



204

SECTION 1
PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 09/30/2022

Estimated burden per response to comply with this mandatory collection request: 20 minutes. NRC will use this information to track general licensees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the Information Services Branch (T-6 A10M), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, 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-728220-25**

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: CONOCOPHILLIPS ALASKA INC

[illegible]

Department: KUPARUK RIVER UNIT

[illegible]

Address Line 1: 35 MILES WEST OF DEADHORSE

[illegible]

Address Line 2:

[illegible]

City: ANCHORAGE

[illegible]

State: AK

[illegible]

Zip Code: 995196105

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For NRC Use Only
(Do not write here)

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Packet Receipt Date (MMDDYYYY):

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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: JENSEN

J o n e s

First Name: MIKE

T e s s a

Middle Initial:

Business Telephone Number: (435) 830-6932

4 0 6 4 9 0 7 9 1 1

Extension:

Business E-mail Address:

t e s s a . s . j o n e s @ c o p . c o m

Title: CURRENT SAFETY OFFICER

Enter the mailing address where correspondence regarding your device(s) should be sent.

Department: KUPARUK RIVER UNIT

Address Line 1: 700 G STREET

6 6 0 1 S. A i r p a r k S t .

Address Line 2: OFFICE 1918

o f f i c e 2 2 7

City: ANCHORAGE

State: AK

Zip Code: 99501



SECTION 2
PAGE 1 of 7

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SECTION 2

PAGE 2 of 7

841154 (Internal Control Number)

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 **Not in possession of device (Also complete Section 4.)**

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	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137	50	mCi
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841155 (Internal Control Number)

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SECTION 2
PAGE 5 of 7

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	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137	50	
2			
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4			
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6			





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SECTION 2

PAGE 7 of 7

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

NRC Device Key **852343** **(Internal Control Number)**

Distributor/Distributed By: FMC Technologies, Inc.

[illegible]

Distributor License Number: L06765

[illegible]

Manufacturer name: FMC TECHNOLOGIES, INC.

[illegible]

Device Model (Not Source Model): SH-790X SERIES

[illegible]

Device Serial Number: 7902-15-04

[illegible]

Transfer Date: 05/04/2018

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 Not in possession of device (Also complete Section 4.)

MM DD YYYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137	50	
2			
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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

PAGE 1 of 1

Manufacturer Name

[illegible][illegible][illegible][illegible][illegible]

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DD

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Unit (e.g. mCi)

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05/06/2020

SECTION 4

PAGE 1 of 1

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

Transfer Date:

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(from Section 2 or 6)

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YYYY

Location of the Device:

- ☐ Whereabouts Unknown (Complete Part 1 only)
 ☐ Transferred to another general licensee (Complete Parts 2 and 3)
- ☐ Never Possessed the Device (Complete Part 1 only)
 ☐ Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

License Number of Recipient (if transferred to a specific licensee):

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

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Zip Code:

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Enter the name of the individual responsible for this device:

Last name:

[illegible]

First name:

[illegible]

Middle Initial:

Business Telephone
Number:

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Title:

[illegible]



GL-728220-25
05/06/2020

SECTION 5 - CERTIFICATION

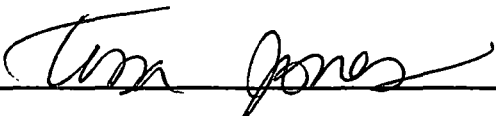
SECTION 5
PAGE 1 of 1

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.

(Copies 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. 18 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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SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

