer Date: 06/01/1983

Empty grid for transfer 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 <input type="text"/>	300.000000000 <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"/>





GL-726469-23

04/11/2018

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 (25 columns)

Initial Transferor Name

Grid for Initial Transferor Name (25 columns)

Initial Transferor License Number (if known)

Grid for Initial Transferor License Number (12 columns)

Device Model Number (Not Source Model)

Grid for Device Model Number (25 columns)

Device Serial Number

Grid for Device Serial Number (25 columns)

- Manufacturer/Initial Transferor listed above
- Other General Licensee
- Other Source

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

Date Transferred:

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"/>





GL-726469-23

04/11/2018

**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**

Transfer Date:

NRC Device Key:

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:     -

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

Last Name:

First Name:

Middle Initial:

Business Telephone Number:

Extension:

Title:





GL-726469-23  
04/11/2018

**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>)

5-23-18

**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.





GL-726469-23  
04/11/2018

**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: