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Date

5/3/2021

**SECTION 1** PAGE 1 of 2 U.S. NUCLEAR REGULATORY COMMISSION

NRC FORM 664 (11-2020)10 CFR 31.5

# **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 FOIA, Library, and Information Collections Branch (T-6 A10M), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0198), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; e-mail: oira submission@omb.eop.gov. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

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** 

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Enter the company name and street address for the physical location of use for the device(s). For portable

dev	devices, specify the primary storage location. Do not use P. O. Boxes.																													
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# **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: P  $o \mid w$ E R First Name: Middle Initial: O S H U L J  $\mathbf{A}$ **Business Telephone Number:** Extension: 7 5 6 2 5 4 3 2 0 3 Business E-mail Address: o S Н U P O  $\mathbf{W}$ Ε R @  $\mathbf{S}$ P Α R T E C Η  $\mathbf{C}$ 0 M Title: Ε H S M Α N Α G Ε R Enter the mailing address where correspondence regarding your device(s) should be sent. Department: Address Line 1: L 4 0 E S T M E M 0 R I A D R I  $\mathbf{v}$  $\mathbf{E}$ 1 Α Address Line 2: City: U C Ι E M N State: N Zip Code: 7 3





### **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 1 of 3

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

NRC Device Key							82	599	D (	Inter	nal C	Cont	rol N	umb	er)								
Dis	tributor	/Dist	ribute	ed B	y:	Но	neyw	vell l	nterr	ation	al, Ir	nc.											
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Dis	tributor	Lice	nse l	Num	ber:	G	SA 83	32-10	3														
Ma:	nufactu	rer n	ame	:	Н	ONE	EYWI	ELL	INTE	RNA	TIOI	VAL,	INC.										
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# **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 2 of 3

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

NRC Device Key								4679	9 (	Inter	nal (	Cont	rol N	lumk	er)								
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### **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 3 of 3

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

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Manufa	l icturer	name:		HON	EYW	ELL II	NTERN	ATIO	N, IN	IC.										
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### **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. Manufacturer Name Initial Transferor Name Initial Transferor License Number (if known) Device Model Number (Not Source Model) **Device Serial Number** O Manufacturer/Initial Transferor listed above How acquired and date (e.g., from a distributor/manufacturer, Date Transferred: Other General Licensee other licensee, other source)? MM DD YYYY O Other Sources Isotope (e.g. AM241) Activity (e.g. 100) Unit (e.g. mCi) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.





# **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 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

5-4-2021

**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.





# **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: