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U.S. NUCLEAR REGULATORY COMMISSION

GL-721051-29 01/18/2024

NRC FORM 664

(11 - 2022)10 CFR 31.5

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-721051-29

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.

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Company Name	: HIGHI	LINE V	VARF	REN																
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Address Line 2:																				
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City:	GLEN	DALE									_	_								
State: WV			Zip (Code	e: 26	6038								-						
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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: PLETCHER First Name: NATHAN Middle Initial: C Business Telephone Number: (304) 312-7341 Extension: **Business E-mail Address:** NATE.PLETCHER@HIGHLINEWARREN.COM Title: PLANT MANAGER Enter the mailing address where correspondence regarding your device(s) should be sent. **SAFETY & ENVIRONMENT** Department: Address Line 1: 950 S. 10TH STREET SUITE 300 Address Line 2: City: OMAHA-26038 Zip Code: ~68108 State: NE









SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

istributor/Distributed By:		(internal Control Number)		
istributor bistributed by.	Industrial D	amics Company, Ltd.		
stributor License Number	: 1586-19G			
anufacturer name:	NDUSTRIAL [NAMICS CO., LTD.		
evice Model (Not Source i	Model): FT-5			
evice Şerial Number:	117187			
The last of the la	T T T			
ransfer Date: 05/01/200)7			
			Not in possession of device (Also	
			complete Section 4.)	
MM DD	YYYY			
Isotope (e.g. AM241)		ctivity (e.g. 1005)	Unit (e.g. m	Ci)
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AM241	7	100	mCi	\neg
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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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SECTION 4 - NOT IN POSSESSION OF DEVICE

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

Part 1	Transfer Date:
NRC Device Key:	
(from Section 2 or 6)	MM DD YYYY
Location of the Device:	
Whereabouts Unknown (Complete Part 1 only)	O Transferred to another general licensee (Complete Parts 2 and 3)
	Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2)
O Returned to Manufacturer (Complete Part 1 only)	(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 respo	noihe for this devices
Part 3 Enter the name of the individual respo	nsibe for this device.
First name:	Middle Initial:
Business Telephone Number:	Extension:
Title:	









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

5/30/24

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: