UNITED STATES NUCLEAR REGULATORY COMMISSION WASHINGTON, D.C. 20555-0001



April 18, 2019

TO: Users of Devices Subject to General License Registration

SUBJECT: ANNUAL REGISTRATION OF GENERALLY LICENSED DEVICES

The U.S. Nuclear Regulatory Commission (NRC) requires annual registration of certain devices that are possessed under the general license issued in Section 31.5 of Title 10 U.S. Code of Federal Regulations (10 CFR 31.5). Devices subject to registration include those containing the radioactive material and activity listed in Table 1 of the attached NRC Form 664. You are receiving this notice because NRC records indicate that you have one or more such devices. Information about the general license registration program is available NRC website at http://www.nrc.gov/materials/miau/miau-reg-initiatives/gen-license.html

Note that under 10 CFR 31.5(c)(11), the attached General Licensee Registration Package must be completed, signed, and returned to the NRC within 30 days from the date of this letter. Read all of the instructions prior to completing the package. Mail the completed package in the enclosed envelope to:

Director, Office of Nuclear Material Safety and Safeguards ATTN: GLTS U.S. Nuclear Regulatory Commission Washington DC 20555-0001

Registration Fee: Commission regulations (10 CFR 170.31, Category 3Q) require that you submit a registration fee with each registration on an annual basis. The registration fee is subject to change yearly, and you are required to submit the fee that is in effect as of the date of this letter. An invoice for the current amount due will be sent to you under separate cover. If you have any questions about the fee or the invoice, please contact the License Fee Billing Help Desk at 301-415-7554 or e-mail at fees.resource@nrc.gov.

NRC amended 10 CFR Parts 170.11 and 170.31 to provide that 10 CFR Part 170 fees be assessed to Federal agencies, where applicable, in accordance with the Energy Policy Act of 2005. Therefore, those Federal facilities required to register certain generally licensed devices in their possession will be required to pay the annual registration fee.

Attachment: NRC Form 664 -- General Licensee Registration and Instructions

Sincerely, /RA/

Donald Lowman U.S. Nuclear Regulatory Commission Office of Nuclear Material Safety and Safeguards Division of Material Safety, State, Tribal and Rulemaking Programs Materials Safety Licensing and Tribal Liaison Branch TO: Users of Devices Subject to General License Registration

SUBJECT: ANNUAL REGISTRATION OF GENERALLY LICENSED DEVICES

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Sincerely, /RA/

Donald Lowman U.S. Nuclear Regulatory Commission Office of Nuclear Material Safety and Safeguards Division of Material Safety, State, Tribal and Rulemaking Programs Materials Safety Licensing and Tribal Liaison Branch

D<u>istribution:</u> MSST r/f

ML19114A335

Office	NMSS
Name	D. Lowman
Date	04/03/2019

OFFICIAL RECORD ONLY



GL-52864-24 04/10/2019

NRC FORM 664

(04 - 2019) 10 CFR 31.5

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-52864-24

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: FORMOSA PLASTICS

Department:				
Address Line 1: 780 SC	HOOL HOUSE ROAD			
Address Line 2:				
City: DELAW	ARE CITY			
State: DE	Zip Code: 1970	6	-	
	For NRC Use Only (Do not write here)	Cate Packet Receipt Dat	egory:	



U.S. NUCLEAR REGULARTORY COMMISSION





GL-52864-24 04/10/2019

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: HARRIS																				
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First	rst Name: RICHARD													М	iddle	Initi	al: I	М		
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Busi	Business Telephone Number: (302) 836-2220 Extension:																			
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SECTION 4 - NOT IN POSSESSION OF DEVICE

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

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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 you	possession.
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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 po
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Part 1 NRC Device Key: (from Section 2 or 6)	Transfer Date: 0 3 0 6 2 0 1 9
Location of the Device:	MM DD YYYY
 O Whereabouts Unknown (Complete Part 1 only) O Never Possessed the Device (Complete Part 1 only) O Returned to Manufacturer (Complete Part 1 only) 	 Transferred to another general licensee (Complete Parts 2 and 3) Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2)
Part 2 License Number of Recipient (if transferred to a s	specific licensee):
P A - 0 6 7 8	
Company Name:	
A L A R O N C O R P	
Department:	
Address Line 1:	
2 1 3 8 S T A T E R O	U T E 1 8
Address Line 2:	
City:	
W A M P U M	
State: P A Zip Code: 1 6 1 5 7	
Part 3 Enter the name of the individual respo	
Last name:	
ТАО	
First name:	Middle Initial:
W E I J I N G	
Business Telephone3028362Number:	2 2 4 6 Extension:
Title:	
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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 posses
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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 possessic

NRC Device Key: 390979 0306201		
(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		and 3)
O Never Possessed the Device (Complete Part 1 only) Transferred to a Specific Licensee (Not the manuf O Returned to Manufacturer (Complete Part 1 only) (Complete Part 2)	acturer)	
O Returned to Manufacturer (Complete Part 1 only) (Complete Part 2)		
Part 2 License Number of Recipient (if transferred to a specific licensee):		
P A - 0 6 7 8		
Company Name:		
A L A R O N C O R P		
Department:		lł
Address Line 1:		11
2 1 3 8 S T A T E R O U T E 1 8		
Address Line 2:		
City:		
W A M P U M		
State: P A Zip Code: 1 6 1 5 7 -		LJ
Part 3 Enter the name of the individual responsibe for this device:		
Last name:		
T A O		
Eirst name:		
W E I J I N G		
Business Telephone 3 0 2 8 3 6 2 2 4 6 Extension:		
Title:		
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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

Provide information about device	s listed in Section 2 or 6,	but no longer in your possession.
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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

Provide information about devices listed in Sec	ction 2 or 6, but no longer in your possession.
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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

Provide information about device	s listed in Section 2 or 6,	, but no longer in your possession.
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SECTION 4 - NOT IN POSSESSION OF DEVICE

Provide information about devices listed i	n Section 2 or 6, but no	longer in your possession.
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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.

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SECTION 4 - NOT IN POSSESSION OF DEVICE

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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.

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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:681082(from Section 2 or 6)	0 3 0 6 2 0 1 9
Location of the Device:	MM DD YYYY
	 Transferred to another general licensee (Complete Parts 2 and 3) Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2)
Part 2 License Number of Recipient (if transferred to a	specific licensee):
P A - 0 6 7 8	
Company Name:	
A L A R O N C O R P	
Department:	
Address Line 1:	
2 1 3 8 S T A T E R O	U T E 1 8
Address Line 2:	
City:	
W A M P U M	
State: P A Zip Code: 1 6 1 5 7	
Part 3 Enter the name of the individual respo	onsibe for this device:
Last name:	
ТАО	
First name:	Middle Initial:
W E I J I N G	
Business Telephone302836Number:	2 2 4 6 Extension:
Title:	
P L A N T M A N A G E R	







SECTION 4 - NOT IN POSSESSION OF DEVICE

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SECTION 4 - NOT IN POSSESSION OF DEVICE

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SECTION 4 - NOT IN POSSESSION OF DEVICE

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SECTION 4 - NOT IN POSSESSION OF DEVICE

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SECTION 4 - NOT IN POSSESSION OF DEVICE

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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

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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.

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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

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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	2 or 6, but no longer in your possession.
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Part 1 Transfer Date:	
NRC Device Key: 6 8 1 0 9 4 0 3 0 6 2 0 1 9 (from Section 2 or 6) 6 8 1 0 9 4	
Location of the Device: MM DD YYYY	
O Whereabouts Unknown (Complete Part 1 only) O Transferred to another general licensee (Complete Part 1 only)	ete Parts 2 and 3)
O Never Possessed the Device (Complete Part 1 only) Transferred to a Specific Licensee (Not the man	
O Returned to Manufacturer (Complete Part 1 only) (Complete Part 2)	
Part 2 License Number of Recipient (if transferred to a specific licensee):	
P A - 0 6 7 8	
Company Name:	
A L A R O N C O R P	
Department:	
Address Line 1:	
2 1 3 8 S T A T E R O U T E 1 8	
Address Line 2:	
City:	
W A M P U M	
State: P A Zip Code: 1 6 1 5 7 -	
Part 3 Enter the name of the individual responsibe for this device: Last name:	
TAO	
First name: Middle Initial:	
W E I J I N G	
Business Telephone 3 0 2 8 3 6 2 2 4 6 Extension: Number: 3 0 2 8 3 6 2 2 4 6 Extension:	
Title:	
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SECTION 4 - NOT IN POSSESSION OF DEVICE

Provide information about devices listed in Section 2 or 6, but	no longer in your possession.
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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.

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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

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SECTION 4 - NOT IN POSSESSION OF DEVICE

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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

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SECTION 4 - NOT IN POSSESSION OF DEVICE

Provide information about devices	listed in Section 2	or 6, but no longer in y	our possession.
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Part 1	Transfer Date:										
NRC Device Key: 6 8 1 2 6 (from Section 2 or 6) 6 8 1 1 2 6	0 3 0 6 2 0 1 9										
Location of the Device:	MM DD YYYY										
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 s	pecific licensee):										
P A - 0 6 7 8											
Company Name:											
A L A R O N C O R P											
Department:											
Address Line 1:											
2 1 3 8 S T A T E R O	U T E 1 8										
Address Line 2:											
City:											
W A M P U M											
State: D D Zip Code:											
Part 3 Enter the name of the individual response	nsibe for this device:										
Last name:											
ТАО											
First name:	Middle Initial:										
W E I J I N G											
Business Telephone3028362Number:	2 2 4 6 Extension:										
Title:											
P L A N T M A N A G E R											







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.

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Par	t 2		cens	e Nu	Imbe	er of I	Recip	lient	(if tra	anste	erred	to a	speo	citic l	icens	see):										
P	A	-	0	6	7	8																				
Con	npany	Nar	ne:																							
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SECTION 4 - NOT IN POSSESSION OF DEVICE

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O Whereabouts Unknown (Complete Part 1 only)												От	ransfe	erred	to a	nothe	r ger	neral	licer	see	(Cor	nplet	e Pa	rts 2	and 3)	
 Never Possessed the Device (Complete Part 1 only) Returned to Manufacturer (Complete Part 1 only))		ransf				cific L	icen	see	Not	the r	nanu	factu	rer)	
0	Retu	urnec	to N	lanu	factu	rer (C	Comp	lete	Part	1 onl	y)		((Comp	lete	Part	2)									
Par	t 2	Lie	cens	e Nu	Imbe	r of F	Recip	ient	(if tra	ansfe	rred	to a	spec	cific li	cens	see):										
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Com	pany	Nar	ne:										-													
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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

PAGE 1 of 1

Part	1												-	Trans	sfer D)ate:	-	-								
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SECTION 4 - NOT IN POSSESSION OF DEVICE

Part 1 Transfer Date: IRC Device Key: 681130 from Section 2 or 6) 681130
MM DD YYYY 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 1 only) Part 2 License Number of Recipient (if transferred to a specific licensee):
P A - 0 6 7 8
Company Name:
A L A R O N C O R P
Department:
Address Line 1:
2 1 3 8 S T A T E R O U T E 1 8
Address Line 2:
City:
W A M P U M
State: P A Zip Code: 1 6 1 5 7 -
Part 3 Enter the name of the individual responsibe for this device:
Last name:
T A O
First name: Middle Initial:
W E I J I N G
Business Telephone 3 0 2 8 3 6 2 2 4 6 Extension: Number: 3 0 2 8 3 6 2 2 4 6 Extension:
PLANT MANAGER







SECTION 4 - NOT IN POSSESSION OF DEVICE

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SECTION 4 - NOT IN POSSESSION OF DEVICE

Provide information about device	s listed in Section 2 or 6, b	out no longer in your possession.
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04/10/2019

SECTION 4 - NOT IN POSSESSION OF DEVICE

Provide information ab	out devices listed i	n Section 2 or 6,	, but no longer in yo	ur possession.
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Par	: 2	Li	cens	e Nu	mbe	r of F	Recip	ient	(if tra	ansfe	erred	to a	spec	cific li	cens	ee):										
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SECTION 4 - NOT IN POSSESSION OF DEVICE

Provide information about devices I	isted in Section 2 or 6,	but no longer in your possession.
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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

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PAGE 1 of 1



04/10/2019

SECTION 4 - NOT IN POSSESSION OF DEVICE

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SECTION 4 - NOT IN POSSESSION OF DEVICE

Provide information about devices listed in	a Section 2 or 6, but no longer in your possession	ion.
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SECTION 4 PAGE 1 of 1

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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

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SECTION 4 - NOT IN POSSESSION OF DEVICE

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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

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SECTION 4 - NOT IN POSSESSION OF DEVICE

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SECTION 4 PAGE 1 of 1

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SECTION 4 PAGE 1 of 1

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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.



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