

# UNITED STATES NUCLEAR REGULATORY COMMISSION

WASHINGTON, D.C. 20555-0001

TO: All New, Current, or Previous Users of Devices Subject to General License Registration

PURPOSE: To Track and Account for Certain Generally Licensed Devices for Public Protection

SUBJECT: ANNUAL REGISTRATION OF GENERALLY LICENSED DEVICES

The U.S. Nuclear Regulatory Commission (NRC) requires annual registration of certain devices that are possessed under the general license issued in Section 31.5 of Title 10 U.S. Code of Federal Regulations (10 CFR 31.5). Devices subject to registration include those containing the radioactive material and activity listed in Table 1. You are receiving this notice because NRC records indicate that you have one or more such devices. Information about the general license registration program is available on the Internet at <a href="http://www.nrc.gov/materials/miau/miau-reg-initiatives/gen-license.html">http://www.nrc.gov/materials/miau/miau-reg-initiatives/gen-license.html</a>.

Mail the registration fee (check or money order payable to the USNRC) or credit card authorization and a copy of completed SECTION 1, Page 1 of 2, in the small enclosed envelope to:

U.S. Bank Accounts Receivable Team - GL Registration U.S. Nuclear Regulatory Commission P. O. Box 979051 St Louis, MO 63197-9000

### **IMPORTANT**

YOUR PAYMENT WILL NOT BE CREDITED TO YOUR ACCOUNT UNLESS YOU PUT YOUR GENERAL LICENSE NUMBER (GL-XXXXX-X) ON THE CHECK OR OTHER PAYMENT METHOD. THE GL NUMBER CAN BE FOUND ON SECTION 1, PAGE 1 of 2, IN THE UPPER LEFT CORNER.

Note that under 10 CFR 31.5(c)(11), the attached General Licensee Registration Package must be completed, signed, and returned to the NRC within 30 days from the date of this letter. READ ALL OF THE INSTRUCTIONS PRIOR TO COMPLETING THE PACKAGE. Mail the completed package in the large enclosed envelope to:

U.S. Nuclear Regulatory Commission ATTN: Accounts Receivable Team OCFO, Mail Stop T-9 E10 11555 Rockville Pike Rockville, MD 20852-2738

**Registration Fee:** Commission regulations (10 CFR 170.31, Category 3Q) require that you submit a registration fee with each registration on an annual basis. The registration fee is subject to change yearly, and you are required to submit the fee that is in effect as of the date of this letter. If you wish to pay by credit card, you need to complete NRC Form 629, "Authorization for Payment by Credit Card." You can obtain NRC Form 629 by accessing the NRC Public Website at <a href="http://www.nrc.gov/reading-rm/doc-collections/forms/nrc629.pdf">http://www.nrc.gov/reading-rm/doc-collections/forms/nrc629.pdf</a>. If you are unable to access this information on our Website, or if you have any questions about the fee or payment options, call 301-415-7554.

### The REGISTRATION FEE is \$730.00

NRC amended 10 CFR Parts 170.11 and 170.31 to provide that 10 CFR Part 170 fees be assessed to Federal agencies, where applicable, in accordance with the Energy Policy Act of 2005. Therefore, those Federal facilities required to register certain generally licensed devices in their possession will be required to pay the annual registration fee.

#### **Enclosures:**

- 1. NRC Form 664, "General Licensee Registration and Instructions"
- 2. Small envelope
- 3. Large envelope

## 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 using **CAPITAL LETTERS**. Start information in the first box provided. If the information contains a number which contains 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 <u>outside</u> 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 <a href="http://www.nrc.gov/reading-rm/doc-collections/cfr/">http://www.nrc.gov/reading-rm/doc-collections/cfr/</a>, or review specific information about the general licensee project at <a href="http://www.nrc.gov/materials/miau/miau-reg-initiatives/gen-license.html">http://www.nrc.gov/materials/miau/miau-reg-initiatives/gen-license.html</a>

**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 form 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, telephone number, 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.

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

Table 1. Criteria for Registration

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         |              |               |
| 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           | kilobecurel | KBQ           |
| microcurie | UCI           | megabecurel | MBQ           |
| millicurie | MCI           | gigabecurel | GBQ           |
| curie      | CI            | terabecurel | 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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|      | SECTION 1   |
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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: First Name: Middle Initial: Telephone: Extension: Title: Enter the mailing address where correspondence regarding your device(s) should be sent. Department: Address Line 1: Address Line 2: City: Zip Code: State:

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| Device   | Serial Nur  | mber   | :     |          |         |        |        |       |          |       |        |      |      |        |        |      |      |     |      |    |      |      |  |
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| 5.       |             |        |       |          |         |        |        |       |          |       |        |      |      |        |        |      |      |     |      |    |      |      |  |
| 6.       |             |        |       |          |         |        |        |       |          |       |        | ]    |      |        |        |      |      |     |      |    |      |      |  |
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| GL -                 |                               |  |              |          |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      | ;     | SEC   | TION  | 3 |
|----------------------|-------------------------------|--|--------------|----------|--------|--------|--------------------------|----------------|--------|------|------|-----------|--------|--------|-------|-------|----------------|------|-------|------|-------|-------|-------|---|
| Date                 |                               |  |              |          |        |        |                          |                |        |      |      | PAGE 1 OF |        |        |       |       |                |      |       |      |       |       |       |   |
|                      |                               |  |              | S        | ECT    | ION    | 3 - A                    | DDIT           | TION   | AL [ | DEVI | CES       | SUE    | BJEC   | T TC  | RE    | GIST           | ΓRΑ  | ΓΙΟΝ  |      |       |       |       |   |
| Province:            | vide i<br>nsed                | nforma<br>device   | tion :<br>s. | abou     | ıt otl | ner d  | levic                    | es y           | ou h   | ave  | that | are s     | subje  | ect to | reg   | istra | t <b>i</b> on. | . Do | not r | ероі | rt sp | ecifi | cally | , |
| Mar                  | ufactı                        | ırer Na  | me           |          |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |
|                      |                               |  |              |          |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |
| Initia               | al Trar                       | nsferor  | Name         | е        |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |
|                      |                               |  |              |          |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |
| Initia               | al Trar                       | nsferor  | Licen        | ise N    | lumb   | er (if | knov                     | vn)            |        |      |      | _         |        |        |       |       |                |      |       |      |       |       |       |   |
|                      |                               |  |              |          |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |
| Dev                  | ice Mo                        | odel Nu  | mber         | r (No    | ot So  | urce   | Mod                      | el)            |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |
|                      |                               |  |              |          |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |
| Dev                  | ice Se                        | erial Nu   | mber         |          |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |
|                      |                               |  |              |          |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |
| (e.g<br>man<br>licer | ., from<br>oufactu<br>nsee, o | ired and a distraction and dis | ibuto<br>ner | r/<br>)? |        | Oth    | nutad<br>ner G<br>ner So | enera<br>ource | al Lic | ense |      | eror      | listed | i abo  | ve    |       |                |      |       |      |       |       |       |   |
|                      | <br>                          | sotope   | (e.g.,       | , AM     | 241)   |        | Acti                     | vity (         | e.g.,  | 100  | )    |           | (<br>- | Jnit ( | e.g., | mCi)  | )              |      |       |      |       |       |       |   |
| 1.                   |                               |  |              |          |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |
| 2.                   |                               |  |              |          |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |
| 3.                   |                               |  |              |          |        | Ī      |                          |                |        |      |      |           | Ī      |        |       |       |                |      |       |      |       |       |       |   |
| 4.                   |                               |  |              |          |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |
| 5.                   |                               |  |              |          |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |
| 6.                   |                               |  |              |          |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |
| 7.                   |                               |  |              |          |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |
| 8.                   |                               |  |              |          |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |
| 9.                   |                               |  |              |          |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |
| 10.                  |                               |  |              |          |        |        |                          |                |        |      |      |           |        |        |       |       |                |      |       |      |       |       |       |   |

| GL           |  |      |       |                |       |        |       |       |       |                |          |        | SE                | CTIC | )N 4   |         |        |      |    |   |   |   |     |       |    |
|--------------|--|------|-------|----------------|-------|--------|-------|-------|-------|----------------|----------|--------|-------------------|------|--------|---------|--------|------|----|---|---|---|-----|-------|----|
| Date         | _  |      |       | _              |       |        | ;     | SEC   | TION  | I <b>4</b> - I | NOT      | IN F   | oss               | SESS | ION    | OF I    | DEVI   | CE   |    |   |   |   | PAG | E 1 C | )F |
| Prov         | Provide information about devices listed in Section 2 or 6, but no longer in your possession.                                  |      |       |                |       |        |       |       |       |                |          |        |                   |      |        |         |        |      |    |   |   |   |     |       |    |
| Part         | Part 1 Transfer Date   |      |       |                |       |        |       |       |       |                |          |        |                   |      |        |         |        |      |    |   |   |   |     |       |    |
| NRC<br>(from | De   | vice | Key   | r 6)           |       |        |       |       |       |                |          |        |                   |      |        |         |        |      |    |   |   |   |     |       |    |
| -            | (from Section 2 or 6) MM DD YYYY  Location of the Device:  |      |       |                |       |        |       |       |       |                |          |        |                   |      |        |         |        |      |    |   |   |   |     |       |    |
| Loca         | ation  |      |       |                |       |        |       |       |       |                | <b>T</b> |        | 1 1               |      |        |         | 1 1    |      |    |   |   |   |     |       |    |
|              |  |      |       | bout<br>ete P  |       |        |       |       |       |                |          |        | red to<br>te Pa   |      |        |         | erai i | cens | ee |   |   |   |     |       |    |
|              | Never Possessed the Device (Complete Part 1 only)  Transferred to a Specific Licensee (not the manufacturer) (Complete Part 2) |      |       |                |       |        |       |       |       |                |          |        |                   |      |        |         |        |      |    |   |   |   |     |       |    |
|              |  |      |       | ed to<br>ete P |       |        |       |       |       |                |          |        |                   |      |        |         |        |      |    |   |   |   |     |       |    |
| Part         |  |      |       |                |       |        |       |       |       |                |          |        |                   |      |        |         |        |      |    |   |   |   |     |       |    |
| Lice         | nse  | Num  | ber o | of Re          | cipie | nt (if | tran  | sferr | ed to | a sp           | ecifi    | c lice | ensee<br><b>1</b> | e)   |        |         |        |      |    |   |   |   |     |       |    |
|              |  |      |       |                |       |        |       |       |       |                |          |        |                   |      |        |         |        |      |    |   |   |   |     |       |    |
| Com          | npan   | y Na | me:   | 1              |       | 1      | 1     | 1     | T     | ı              |          | 1      | T                 |      |        |         | 1      |      | 1  | 1 | 1 | 1 | 1   | I     |    |
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| Dep          | Department:  |      |       |                |       |        |       |       |       |                |          |        |                   |      |        |         |        |      |    |   |   |   |     |       |    |
|              |  |      |       |                |       |        |       |       |       |                |          |        |                   |      |        |         |        |      |    |   |   |   |     |       |    |
| Add          | ress   | Line | 1:    |                |       |        |       |       |       |                |          |        |                   |      |        |         |        |      |    |   |   |   |     |       |    |
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| Add          | ress   | Line | 2:    |                |       |        |       |       |       |                |          |        |                   |      |        |         |        |      |    |   |   |   |     |       |    |
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| City:        |  |      |       |                |       |        |       |       |       |                |          |        |                   |      |        |         |        |      |    |   |   |   |     |       |    |
|              |  |      |       |                |       |        |       |       |       |                |          |        |                   |      |        |         |        |      |    |   |   |   |     |       |    |
| <u> </u>     |  |      |       | 1              |       |        |       |       |       |                |          | 1      | l                 |      |        |         | 1      |      |    |   |   |   |     |       |    |
| State        | e:   |      |       | ]              |       |        | Zı    | р Со  | de:   |                |          |        |                   |      | -      |         |        |      |    |   |   |   |     |       |    |
| Part         | 3  | Ent  | er th | e na           | me d  | of the | e ind | livid | ual r | espo           | nsik     | ole fo | or thi            | s de | vice.  | •       |        |      |    |   |   |   |     |       |    |
| Last         | Nar  | ne:  |       |                |       |        |       |       |       |                |          |        |                   |      |        |         |        |      |    |   |   |   |     |       |    |
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| First        | : Nar  | ne:  |       |                |       |        |       |       |       |                |          |        |                   | Mid  | dle Ir | nitial: |        |      |    |   |   |   |     |       |    |
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| Tele         | pho  | ne N | umb   | er:            |       |        | -     |       |       |                |          | -      |                   | Exte | ensio  | n       |        |      |    |   |   |   |     |       |    |
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| GL -   | SECTION 5   |
|--------|---|
| Date   | PAGE 1 of 1  SECTION 5 - CERTIFICATION  |
| I here | by 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 web site at www.nrc.gov/reading-rm/doc-collections/cfr   |

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.

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

| SECTION 6 |  |
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| GL                 |                         | PAGE                | 1 OF |
|--------------------|-------------------------|---------------------|------|
| Date SECTI         | ON 6 - DEVICES NOT SUBJ | ECT TO REGISTRATION |      |
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| NRC Device Key:    | Manufacturer License N  | o.:                 |      |
| Manufacturer Name: |                         |                     |      |
| Model Number:      | Serial No.:             | Transfer Date:      |      |
| Isotope:           | Activity:               | Unit:               |      |
|                    |                         |                     |      |
| NRC Device Key:    | Manufacturer License N  | 0.:                 |      |
| Manufacturer Name: |                         |                     |      |
| Model Number:      | Serial No.:             | Transfer Date:      |      |
| Isotope:           | Activity:               | Unit:               |      |
| NRC Device Key:    | Manufacturer License N  | 0 ·                 |      |
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| Manufacturer License No.:           |  |  |  |
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