

**INSTRUCTIONS FOR COMPLETING NRC FORM 664
"GENERAL LICENSEE REGISTRATION"**

Review all six sections of this registration form. If any information is incorrect or missing, make corrections in the applicable boxes. If you have more devices than space provided in the form, **copy the form before starting, as needed**. Use black ink and print in **CAPITAL LETTERS**. Start information in the first box provided. If the information contains a number with a dash (-) or a decimal point (.), include the dash or decimal point as an individual character. Use the "ø" character to represent the number 0 (zero).

Verify information about the devices by reviewing the label on the outside of the device. **For safety reasons, DO NOT TRY TO TAKE APART any device to verify this information.** If you are uncertain how to identify the device's label, contact the device's manufacturer or an authorized service agent for this information. Also, contact the manufacturer for any additional information about NRC requirements. You may also review 10 CFR 31.5 and other applicable regulations on the NRC web site at <http://www.nrc.gov/reading-rm/doc-collections/cfr/>, or review specific information about the general licensee project at <https://www.nrc.gov/materials/miau/miau-reg-initiatives/gen-license.html>

Note to specific licensees: If you believe the device(s) listed on the registration form are possessed under your specific license, then verify the device label does not state the device is subject to a general license. If the labels indicate the device is subject to a general license, then complete the registration form as instructed below. If not, complete the registration as instructed below, however, in Section 2, follow the instructions for "not in possession of device" and complete one Section 4 page per device transferred to your specific license.

Section 1 - General Licensee Information. Provide the requested information about you, the general licensee.

On Page 1, provide the street address/location where your device(s) are used. For portable devices, provide the storage location. P.O. Box addresses are not allowed.

Do not write in the box marked **For NRC Use Only**.

On Page 2, provide the name, business telephone number, business e-mail address and title of the individual responsible for your device(s), and a mailing address where correspondence about your device(s) can be sent. The mailing address should be specific to the physical location where the devices are used and/or stored (P.O. boxes may be used if this is the only available mailing address). The individual indicated in this section as responsible for your device(s) must also verify and sign the form in Section 5.

Section 2 - Devices Subject to Registration. This section lists each device subject to registration and in your possession, according to NRC records. Devices subject to registration include those containing at least one of the radionuclides listed in Table 1, with the activity indicated, at the time of manufacture.

Table 1. Criteria for Registration

Radionuclide	Activity greater than or equal to:
Strontium-90, Radium-226	3.7 megabecquerel (0.1 millicurie)
Cobalt-60, Curium-244, Americium-241, and Californium-252	37 megabecquerel (1 millicurie)
Cesium-137	370 megabecquerel (10 millicurie)

Use the codes from Table 2 when correcting isotope information for devices in this section. If you do not possess a device on this list, blacken the "not in possession of device" circle, and provide the relevant information in Section 4. Note that each device is assigned a unique six-digit number called the NRC Device Key.

Table 2. Isotope Codes for Sections 2 and 3

Radionuclide	Code for form	Radionuclide	Code for form
Americium-241	AM241	Curium-244	CM244
Californium-252	CF252	Strontium-90	SR90
Cesium-137	CS137	Radium-226	RA226
Cobalt-60	CO60		

Section 3 - Additional Devices. If you have other generally licensed devices (not listed in Section 2) that meet the conditions for registration listed in Table 1, provide information about each additional device. **Before starting, copy this section as needed for your additional devices.** Also indicate how you acquired each device by blackening the proper circle.

When entering isotope and unit information for your device(s), use the codes listed in Table 2 of Section 2 for isotope information, and use the codes from Table 3 for unit information:

Table 3. Unit Codes for Section 3

Unit	Code for form	Unit	Code for form
picocurie	PCI	becquerel	BQ
nanocurie	NCI	kilobecquerel	KBQ
microcurie	UCI	megabecquerel	MBQ
millicurie	MCI	gigabecquerel	GBQ
curie	CI	terabecquerel	TBQ
pound	LB	microgram	UG
		milligram	MG
kilogram	KG	gram	G

Section 4 - Not in Possession of Device. Use this section to report any devices that are listed in Sections 2 or 6, but that you no longer possess. **Before starting, copy this section as needed for additional devices that are not in your possession.** Enter the NRC Device Key, as listed in Section 2 or 6. Blacken the circle (choose only one) that best describes the disposition of the device and complete the rest of the section as appropriate.

Section 5 - Certification and Signature. The responsible individual must certify, sign, and date Section 5.

Section 6 - Devices Not Subject to Registration. This list contains information about devices that NRC records indicate are in your possession, but **are not subject to registration.** If you no longer have one or more of the listed devices, you are required to make a transfer report to NRC in accordance with 10 CFR 31.5 (c)(8) or (9), as applicable. You may use Section 4 for this purpose. This section does not list any static eliminators containing polonium-210 (Po-210), or luminous exit signs containing tritium (H-3). These devices are not subject to registration, and are not included in this section in an effort to reduce the length of this form.

RETURN THE COMPLETED FORM IN THE ENCLOSED LARGE ENVELOPE WITH PROPER POSTAGE.



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 (11 - 2022)
 10 CFR 31.5

SECTION 1
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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: 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 **SECTION 1 - GENERAL LICENSEE INFORMATION**
 Registration Number
 GL-709025-30

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: HOOVER TREATED WOOD INC

H O O V E R T R E A T E D W O O D I N C

Department:

Address Line 1: 257 INDUSTRIAL PARK RD

2 5 7 I N D U S T R I A L P A R K R D

Address Line 2:

City: BELINGTON

B E L I N G T O N

State: WV WV

Zip Code: 26250

2 6 2 5 0 -

For NRC Use Only
(Do not write here)

Category:

Packet Receipt Date (MMDDYYYY):

Accession Number:





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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: HIBBS

H I B B S

First Name: CHRISTOPHER

C H R I S T O P H E R

Middle Initial: L

L

Business Telephone Number: (304) 823-1904

3 0 4 8 2 3 1 9 0 4

Extension:

Business E-mail Address: CHIBBS@FRTW.COM

C H I B B S @ F R T W , C O M

Title: OPERATIONS MANAGER

O P E R A T I O N S M A N A G E R

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

Department:

Address Line 1: 257 INDUSTRIAL PARK ROAD

2 5 7 I N D U S T R I A L P A R K R D

Address Line 2:

City: BELINGTON

B E L I N G T O N

State: WV

W V

Zip Code: 26250

2 6 2 5 0 -





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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 **735253 (Internal Control Number)**

Distributor/Distributed By: Asoma Instruments, Inc.

ASOMA INSTRUMENTS INC

Distributor License Number: 6-2788G

6-2788G

Manufacturer name: ASOMA INSTRUMENTS, INC.

ASOMA INSTRUMENTS INC

Device Model (Not Source Model): 200

200

Device Serial Number: 4921

4921

Transfer Date: 04/13/2004

04 13 2004

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	CM244 CM244	13 13	mCi mCi
2	AM241 AM241	30 30	uCi uCi
3			
4			
5			
6			





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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>)

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

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

