



NRC FORM 664

(11 - 2022) 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: 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

Company Name: COAL - MACLIC

SECTION 1 - GENERAL LICENSEE INFORMATION

GL-722778-29

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.

| | | | | | | | | | | Ac | cess | sion I | Num | ber: | |
|-----------------|------|---|------------------|------|-------|------|------|----------|------|----|-----------------|--------|-----|------|--|
| | | 100000000000000000000000000000000000000 | or NRC Do not | | | e) | Pack | et R | ecei | | itego ate (l | ory: | DYY | YY): | |
| State: WV | | | Zip (| Code | e: 25 | 5632 | | | | | | | | - [| |
| City: | LYBU | JRN | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Address Line 2: | RICI | H CRE | EK RC | AD | | | | | | | | | | *** | |
| | | | | 100 | | | | | | | | | | | |
| Address Line 1: | ROL | JTE 99 | 92 | | 1 | | | | | 1 | | L | | | |
| | | T | | | | 1 | | | | | | T | | 1 | |
| Department: | SNA | P CRI | EEK LO | DAD | OUT | | | <u> </u> | | | | | | | |
| | | | | - 11 | | | | | | | | | | | |

NMSSID





State: WV

SECTION 1 PAGE 2 of 2

SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)

| Enter the n | ame, | telep | hone | e nu | mbe | r and | i title | e of | the p | oerso | on w | ho is | the | res | pons | sible | ind | livic | lual | for | the | devi | ce(s |). |
|---|----------------------|------------------|------------------|-----------------|-----------------|-------------|--------------|-------|----------|----------|--|----------|----------|------------------|-------------|-------------|-------------|--------|-------------|------------|-----|------------|------|-----|
| _ast Name: | BÒY | /D | | | | | | | | | | | | | | | | | | | | | | |
| - ' | : | | | | | | | | | Ţ , | | | | | | | Τ | | | | | | | |
| First Name: | DOI | ıG | 1 | L | 1 | | | | | | - | M | iddle | Initi | al· | | ' | - | | | | I | | |
| - Traine. | | | <u>;</u> | | | | | | | | | [| | , ,,,,,, | ч і. | _ | | | | | | | | |
| | • • | | | <u> </u> | | <u>,</u> | - | | | <u> </u> | لِ | | | | | | | | | | | | | |
| Business Te | lepho | ne N | umbe | er: | (304 | 792 | ?-844 ¬ | 4 | | | | E | xtens | sion: | | | 7 | | | | | | | |
| | | | | | | | | | | | | L | | | | | | | | | | | | |
| Business E | -mail / | Addre | ss: | dou | ıg.bo | yd@ | jmph | oldii | ngsile | c.cor | n | | | | | • | | | | • | | • | | |
| | | , | | T | T | | - | | 1 | | | , | | | | | 1. | | | | | | | |
| Title: | | DIAT | | C^E | ETV | | ICE! | | | <u> </u> | <u> </u> | <u>.</u> | <u> </u> | | | _:_ | | | | ٠. | ; | <u>:11</u> | | |
| inde. | K/ | DIAT | | SAF | | J | ICE | | 1 | i | 1 | | 1 | |] | | .1" | · 1 | | | | 1. | • | • |
| | 1: | | Ĺ | L | | | - | | | i | -: | | | i | | | | | | | | <u>.</u> | | |
| | | | | | | | | | | | • | | | ' | | | | | : | | | | | |
| Enter the n | nailing | g add | ress | who | ere c | orre | spor | nden | ice r | egar | ding | you | r de | vice(| s) s | houl | ld b | e se | nt. | | | : | | |
| Department | | SNA | D (1 | 5EE | KIO | ۷DO | ı IT | | | - | | | | . : | • | • | ٠. | | : . | | | | | |
| Jepar unem | ' | SINA | .P Cr | \ | LU | ADO | | ı | | <u> </u> | , | | | · | | | <u></u> | | <u>. ;</u> | | , | , | | |
| C 0 0 | | <u> </u> | M | a | 6 | | 2 | 4 | C | | | , | | | <u> </u> | | | | | | | | | |
| Address Lir | e 1: | -P.O. | -BO) | (12 | 45 - | J | us | 4 | 4 | /re | aa | Ur | ess | É | relo | w | | | • | | | | | . 1 |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Lir | е 2 [.] | 1245 | 5 22 | MINI | E RO | AD | . | • | ٠ | 1. | 1 | l | | | 1 | 1 | • | , | | | | I | | |
| . | T . | | | | | | : | 1 | | | | | | | | T | Ť | | | | | İ | | |
| | | | | | <u> </u> | | | L, | <u> </u> | <u>.</u> | | <u> </u> | <u></u> | <u>L</u> | | <u> </u> | | | | | | | | |
| City: | | HOL | DEN | | | | , | · | , | | , | : | | | | | | | · . | <u>.</u> ; | | i | | |
| · [.] | | | | | | | | , | | | | | | | | | | | | | | | | |
| • | | | | | - | | - | • | , | | | , | | | | 1 | | - | | | | | | |





SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 1 of 1

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

| NF | RC Device Key | 779188 | (Internal Control Number) |
|-------------------|--------------------------|---------------|--|
| Dist | ributor/Distributed By: | Energy Techn | nologies, Inc. (ETI) |
| | | | |
| Dist | ributor License Number: | R-47148-D1 | 13 |
| | | | |
| Mar | nufacturer name: EN | NERGY TECHI | NOLOGIES, INC |
| | | | |
| Dev | rice Model (Not Source M | lodel): DGA-4 | 400 SERIES |
| $\prod_{i=1}^{n}$ | | | |
| Dev | rice Serial Number: E | TI-082 | |
| Ė | | | |
| Trai | nsfer Date: 05/05/2008 | 3 | |
| | | | Not in possession of device (Also complete Section 4.) |
| N | AM DD . | YYYY | |
| | Isotope (e.g. AM241) | : | Activity (e.g. 1005) Unit (e.g. mCi) |
| 1. | AM241 | | 200. mCi |
| | | | |
| 2 | CS137 | | 10 mCi |
| _ | | | |
| 3 | · · · | ı r | |
| 4 | | l <u>.</u> L | |
| • | | I [| |
| 5 | | ł L | |
| | | | |
| 6 | | | |
| | | | |





SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3 PAGE 1 of 1

| Provide | e infor | matio | n ab | out c | other | dev | ices y | ou h | ave 1 | that | are s | ubjec | t to r | egist | ratio | n. Do | not | repo | rt sp | ecific | cally | licen | sed | devic | es. |
|------------|-------------|----------|--|--------------|----------------|-----------|----------|-------|----------|---|-------------|----------|---------------|--|----------|----------------|----------------|----------|----------|----------------|-----------|-------|---------|--|----------|
| Manufa | cturer | Nam | е | | | | | | , | | | | | | | | | | | • | | | | | |
| | | | | | | | | | | | | | | | | | , | | | | | | | | |
| Initial Tr | ransfer | ror Na | ame | | | | • | | | | • | • | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial Ti | ransfei | ror Li | cens | e Nu | ımbe | er (i | f knov | vn) | <u> </u> | L | | | | | | lI | | | | | l | | | | |
| | | | | | | | | | | |] | | | | | | | | | | | | | | |
| Device | шш Model | Num | ber | ∟ (Not | Sou | rce l | Mode | l) | | 1 | _ | | | | | | | | | | | | | | |
| | | | | | | | Π | | | | | | | | | | | | | | | | | | |
| Device | Seriaļ | Num | ber | | | | | | | | 1 | ' | 1 | 1 | | | | | | | | | | | |
| | | - | | | | | | | , | | | | | | | | | · | | | | | | | |
| How aco | nuired | and i | date | (e a | | 0 | Man | ufact | urer/ | Initia | al Tra | nsfe | or lis | ted a | above | e | | | | | | | | | |
| from a d | listribu | tor/m | anu | factu | ırer, | 0 | Othe | r Ge | nera | Lice | ense | е | Dat | e Tra | ansfe | erred | | | | | | | | : | |
| other lic | ensee | , Ollie | ei 50 | uice | ;) <u>(</u> | 0 | Othe | r So | urces | 6 | | | | | | : | | MM | | DD | , | . ` | YYY | Y | - |
| | Isoto | ppe (e | e.ģ. / | AM2 | 41) | | | | Acti | vity (| (e.g. | 100) | | | . : . | | | | | | | | Unit | (e.g | . mCi |
| 1 | | | Ţ. | - | | | | .:. | | | | | | | | Ţ | | | | | | | | | |
| 2. | | | Ţ. | | | _ | | | | | ٠., | T | | | 1. | | | Τ | T: | T | | | | | |
| 3. | | | | T . | T | _ | | : | | | | | <u> </u> | | | | 1 | T | | _ | 7 | : . | | <u> </u> | |
| 4. | | | | | - - | • | | | , | | · | <u> </u> | <u> </u> | | T | <u> </u> | | | | - | | | | | |
| 5. | | <u> </u> | <u>. </u> | : T | | \exists | | : | | <u> </u> | | <u> </u> | <u>I.</u> | 1 | <u> </u> | 1 . | <u> </u> | <u> </u> | <u> </u> | <u> </u> | _ | - | | $\overline{}$ | |
| 0. | | | <u> </u> | <u></u> | <u> </u> | | | | L | <u> </u> | <u> </u> | <u> </u> | 1 | <u> </u> | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | | <u></u> | <u> </u> | |
| 6. | L, | <u> </u> | | | | | | | | | | | <u> </u> | | | | | | , . | | | | Ļ | <u> </u> | |
| 7. | | | | | | | | | | | | | | | | | | | | | | | - | | |
| 8. | | | | 1 | | | | | | T | | · · · | <u> </u> | | Ţ. | | T | | | | 7 | | | | |
| 9. | ļ . | <u> </u> | | | | \exists | | | | | | | $\frac{1}{1}$ | | T - | | _ _ | T | | + | \exists | | Ė | | <u> </u> |
| J. | | <u> </u> | | <u> </u> | <u> </u> | | | | | _ | | | · . | | | | | | | | | | Ŀ | \perp | |
| 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.

| IRC Device Key: from Section 2 or 6) MM DD YYYY ocation of the Device: O Whereabouts Unknown (Complete Part 1 only) O Returned to Manufacturer (Complete Part 1 only) Part 2 License Number of Recipient (if transferred to a specific Licensee): Company Name: Department: Address Line 1: Address Line 2: City: Part 3 Enter the name of the individual responsible for this device: Last name: Business Telephone Number: MM DD YYYY O Transferred to another general licensee (Complete Parts 2 and 3) O Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2) O Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2) O Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2) O Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2) First name: Middle Initial: Extension: | Parl | 1 | | | | | | | | | | | | ٦ | rans | fer D | ate: | | | | | | | | | | |
|--|----------|--|----------|----------|----------|----------|----------|--|----------|----------------|----------|----------|------------------|----------|----------|--------|----------|----------|----------|-------|-------|----------|----------|--------|-------|--|--------|
| ocation of the Device: O Whereabouts Unknown (Complete Part 1 only) O Never Possessed the Device (Complete Part 1 only) O Returned to Manufacturer (Complete Part 1 only) O Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2) Company Name: Department: Address Line 1: City: Part 3 Enter the name of the individual responsibe for this device: Last name: MM DD YYYY O Transferred to another general licensee (Complete Parts 2 and 3) O Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2) Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2) Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2) Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2) Transferred to another general licensee (Complete Parts 2 and 3) Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2) Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2) Transferred to a Specific Licensee (Not the manufacturer) Transferred to a Specific Li | NRC | Dev | ice k | (ey: | | | T | | T | | | T | 7 | | | | | | 7[| | | | | | | | |
| Ocation of the Device: O Whereabouts Unknown (Complete Part 1 only) O Never Possessed the Device (Complete Part 1 only) O Returned to Manufacturer (Complete Part 1 only) O Returned to Manufacturer (Complete Part 1 only) Part 2 License Number of Recipient (if transferred to a specific Licensee): Company Name: Department: Address Line 1: City: State: Zip Code: Part 3 Enter the name of the individual responsibe for this device: Last name: Business Telephone Number: Extension: Extension: Extension: | fron | n Sec | tion | 2 or | 6) | | | | | | | | | L | | | <u> </u> | <u> </u> | ┙┞ | | | L | | | | | |
| O Never Possessed the Device (Complete Part 1 only) O Returned to Manufacturer (Complete Part 1 only) 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: Last name: Business Telephone Number: Extension: Middle Initial: Extension: | _oca | ition (| of the | e De | vice: | | | | | | | | | | IVIIV | 1 | L | טט | | ١ | Y Y Y | | | | | | |
| O Returned to Manufacturer (Complete Part 1 only) Part 2 License Number of Recipient (if transferred to a specific licensee): Company Name: Company Name: Address Line 1: City: State: Zip Code: | С |) Who | ereal | bouts | Unk | nowr | n (Co | mple | te Pa | art 1 | only) | | | ОТ | ransfe | erred | to ar | othe | er gei | neral | licen | see | (Con | nplete | Part | s 2 a | and 3) |
| Part 2 License Number of Recipient (if transferred to a specific licensee): Company Name: Department: Address Line 1: City: Part 3 Enter the name of the individual responsibe for this device: Last name: Business Telephone Number: Extension: Extension: | С |) Nev | er P | osse | ssed | the [| Devic | e (Co | omple | ete P | art 1 | only |) | | | | | | cific L | icen | see (| Not | the m | nanuf | actur | er) | |
| Company Name: Department: Address Line 1: Address Line 2: City: State: Zip Code: | C | Ret | urne | d to i | Vlanu | ıfactu | ırer (| Comp | olete | Part | 1 onl | y) | | ((| Comp | lete l | Part 2 | 2) | | | | | | | | | |
| Department: Address Line 1: Address Line 2: City: Part 3 Enter the name of the individual responsibe for this device: Last name: Middle Initial: Business Telephone Number: Extension: | Par | t 2 | Li | icens | e Nu | ımbe | er of i | Recip | oient | (if tr | ansfe | erred | to a | spec | cific li | cens | ee): | | | | | | | | | | |
| Department: Address Line 1: Address Line 2: City: Part 3 Enter the name of the individual responsibe for this device: Last name: Middle Initial: Business Telephone Number: Extension: | | Τ | | T : | Γ | T · | | | i | | Ī | | <u> </u> | 1 | | | | | | | | | | | | | |
| Department: Address Line 1: Address Line 2: City: Part 3 Enter the name of the individual responsibe for this device: Last name: Middle Initial: Business Telephone Number: Extension: | | | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | L., | - | | Щ. | | |] | | | | | | | | | | | | | |
| Address Line 1: Address Line 2: City: State: Zip Code: | Con | npany | y ivai | me: | | | | | | | | | | | | | | | | | | | | | | | 1 |
| Address Line 1: Address Line 2: City: State: Zip Code: | 1 | | | " | | | | | | | | | | | | | | | | | | | | | | 1 | |
| Address Line 2: City: State: Zip Code: | Dep | artme | ent: | | ٠. | <u>.</u> | | ' | | | -l—— | | ٠. | | | | : | | | | | ٠ | | | | | |
| Address Line 2: City: State: Zip Code: | <u> </u> | İ. | | T | - | ·· · | | 1 | i · | T :- | 1 | [| - : - | | ··· | | | · - | Ι | | Γ | <u> </u> | T | | | | |
| Address Line 2: City: State: Zip Code: | | <u> </u> | <u> </u> | · | | | <u> </u> | | | <u> </u> | <u> </u> | <u>.</u> | <u> </u> | <u> </u> | | | <u></u> | | <u> </u> | : | Ļ | Ļ. | | | | <u>. </u> | |
| City: State: Zip Code: | Add | ress | Line | 1: | | | | | | `. | ·. | | | | ., | | | | | | | | | | | | |
| City: State: Zip Code: | | | | : | | | | | | | | ٠. | , | | | | | - | | | | | | | | | |
