Kirby Farner

From:

Lowman, Don < Donald.Lowman@nrc.gov>

Sent:

Tuesday, April 23, 2019 7:01 AM

To:

Kirby Farner

Subject:

General Licensee Question

Attachments:

ML19037A327.pdf

Mr. Farner,

I'm responding to a recent call you made to our Fees Resource Help Desk. To terminate the registration for your device, you must first properly transfer the device to a specific licensee or properly dispose of it. These devices are usually returned to the manufacturer or another entity licensed for disposal. Attached is your current registration which was sent out 1/30/19; once you have contacted the manufacturer or licensed entity and have secured disposal, complete the registration as follows:

- Go to Section 2 of the form and check the box for the device that states, "Not is possession of device (Also complete Section 4).
- Go to Section 4 of the form and enter the information in Part 1 only.
- Go to Section 5 and sign and date the form.
- Scan and email form to me.

Hope this answers your questions; if not, feel free to contact me.

Thanks,

Don Lowman

Health Physicist U.S. Nuclear Regulatory Commission NMSS/MSST/MSTB 301.415.5452



GL-718231-24

SECTION 1 PAGE 1 of 2

U.S. NUCLEAR REGULARTORY COMMISSION

01/23/2019 NRC FORM 664 (04 - 2018)

10 CFR 31.5

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 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-718231-24

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.

Com	pany	/ Nai	me:	PAC	CIFIC	SII	EEL	AND	REC	CYCL	ING											
Dep	artme	ent:					•								30000							
Add	ress	Line	1:	198	7 HI	GHL	AND	AVE	EAS	ST												
Add	ress	Line	2:	РО	вох	(141	13															
City				TW	IN FA	ALLS	3															
State: ID							Zip (Code	9; 8	3303	0366	3						-				
							NRC			re)	Category: Packet Receipt Date (MMDDYYYY):											
														Ac	cess	sion	Num	ber:				





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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: IRISH First Name: BRAD Middle Initial: K Business Telephone Number: (208) 734-3595 110 Extension: Title: **MANAGER** Enter the mailing address where correspondence regarding your device(s) should be sent. Department: 1987 HIGHLAND AVE EAST Address Line 1: PO BOX 1413 Address Line 2: City: TWIN FALLS

Zip Code: 833030366



State: ID







GL-718231-24

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 1

Our records indicate that you have	e these d	levices. F	lease up	tae the ir	nforma	tion	as ne	eces	sary.				PAGE 1 of
NRC Device Key	730694	(Inter	nal Cont	ol Numb	er)								
Distributor/Dustributed By: The	ermo Sc	ientific A	nalytical I	nstrumer	its, Inc	:.							
THERMO	SC	IE	NT	IF	I	4							
Distributor License Number: 53-	-0388												
53-0388	CORPO	RATION											
Manufacturer name: NITON	CORPO	RATION					1		T				
NITONCO	OR	PO	RA	TI	0	N							
Device Model (Not Source Model)	: XLP-S	SERIES											
XLP-SER	IE	5											
Device Serial Number: 7164													
7164													
Transfer Date: 12/29/2004													
						4	1	Not in	2 206	6066	ion of	devic	e (Also
1229200) 4						M.	comp	lete	Secti	on 4.)	ucvic	(A130
2 2 9 2 0 0 MM DD YYYY						•		comp	lete	Secti	on 4.)	devic	is (Also
	Y	Activity (e.g. 1005)				comp	lete \$	Section	on 4.)		Jnit (e.g. mCi)
MM DD YYY	Y	Activity (e.g. 1005)				comp	lete	Section	on 4.)	ι	
MM DD YYYY Isotope (e.g. AM241)	Y		e.g. 1005)				comp	lete \$	Section	on 4.)	ι	Jnit (e.g. mCi)
MM DD YYYY Isotope (e.g. AM241)	Y		e.g. 1005)				comp	lete	Section	on 4.)	ι	Jnit (e.g. mCi)
MM DD YYYY Isotope (e.g. AM241) 1 AM241	Y		e.g. 1005)				comp	elete s	Section	on 4.)	ι	Jnit (e.g. mCi)
MM DD YYYY Isotope (e.g. AM241) 1 AM241	Y		e.g. 1005					Comp	llete s	Section	on 4.)	ι	Jnit (e.g. mCi)
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MM DD YYYY Isotope (e.g. AM241) 1 AM241	Y		e.g. 1005					Not in	ilete s	Section]	ι	Jnit (e.g. mCi)
Isotope (e.g. AM241) 1 AM241	Y		e.g. 1005					Comp	llete s	Section]	ι	Jnit (e.g. mCi)
Isotope (e.g. AM241) 1 AM241 2 3 4	Y		e.g. 1005					Not in	llete :	Section]	ι	Jnit (e.g. mCi)





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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3 PAGE 1 of 1

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Initia	ıl Tra	ansfe	ror N	lame							I			1		1										
Initia	al Tra	ansfe	ror L	icens	se N	umbe	er (if	knov	wn)																	
Dev	ce N	/lode	Nun	nber	(Not	Sou	rce N	/lode	l)				1													
Devi	ce S	erial	Num	ber										·									T			
How	acq	uired	and	date	e (e.g	١.,		Man	ufact	urer/	Initia	al Tra	nsfe						Т				1	T-	1	$\overline{}$
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							0	Othe	r So	urces	S								MM		DD			YYY	Y	
		Isot	ope (e.g.	AM2	41)	_			Acti	vity (e.g.	100)	_	_		_	_	_		_	\neg		Unit	(e.g	g. mCi)
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2.																										
3.															T					T	T					
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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	Transfer Date:
NRC Device Key: 7 2 0 / 9 4	052222019
(from Section 2 or 6)	0 3 2 2 2 0 1 1
Laureline of the Devices	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)
Returned to Manufacturer (Complete Part 1 only)	(Complete Part 2)
Part 2 License Number of Recipient (if transferred to a	a specific licensee): * Thouse FERRED TO E &L
	JUHUSON WARRAY FOR
	DELOMA ISTON. PLEASE
Company Name:	SEE CONTACT.



6316 EAST 135th AVENUE • THORNTON, COLORADO 80602 ECJOHNSONCO@AOL.COM • ECJOHNSONCOMPANY@GMAL.COM (303) 457-2247 • CELL (303) 881-8189 • FAX (303) 457-2520

CHARLES JOHNSON

TECHNICAL REPRESENTATIVES SERVING THE ROCKY MOUNTAIN WEST ELECTRONICS • MECHANICAL • MATERIALS • FABRICATIONS • INSTRUMENTATION





5/24/19

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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.





SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION



SECTION 6 PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit: