GL-713086-28
01/20/2023

NRC FORM 664
(11 - 2022)
10 CFR 31.5

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198 **OMB EXPIRATION DATE: 11/30/2025**

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
GL-713086-28

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: HAMPFORD RESEARCH INC.

Department:

Address Line 1: 54 VETERANS BLVD.

Address Line 2:

City: STRATFORD

State: CT Zip Code: 06615 -

For NRC Use Only
(Do not write here)

Category:

Packet Receipt Date (MMDDYYYY):

Accession Number:

NMSS10
NMSS

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: ~~HAMPFORD~~ JENKIN

JENKIN

First Name: TIMOTHY

TIMOTHY

Middle Initial: P

Business Telephone Number: (203) 375-1137

203 375 1137

Extension:

Business E-mail Address:

tjenkin@hampfordresearch.com

Title: ~~SR EHS & S~~ ENGINEER

ENGINEER MANAGER

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

Department:

Address Line 1: 54 VETERANS BLVD.

Address Line 2:

City: STRATFORD

State: CT

Zip Code: 06615 -

GL-713086-28
01/20/2023

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

NRC Device Key **681712** **(Internal Control Number)**

Distributor/Distributed By: SPECTRO

Distributor License Number: L02788G

Manufacturer name: SPECTRO

Device Model (Not Source Model): 200

Device Serial Number: 5223

Transfer Date: 01/31/2003

MM DD YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	AM241	5	mCi
2	AM241	30	uCi
3			
4			
5			
6			

GL-713086-28
01/20/2023

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

Initial Transferor Name

Initial Transferor License Number (if known)

Device Model Number (Not Source Model)

Device Serial Number

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: MM DD YYYY

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

GL-713086-28
01/20/2023

SECTION 4 - NOT IN POSSESSION OF DEVICE

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 responsibe for this device:**

Last name:

First name:

Middle Initial:

Business Telephone Number: Extension:

Title:

SECTION 5 - CERTIFICATION

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)

Timothy Jenkins — 2/22/2023

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.

SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

NRC Device Key: Manufacturer License No:

Manufacturer Name:

Model Number: Serial #: Transfer Date:

Isotope: Activity: Unit: