



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 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-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 **SECTION 1 - GENERAL LICENSEE INFORMATION**

GL-61822-24

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:	ARGUS	SENERO	Y W	V LLC	;											
Department:	KIAH C	REEK P	ROCE	ESSIN	NG											
Address Line 1:	9104 T	9104 TWELVEPOLE CREEK ROAD														
Address Line 2:				<u> </u>												
City:	DUNLO	W	N Face						N T W							~
State: WV		Zip Code: 25511														
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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: SLO	NE	
First Name: CLAF	RENCE	Middle Initial: W
Business Telephor	e Number: (304) 385-4664	Extension:
Title: ENG	SINEERING TECH	
	address where correspondence re	garding your device(s) should be sent.
Address Line 1:	9104 TWELVEPOLE CREEK ROAD	
Address Line 2:		
City:	DUNLOW	
a la		
State: WV	Zip Code: 25511	





NRC Device Key

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.

681489 (Internal Control Number)

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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3 PAGE 1 of 1

Pro	Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.																									
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04/10/2019

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 Date:										
NRC Device Key:											
(from Section 2 or 6)	MM DD YYYY										
Location of the Device:	וווון טט ווווון										
O Whereabouts Unknown (Complete Part 1 only)	Transferred to another general licensee (Complete Parts 2 and 3)										
_	Transferred to a Specific Licensee (Not the manufacturer)										
O Returned to Manufacturer (Complete Part 1 only)	(Complete Part 2)										
Part 2 License Number of Recipient (if transferred to a sp	ecific licensee):										
Company Name:											
Department:	<u>al en le color de la </u>										
Department:											
Address Line 1:											
Address Line 2:											
Address Line 2.											
City:											
State: Zip Code:											
	The state of the s										
Part 3 Enter the name of the individual respons	sibe for this device:										
Last name:	TOTAL										
First name:	Middle Initial:										
Business Telephone Number:	Extension:										
Title:											
<u> </u>											









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/m/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: