

NRC FORM 664

(04 - 2018) 10 CFR 31.5



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SECTION 1 PAGE 1 of 2

U.S. NUCLEAR REGULARTORY 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 track general licencees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collection Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 205555-0001, or by internet e-mail to Infocollects. Resource@nrc.gov, and to the DeskOfficer, 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 Registration Number GL-710513-24 **SECTION 1 - GENERAL LICENSEE INFORMATION**

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

Company Name:	TRIAD MINING LLC		·	a tanan ara
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Address Line 1:	1216 EAST COUNTY ROAD 9	000 SOUT		The state of the sharpens of the present of the state of
Address Line 2:	**			Se Pan V. 3
City:	OAKLAND CITY			の3 ¹¹
State: IN	Zip Code: 47660			
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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: HERSEL		;	
First Name: MICHAEL		Middle Initial: T	
		(1) 医神经 (1) 医神经 (1) 医神经	
Business Telephone Number:	(812) 380-1317	Extension:	
Title: RADIATION SA	AFETY OFFICER		
Enter the mailing address v	vhere correspondence regard	ling vour device(s) shou	ld be sent.
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Department: TECHNICA	•		
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Department: TECHNICA Address Line 1: 3228 SUMM Address Line 2: SUITE 180	L SERVICES MIT SQUARE PL.		





SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 1 of 4

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

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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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SECTION 2 PAGE 2 of 4

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Distributor/Dustributed By:	Thermo Pr	rocess Inst	ruments	, L.P		,				
Distributor License Number:	L03524					-		1 ,	Security of the property of the security of th	
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Manufacturer name: THE	ERMO MEA	SURETEC	CH :		•					
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 3 of 4

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

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Distributor/Dustributed By:	Thermo Proce	ss Instruments, L.P) ₁
Distributor License Number:	L03524	and a contract of the contract	
Manufacturer name: THE	ERMO MEASU	RETECH	
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 4 of 4

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

NRC Device Key	825999	(Internal C	ontrol Numb	er)	•		
Distributor/Dustributed By:	Thermo Proc	ess Instrum	ents, L.P				
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Manufacturer name: THE	RMO MEASL	JRETECH	The same of Vision and the	Anne e dia managana			
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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3 PAGE 1 of 1

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01/22/2019

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 D	Date:	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
NRC Device Key:						
(from Section 2 or 6)	<u> </u>		را <u>ت بعلم متقبل</u> ان معمد	<u>4 , </u>		1,
Location of the Device) :		MM	DD	YYYY	
O Whereabouts Un	known (Comple	te Part 1 only)	O Transferred	l to another ge	eneral licensee (Co	mplete Parts 2 and 3)
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O Returned to Man	ufacturer (Comp	olete Part 1 only)	(Complete	Part _, 2)		
Part 2 License N	lumber of Recip	pient (if transferred to	o a specific licens	see):		
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Company Name:			•			
Department:			1.2		5 +2 + 8 , 5 +	
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State:	Zip Code:					
Part 3 Enter	the name of	the individual rea				
Last name:	the name of	the individual res	sponsibe for th	iis device:		
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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. (Copied of applicable regulations may be viewed at the NRC website at:

http://www.nrc.gov/reading-rm/doc-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. 10.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-710513-24 01/22/2019





SECTION 6 PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

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