

NRC FORM 664

(11 - 2022) 10 CFR 31.5



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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: <a href="mailto:oira\_submission@omb.eop.gov">oira\_submission@omb.eop.gov</a>. 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-722035-30

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:   | EASTERN SURPLUS ASSET |         |       |      |     |       |          |                    |                |       |     |      |  |  |               |   |
|-----------------|-----------------------|---------|-------|------|-----|-------|----------|--------------------|----------------|-------|-----|------|--|--|---------------|---|
|                 |                       |         |       |      |     |       |          |                    |                |       |     |      |  |  |               |   |
| Department:     |                       |         |       |      |     |       |          |                    |                |       |     |      |  |  |               |   |
|                 |                       |         |       |      |     |       |          |                    |                |       |     |      |  |  |               |   |
| Address Line 1: | 1111 NU               | TTER S  | TREE  | Т    |     |       |          | A                  |                |       |     |      |  |  |               | *************************************** |
|                 |                       |         |       |      |     |       |          |                    |                |       |     |      |  |  |               |   |
| Address Line 2: |                       |         |       |      |     |       | ~~~      | 20.000.000.000.000 |                |       |     |      |  |  | NIA-OD-III-PO |   |
|                 |                       |         |       |      |     |       |          |                    |                |       |     |      |  |  |               |   |
| City:           | CLARKS                | SBURG   |       |      |     |       |          |                    |                |       |     |      |  |  |               |   |
|                 |                       |         |       |      |     |       |          |                    |                |       |     |      |  |  |               |   |
| State: WV       |                       | Zip     | Code: | 2630 | 01  |       |          |                    |                |       |     | - [  |  |  |               |   |
|                 |                       | For NR( |       |      | Pac | ket R | lecei    |                    | tego<br>ate (I | L     | DYY | YY): |  |  |               |   |
|                 |                       |         |       |      |     |       |          | Ac                 | cess           | ion l | Num | ber: |  |  |               |   |
|                 |                       |         | oxdot |      |     |       | <u> </u> |                    |                |       |     |      |  |  |               |   |



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State: WV



Zip Code: 26301



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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: BEASTON First Name: WILLIAM Middle Initial: J Business Telephone Number: (304) 566-7700 Extension: Business E-mail Address: eastsur@aol.com Title: **PRESIDENT** Enter the mailing address where correspondence regarding your device(s) should be sent. Department: 1111 NUTTER STREET Address Line 1: Address Line 2: City: **CLARKSBURG** 





# **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              | 767230          | (Internal Cont   | rol Number)     |             |             |                |                 |
|-----------------------------|-----------------|------------------|-----------------|-------------|-------------|----------------|-----------------|
| Distributor/Distributed By: | Thermo Scientif | îc Portable An   | alytical Instru | ments, Inc. |             |                |                 |
|                             |                 |                  |                 |             |             |                |                 |
| Distributor License Number: | 53-0388         |                  |                 |             |             |                | <del></del>     |
|                             |                 |                  | ]               |             |             |                |                 |
| Manufacturer name: NI       | TON CORPORA     | TION             | J               |             |             |                |                 |
|                             |                 |                  |                 |             |             |                |                 |
| Device Model (Not Source M  | odel): XLP-SEI  | RIES             |                 |             |             |                | _               |
|                             |                 |                  |                 |             |             |                |                 |
| Device Serial Number: 16    | 6654            |                  |                 |             | LL          |                |                 |
|                             |                 |                  |                 |             |             |                |                 |
| Transfer Date: 09/15/2007   |                 |                  |                 |             |             |                |                 |
| Transfer Date. 09/15/2007   |                 |                  |                 | П           | Not in poss | session of dev | vice (Also      |
|                             |                 |                  |                 | Ц           | complete S  | section 4.)    |                 |
| MM DD                       | YYYY            |                  |                 | `           |             |                |                 |
| Isotope (e.g. AM241)        | Act             | tivity (e.g. 100 | 5)              |             |             |                | Unit (e.g. mCi) |
| 1 AM241                     | 30              |                  |                 | <del></del> |             |                | mCi             |
|                             |                 |                  |                 |             |             |                |                 |
| 2                           | Г               |                  | TTT             | TT          |             |                |                 |
| 3                           |                 |                  |                 |             |             |                |                 |
|                             |                 |                  | TTT             | T           |             |                |                 |
| 4                           |                 |                  |                 |             |             |                |                 |
| 5                           |                 |                  |                 |             |             |                |                 |
|                             |                 |                  |                 |             |             |                |                 |
| 6                           |                 |                  |                 |             |             |                |                 |





# SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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|   |      |       |          |              | out           | Juiei                  | dev    | ices j | ou n  | iave i | liat     | are s  | ubjec       | t to r      | eyisi    | uauv        | II. DC   | HOL           | repo              | ıı sh        | CIII          | carry     | licen | seu t | JEVIC | 65.    |
|---|------|-------|----------|--------------|---------------|------------------------|--------|--------|-------|--------|----------|--|-------------|-------------|----------|-------------|----------|---------------|-------------------|--------------|---------------|-----------|-------|-------|-------|--------|
| Manu  | fact | turer | Nam      | ne .         |               |                        |        | ,      |       |        |          | ,  | -           |             |          |             |          |               |                   |              | ·             | ,         | ,     |       |       |        |
|   |      |       |          |              |               |                        |        |        |       |        |          |  |             |             |          |             |          |               |                   |              |               |           |       |       |       |        |
| Initial   | Tra  | nsfe  | ror N    | ame          |               |                        |        |        |       |        |          |  |             |             |          |             |          |               |                   |              |               |           |       |       |       |        |
|   |      |       |          |              |               |                        |        |        |       |        |          |  |             |             |          |             |          |               |                   |              |               |           |       |       |       |        |
| Initial   | Tra  | insfe | ror L    | icens        | se Nu         | ımbe                   | er (if | knov   | vn)   |        |          |  |             |             |          |             |          |               |                   |              |               |           |       |       |       |        |
|   |      |       |          |              |               |                        |        |        |       |        |          |  |             |             |          |             |          |               |                   |              |               |           |       |       |       |        |
| Devic   | e M  | lodel | Nun      | nber         | (Not          | Sou                    | rce N  | /lode  | l)    |        |          | -  |             |             |          |             |          |               |                   |              |               |           |       |       |       |        |
|   |      |       |          |              |               |                        |        |        |       |        |          |  |             |             |          |             |          |               |                   |              |               |           |       |       |       |        |
| Devic   | e S  | erial | Num      | ber          |               |                        |        |        |       |        |          |  |             |             |          |             |          |               |                   |              |               |           |       |       |       |        |
|   |      |       |          |              |               |                        |        |        |       |        |          |  |             |             |          |             |          |               |                   |              |               |           |       |       |       |        |
| How acquired and date (e.g., O Manufacturer/Initial Transferor listed above |      |       |          |              |               |                        |        |        |       |        |          |  |             |             |          |             |          |               |                   |              |               |           |       |       |       |        |
| from a diatributar/manufacturar   |      |       |          |              | 0             | Other General Licensee |        |        |       |        | е        | Date Transferred:                                |             |             |          |             |          |               |                   |              |               |           |       |       |       |        |
|   |      |       | ,        |              |               | ,                      | 0      | Othe   | r Soı | urces  | 6        |  |             |             |          |             |          |               | MM                |              | DD            |           | `     | YYYY  | ′     |        |
|   |      | Isoto | ppe (    | e.g.         | AM2           | 41)                    |        |        |       | Activ  | vity (   | e.g.   | 100)        |             |          |             | _        |               |                   |              |               |           |       | Unit  | (e.g  | . mCi) |
| 1.  |      | L     |          |              |               |                        |        |        |       |        |          |  | <u> </u>    |             |          |             |          |               |                   |              |               |           |       |       |       |        |
| 2.  |      |       |          | T            |               | T                      |        |        |       |        |          |  |             |             | T        |             | T        |               |                   | T            |               | $\neg$    |       |       |       |        |
| 3.  |      |       | T        | T            | T             | _                      |        |        |       |        | T        | <del>                                     </del> | +           | =           | <u>Т</u> | T           | T        | $\frac{1}{1}$ | $\frac{1}{1}$     | 1<br>T       | +             | $\exists$ |       |       |       |        |
|   |      |       | <u> </u> | <del>_</del> | <u> </u>      | <u> </u>               | 亅      |        |       |        |          | <u> </u>   | <u> </u>    | <u> </u>    | <u> </u> | <u></u>     | <u> </u> | <u> </u>      | <u> </u>          |              |               | _         |       |       |       |        |
| 4.  |      |       |          | <u></u>      |               |                        |        |        |       |        |          | <u></u>  |             |             | <u></u>  |             | 1        |               |                   |              |               |           |       | L     |       |        |
| 5.  |      |       |          |              |               |                        |        |        |       |        |          |  |             |             |          |             |          |               |                   |              |               |           |       |       |       |        |
| 6.  |      |       |          | T            |               |                        |        |        |       |        |          | T  | T           |             | T        |             | T        | T             | T                 | T            |               |           |       |       |       |        |
| 7.  |      |       | T        | T            | $\frac{1}{1}$ | T                      | ᅴ      |        |       |        | <br>     | <u> </u>   | <del></del> | <del></del> | T        | <del></del> | T        | <del> </del>  | $\frac{\perp}{1}$ | <del> </del> | $\frac{1}{1}$ | _         |       |       | T     |        |
|   |      |       | <u> </u> | <u>_</u>     |               | <u> </u>               | _      |        |       |        | <u> </u> | <u> </u>   |             | <u> </u>    |          | <u></u>     |          | <u> </u>      |                   |              |               | _         |       |       |       |        |
| 8.  |      |       | <u></u>  |              |               |                        |        |        |       |        |          |  |             |             |          |             |          |               |                   |              |               |           |       |       |       |        |
| 9.  |      |       |          |              |               |                        |        |        |       |        |          |  |             |             |          |             |          |               |                   |              |               |           |       |       |       |        |
| 10.   |      |       |          | I            |               |                        |        |        |       |        |          |  |             |             |          |             |          |               | I                 |              | Ì             |           |       |       |       |        |





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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.

| Transfer Date:   |
|--|
|  |
|  |
| MM DD YYYY   |
| Transferred to another general licensee (Complete Parts 2 and 3) |
| Transferred to a Specific Licensee (Not the manufacturer)        |
| (Complete Part 2)  |
| specific licensee):  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| -  |
| onsibe for this device:  |
|  |
|  |
| AASTAN LAGEL   |
| Middle Initial:  |
| Middle Initial:  |
| Extension:   |
|  |
|  |





### **SECTION 5 - CERTIFICATION**

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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)

19 Jun 2025

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**



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**NRC Device Key:** 

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit: