



GL-728220-27
 04/21/2022
 NRC FORM 664
 (11 - 2020)
 10 CFR 31.5

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 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: oir_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
 GL-728220-27

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

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Department: KUPARUK RIVER UNIT

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Address Line 1: 35 MILES WEST OF DEADHORSE

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Address Line 2:

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City: ANCHORAGE

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State: AK

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Zip Code: 995196105

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For NRC Use Only (Do not write here)	Category: <table border="1"><tr><td></td><td></td></tr></table>										
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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: JONES

W I N T E R F E L D

First Name: TESSA

A A R O N

Middle Initial:

J

Business Telephone Number: (406) 490-7911

9 0 7 6 5 9 7 3 2 0

Extension:

Business E-mail Address: TESSA.S.JONES@COP.COM

A A R O N . J . W I N T E R F E L D @ 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: 6601 SOUTH AIRPACK STREET

7 0 0 6 S T R E E T

Address Line 2: OFFICE 227

N S K - 4 5

City: ANCHORAGE

State: AK

Zip Code: 99501





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 1 of 7

NRC Device Key **834108 (Internal Control Number)**

Distributor/Distributed By: **MULTI PHASE METERS, INC.**

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Distributor License Number: **L06458**

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Manufacturer name: **MULTI PHASE METERS, INC.**

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

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Device Serial Number: **7902-12-17**

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Transfer Date: **07/24/2019**

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)																																										
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2
PAGE 2 of 7

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

NRC Device Key **841154** **(Internal Control Number)**

Distributor/Distributed By: **MULTI PHASE METERS, INC.**

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Distributor License Number: **L06458.**

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Manufacturer name: **MULTI PHASE METERS, INC.**

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

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Device Serial Number: **7902-14-07**

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Transfer Date: **07/24/2019**

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

MM **DD** **YYYY**

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)																																																																					
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2
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Our records indicate that you have these devices. Please update the information as necessary.

NRC Device Key **841155** (Internal Control Number)

Distributor/Distributed By: MULTI PHASE METERS, INC.

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Distributor License Number: L06458

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Manufacturer name: MULTI PHASE METERS, INC.

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

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Device Serial Number: 7902-12-20

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Transfer Date: 07/24/2019

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)																			
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

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NRC Device Key **848220 (Internal Control Number)**

Distributor/Distributed By: **FMC Technologies, Inc.**

[Grid for distributor name]

Distributor License Number: **L06765**

[Grid for distributor license number]

Manufacturer name: **FMC TECHNOLOGIES, INC.**

[Grid for manufacturer name]

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

[Grid for device model]

Device Serial Number: **7902-14-10**

[Grid for device serial number]

Transfer Date: **10/27/2017**

[Grid for transfer date]

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137 [Grid]	50 [Grid]	mCi [Grid]
2	[Grid]	[Grid]	[Grid]
3	[Grid]	[Grid]	[Grid]
4	[Grid]	[Grid]	[Grid]
5	[Grid]	[Grid]	[Grid]
6	[Grid]	[Grid]	[Grid]





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

NRC Device Key **848221** (**Internal Control Number**)

Distributor/Distributed By: **FMC Technologies, Inc.**

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Distributor License Number: **L06765**

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Manufacturer name: **FMC TECHNOLOGIES, INC.**

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

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Device Serial Number: **7902-15-05**

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Transfer Date: **12/29/2017**

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)																													
1	CS137 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						50 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

NRC Device Key: 850734 (Internal Control Number)

Distributor/Distributed By: FMC Technologies, Inc.

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Distributor License Number: L06765

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Manufacturer name: FMC TECHNOLOGIES, INC.

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

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Device Serial Number: 7902-15-03

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Transfer Date: 07/24/2019

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)																	
1	CS137 <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					50 <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												mCi <table border="1"><tr><td> </td><td> </td></tr></table>		
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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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.

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Distributor License Number: L06765

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Manufacturer name: FMC TECHNOLOGIES, INC.

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

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Device Serial Number: 7902-15-04

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Transfer Date: 05/04/2018

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)																									
1	CS137 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							50 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																	mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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SECTION 3
PAGE 1 of 1

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

THERMOFISHER SCIENTIFIC

Initial Transferor Name

NITON CORPORATION

Initial Transferor License Number (if known)

Device Model Number (Not Source Model)

XL P 300A

Device Serial Number

25237

How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

- Manufacturer/Initial Transferor listed above
- Other General Licensee
- Other Sources

Date Transferred: 09 09 2011
MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1.	CD109	40	mCi
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			





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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

NRC Device Key:

(from Section 2 or 6)

[Grid for NRC Device Key]

Transfer Date:

[Grid for 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):

[Grid for License Number of Recipient]

Company Name:

[Grid for Company Name]

Department:

[Grid for Department]

Address Line 1:

[Grid for Address Line 1]

Address Line 2:

[Grid for Address Line 2]

City:

[Grid for City]

State:

[Grid for State]

Zip Code:

[Grid for Zip Code]

[Grid for Zip Code Extension]

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

Last name:

[Grid for Last name]

First name:

[Grid for First name]

Middle Initial:

[Grid for Middle Initial]

Business Telephone Number:

[Grid for Business Telephone Number]

[Grid for Business Telephone Number]

[Grid for Business Telephone Number]

Extension:

[Grid for Extension]

Title:

[Grid for 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>)

Aaron J. White
SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

7-26-2022
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
PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

