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SECTION 1  
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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: BOYD                      Gunderson

G U N D E R S O N

First Name: ROBBY                      Corey

C O R E Y

Middle Initial:

A

Business Telephone Number: (605) 785-3683

Extension:

Business E-mail Address:                      corey.gunderson@agropur.com

C O R E Y . G U N D E R S O N @ A G R O P U R . C O M

Title:                      FACILITIES MAINTENANCE                      Safety Department Manager

S A F E T Y   D E P A R T M E N T

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

Department:

S A F E T Y   D E P A R T M E N T

Address Line 1: 408 DAKOTA STREET

Address Line 2: P.O. BOX 169

City:                      LAKE NORDEN

State: SD

Zip Code: 572480169









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### SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

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

#### Part 1

NRC Device Key:  
(from Section 2 or 6)

Transfer Date:  
    
MM DD YYYY

Location of the Device:

- Whereabouts Unknown (Complete Part 1 only)
- Never Possessed the Device (Complete Part 1 only)
- 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 specific licensee):

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:  Zip Code:  -

#### Part 3 Enter the name of the individual responsible for this device:

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:





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**SECTION 5 CERTIFICATION**

**SECTION 5**  
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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/>)

*11-16-21*

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**

**SECTION 6**  
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**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

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