| City: State: Zip Code: | L Add | ress | Line | 2: | | | | | | | • | : | | | | | :- | | | : | : | <u> </u> | | | | • • • • | |
| State: Zip Code: | : . | Γ | | <u> </u> | ļ | , : | Π- | 1 | <u>·</u> | ÷ | - | | · ·· | · · | | | | : | • | | Γ | : | · · | · : | | | 1: |
| State: Zip Code: | L | | | <u> </u> | | | <u> </u> | <u>. </u> | | | L., | ļ | - | | L | | : ' | | | | | | <u> </u> | | | <u> </u> | |
| Part 3 Enter the name of the individual responsibe for this device: Last name: Middle Initial: Business Telephone Number: Extension: | City | : | | | | | | | | . | | | | | | | | | | | | | | | | | · |
| Part 3 Enter the name of the individual responsibe for this device: Last name: Middle Initial: Business Telephone Number: Extension: | | - | l . | | | | | ·. | | | | | | | | | | | | | | | | | | | |
| Last name: First name: Middle Initial: Business Telephone Number: Extension: | Stat | e: | | Ī | į | Zip | Cod | ie: | | | Ī | · | | Ī_ | | | | | 7 | | | | | | | | |
| Last name: First name: Middle Initial: Business Telephone Number: Extension: | | | L_ | <u> </u> | J | | | | | !, | <u> </u> | | 1 | | <u> </u> | l | | <u> </u> | ا. | , | | | | | | | |
| First name: Middle Initial: Business Telephone Number: Extension: | | | | Er | iter | the | nam | e of | the | ind | ividu | ıal r | esp | onsi | be f | or th | iș d | evi | ce: | | | | | | | | |
| Business Telephone Extension: | Las | t nan | ne: | | | | | | | | _ | | 1 | | | | | , | | | 1 | | | | | | |
| Business Telephone Extension: | | | | | ' | | | | | | | | | | : | | | | . : | | | | | | | | |
| Business Telephone Extension: | Firs | t nạn | ne: | | | | | | | | | | | | | | • | | | | M | iddle | e Initi | ial: | | | |
| Business Telephone Number: Extension: | | | | | 1 | 1 | | | | | | | |] | | | | | | | | \neg | | | | | |
| Number: | النا | ناــــــــــــــــــــــــــــــــــــ | | نسا | | <u> </u> | | ! | | | J | + | <u> </u> | <u> </u> | | · · · | | 1 | | | Ļ | <u></u> | <u>.</u> | · · | | . | |
| · | | | | epno | ne | | | | | | | · | <u>.</u> [| | | | |] E | Exter | sion | : [| | | | | | |
| | Title | ∋: | | | | | | | | | | | | | : : | | | | | | | | - | | | | |
| | | T · | <u> </u> | | | | T | Ϊ. | | | Τ | Ţ | | | | : : | | | | | | | | | | | |





SECTION 5 - CERTIFICATION

SECTION 5 PAGE 1 of 1

I hereby certify that:

- All information contained in this registration is true and complete to the best of my knowledge and belief. A.
- A physical inventory of the devices subject to registration has been completed, and the device information on B. this form has been checked against the device labeling.
- I am aware of the requirements of the general license, provided in 10 CFR 31.5. C. (Copies of applicable regulations may be viewed at the NRC website at: http://www.nrc.gov/reading-rm/doc-collections/cfr)

2-7-24

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.



GL-722778-29 01/18/2024

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:

