



NRC FORM 664

(04 - 2019) 10 CFR 31.5 SECTION 1
PAGE 1 of 2
U.S. NUCLEAR REGULARTORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 04/30/2019

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-6A10M), 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-639368-24 **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: U	J.S. ARMY	CORPS O	F ENGIN	EER:	S						
						3					# A
Department: F	OUNTAIN	CITY SVC	BASE					or . · . · ·			
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Address Line 1: F	PHYSICAL	SUPPORT	BRANCH	ł		. 5 %	•				·
Address Line 2: 4	131 NO. SH	HORE DR.		.*	,				11,	+ '+ ', ' * ' * '	
City: F	OUNTAIN	CITY						Ç.	**		
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State: WI		Zip Code:	546290	397		9	3 () () () () () () () () () (
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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: KIRKEY	with the second
First Name: JEFFREY	Middle Initial: J
	9 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Business Telephone Number: (651) 290-5165	Extension: 5
Title: SAFETY OFFICER	
Enter the mailing address where correspondence	regarding your device(s) should be sent.
Department: FOUNTAIN CITY SVC BASE	
Department: FOUNTAIN CITY SVC BASE	
Department: FOUNTAIN CITY SVC BASE Address Line 1: MVP OPS SAFETY	
Address Line 1: MVP OPS SAFETY	
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Address Line 1: MVP OPS SAFETY Address Line 2: 431 NO. SHORE DR.	





SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 1 of 1

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

NF	C Device Key	731132	(Internal Control Number)
Dis	tributor/Dustributed By:	Ohmart Cor	poration
Dist	ributor License Number:	34-00639-03	3G
Mar	ufacturer name: OHM	//ART/VEGA	CORPORATION
Dev	ice Model (Not Source Mo	del): SR-1A	•
Ju.			
Dev	ice Serial Number: 476	9CM	
Trar	nsfer Date: 01/31/2005		
			Not in possession of device (Also complete Section 4.)
N	IM DD Y	YYY	
	Isotope (e.g. AM241)	٨	Activity (e.g. 1005) Unit (e.g. mCi)
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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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SECTION 4 - NOT IN POSSESSION OF DEVICE

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Provide information about devices listed in Section 2 or 6, but no longer in your possession. Part 1 Transfer Date: NRC Device Key: (from Section 2 or 6) MM DD YYYY Location of the Device: O Whereabouts Unknown (Complete Part 1 only) O Transferred to another general licensee (Complete Parts 2 and 3) O Never Possessed the Device (Complete Part 1 only) O Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2) O Returned to Manufacturer (Complete Part 1 only) 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 responsibe for this device: Last name: First name: Middle Initial: **Business Telephone** Extension: Number: Title:









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:

MUP-OPS Safet

http://www.nrq.gov/reading-rm/doc-collections/cfr)

The state of the s

25 April 2019

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.







SECTION 6 PAGE 1 of 1

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SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit: