



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 **SECTION 1 - GENERAL LICENSEE INFORMATION**

GL-723623-24

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.

| Com | pany Nar | ne: CORE | ESCOI | LLC | | | | | | | No. | | | PY. | | | | |
|-------|----------|----------|--------------|----------|--------------|----------|------|------------|----------|--------|--------------|----------------|-----------------|-------------|----------|-----|---|--|
| | | | | | | | 1 | | | | | | | | 1.00 | 7 2 | | |
| Depa | artment: | COAL | PREP | | | | | | | Part | .6 | | | 1,300 | | | | |
| | | | | | | | | | | | | | | | | | | |
| Addr | ess Line | 1: 624 C | RAFTS | S RU | N R | DAD | | o constant | | | | | 262261723 | | 10000200 | | 111111111111111111111111111111111111111 | |
| | | | | | | | | | | | | | | | | | | |
| Addr | ess Line | 2: | | 11.71070 | | y active | | CORES. | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| City: | | MAID | SVILLE | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| State | e: W | | | Zip (| Code | : 20 | 6541 | | | 20 N | | | | | - | | | |
| | | | | | Use write | | re) | Paci | ket F | Recei | | atego ate (| ory: | DYY | YY): | | | |
| | | | | | | | | | | | A | cess | sion | Num | ber: | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | MILES DE LES | | | 200 E - | | | STATE OF | BESSEL | The state of | Contract Con- | Name of Street, | Party Bloom | 100 | 100 | | |





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: SKA | | | ************************************** |
|-------------------|---------------------------|--|--|
| | | | |
| First Name: DAN | IEL | Middle Initial | ; F |
| | | | |
| Business Telephor | e Number: (304) 296-4501 | Extension: | 309 |
| | | | |
| Title: SEN | NOR ENGINEER | · | Supply the control of |
| | | | |
| Enter the mailing | address where corresponde | nce regarding your device(s | s) should be sent. |
| Department: | | | |
| | | | |
| Address Line 1: | 966 CRAFTS RUN ROAD | | |
| | | | |
| Address Line 2: | | Control Confidence in the party control of Advance Food by MAS, Province and Advance in the Control of the Cont | |
| | | | A CONTROL OF THE PROPERTY OF T |
| City: | MAIDSVILLE | | |
| | | | |
| State: WV | Zip Code: 26541 | | |





SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 1 of 2

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

| NRC Device Key | 793620 (Interna | l Control Number) | | | | |
|---|--|--|---|----------------|--|--|
| Distributor/Dustributed By: Thermo Process Instruments, L.P | | | | | | |
| | | | | | | |
| Distributor License Number: L | _03524 | | | | | |
| | | | | | | |
| Manufacturer name: THEF | RMO MEASURETECH | - Colonia Colo | | | | |
| | | | | | | |
| Device Model (Not Source Mode | el): 5201 | | | | | |
| | | | | | | |
| Device Serial Number: B516 | 32 | | | | | |
| | | | | | | |
| Transfer Date: 12/30/2008 | ीत संस्थापक्ष चित्रं ता तीच्या क्षेत्रं स्वता प्रदेश | . ZY - N - on - N 'ay pisahin'n ≯in'n' risistapin uuu - E | ක් මිකිකක නම් ^{රැස} ්වරණ වෙනවියට එන් ද ද වී දං | | | |
| | | | Not in possession of device | e (Also | | |
| | | U | complete Section 4.) | | | |
| MM DD YY | YY | · | complete Section 4.) | _ | | |
| MM DD YY Isotope (e.g. AM241) | YY Activity (e.g | · | | nit (e.g. mCi) | | |
| | | · | U | nit (e.g. mCi) | | |
| Isotope (e.g. AM241) 1 CS137 | Activity (e.g | · | U | | | |
| Isotope (e.g. AM241) | Activity (e.g | · | U | | | |
| Isotope (e.g. AM241) 1 CS137 | Activity (e.g | · | U | | | |
| Isotope (e.g. AM241) 1 CS137 | Activity (e.g | · | U | | | |
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| Isotope (e.g. AM241) 1 | Activity (e.g | · | U | | | |
| Isotope (e.g. AM241) 1 | Activity (e.g | · | U | | | |
| Isotope (e.g. AM241) 1 | Activity (e.g | · | U | | | |





NRC Device Key

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 2 of 2

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

793621 (Internal Control Number)

| Distributor/Dustributed By: Thermo P | Process Instruments, L.P | and the analysis of the energy and of the energy of the SPE Care . Many than 1822 AND THE PROPERTY . | | | | |
|--------------------------------------|--|---|---------------|--|--|--|
| | | | | | | |
| Distributor License Number: L03524 | Distributor License Number: L03524 | | | | | |
| | | | | | | |
| Manufacturer name: THERMO ME | ASURETECH | na 1900 yan wanny Arifonia amendantahankahankahankahanka 1901 (2001). | | | | |
| | | | | | | |
| Device Model (Not Source Model): 520 | 22 | | | | | |
| | | | | | | |
| Device Serial Number: B5163 | in a provinciami in the institution of the state of the institution of the state of | and the state of the | | | | |
| | | | | | | |
| Transfer Date: 12/30/2008 | a standard (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | | | |
| | | Not in possession of device (| Also | | | |
| | | | | | | |
| MM DD YYYY | | | | | | |
| MM DD YYYY Isotope (e.g. AM241) | Activity (e.g. 1005) | Uni | it (e.g. mCi) | | | |
| | Activity (e.g. 1005) 50 | Uni m(| | | | |
| Isotope (e.g. AM241) | | | | | | |
| Isotope (e.g. AM241) | | | | | | |
| Isotope (e.g. AM241) 1 CS137 | | | | | | |
| Isotope (e.g. AM241) 1 CS137 | | | | | | |
| Isotope (e.g. AM241) 1 | | | | | | |
| Isotope (e.g. AM241) 1 CS137 | | | | | | |
| Isotope (e.g. AM241) 1 | | | | | | |
| Isotope (e.g. AM241) 1 | | | | | | |
| Isotope (e.g. AM241) 1 | | | | | | |





SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3 PAGE 1 of 1

| Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices. | | | | | | | es. | | | | | | | | | | | | | | | | | | | |
|---|--|----------|----------|----------|----------|-------------------|-----------|--------------|------|----------|--|-----------|--------------|----------|--|---------------|--|----------|--|----------|----------|---|-----------|--------------|-------------|-------------------|
| Man | ufact | turer | Nam | ie . | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initia | Initial Transferor Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 4 | | | | | | | | | | | | | | | | | | Π | | |
| Initia | al Tra | nsfe | or L | icens | se Nu | ımbe | er (if | knov | vn) | L | L | 1 | L | <u> </u> | L | 1 | L | | | <u> </u> | l | L | l | L | L | |
| | | | | | | | | ΓΠ | | | | | | | | | | | | | | | | | | |
| L Devi | Device Model Number (Not Source Model) | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | ·/ | | <u> </u> | | | | | | | | | | | | | | | |
| Devi | ce S | erial | Num | her | | | | | İ | | <u> </u> | l | | | | l | i | [| | | | | L | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | . | | |
| | L | | | <u> </u> | | | _ | B. 4 | .e | | l 141 a | 1. | | " | | | | | | 1 | l | | <u></u> i | لــــا | | |
| | acqu a dis | | | | | •• | | Manu | | | | | | | | apov ansfe | | | 14 (15 to 15 | T | | | | | | |
| | r lice | | | | | | _ | Othe Othe | | | | ense | е | Da | | an ion | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 21 | MM | ! | DD | | ـا | / / / | / | . ا |
| | | Isoto | na (| 0.0 | ለ የ ላ ጋ | 41) | O | Otrie | 1 30 | | | 'a | 100\ | | | | | | IAIIAI | | טט | | | | | Ci) |
| 1 | | 13010 | he (| e.g. / | TIVIZ | 71) | 7 | | | AGU | T | e.g. | 100) | T | 1 | T | Т | T- | Τ. | T | | | | | . (e.g | ı. mCi) |
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| 2. | | | | | | | | | | | <u> </u> | | | | | | | | | | | | | | | |
| 3. | | | | | | T | | | | | Ī | Τ | T | 1 | | T | Τ | T | | | | | ** | | Τ | |
| 4 | | | I | T | | | 7 | | | | | <u>Т</u> | 1 | <u> </u> | | + | $\frac{\perp}{1}$ | <u> </u> | | <u> </u> | <u> </u> | _ | | | 十 | 一 |
| 4. | | <u> </u> | <u> </u> | <u></u> | <u> </u> | | | | | | <u> </u> | <u> </u> | <u> </u> | | <u> </u> | | <u></u> | <u> </u> | | | | | | | <u></u> | \perp |
| 5. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | Τ | T | T | | | | Τ | | | | T | | | Г | T | |
| 7 | | | <u> </u> | <u> </u> | <u> </u> | $\frac{\perp}{1}$ | \exists | | | <u> </u> | | <u> Т</u> | <u> </u> | <u> </u> | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | <u> </u> | = | | | | |
| 7. | | | <u> </u> | <u></u> | <u> </u> | | | | | | <u> </u> | | | | <u>L</u> | | | | | | | | - | | <u> </u> | |
| 8. | | | <u> </u> | <u> </u> | | | | | | | | | | | | | | | | | | | | | | |
| 9. | | | Γ | T | 1 | T | 1 | | | | Ī | Ī | T | | T | T | | T | | | | | | | T | $\overline{\Box}$ |
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| 10. | | | | <u> </u> | | | | | | | <u></u> | | | | | | | | | | | | | | <u> </u> | |





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: | IVIN DD TITT |
| | O Transferred to another general licensee (Complete Parts 2 and 3) |
| | 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: | <u> </u> |
| | |
| Address Line 2: | |
| | |
| City: | |
| | |
| State: Zip Code: | |
| Part 3 Enter the name of the individual response | onsibe for this device: |
| Last name: | |
| | |
| First name: | Middle Initial: |
| | |
| Business Telephone Number: | Extension: |
| 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:

http://www.nrc.gov/reading-rim/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: