

GL-718255-17  
01/10/2013  
NRC FORM 664  
02 - 2004  
10 CFR 31.5

SECTION 1  
PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

## GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

EXPIRES: 03/31/2010

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 Records and FOIA/Privacy Services Branch (T-5 F52), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [infocollects@nrc.gov](mailto:infocollects@nrc.gov) to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000). Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

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-718255-17

### SECTION 1 - GENERAL LICENSEE INFORMATION

Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.

Company Name: PSC METALS

P S C M E T A L S

Department: NON FERROUS

N O N F E R R O U S

Address Line 1: 526 SOUTH FRISCO

5 2 6 S O U T H F R I S C O

Address Line 2:

City: SIKESTON

S I K E S T O N

State: MO

M O

Zip Code: 63801 -

6 3 8 0 1

-

For NRC Use Only  
(Do not write here)

Category:

Packet Receipt Date (MMDDYYYY):

Accession Number:

FSMEID

**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: LOGINS

L O G G I N S

First Name: MYRON

M Y R O N

Middle Initial:

Telephone: (314) 231-1938

3 1 4 2 3 1 6 0 7 7

Extension:

1 6

Title: HEALTH & SAFETY DIRECTOR

H E A L T H & S A F E T Y D I R E C T O R

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

This address should be specific to the use or storage location of your device(s).

Department: SAFETY

S A F E T Y

Address Line 1: 3620 NORTH HALL STREET

3 6 2 0 H A L L S T R E E T

Address Line 2:

City: SAINT LOUIS

S A I N T L O U I S

State: MO

M O

Zip Code: 63147 - 4667

6 3 1 4 7

- 4 6 6 7

## SECTION 2 - DEVICES SUBJECT TO REGISTRATION

## SECTION 2

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

PAGE 1 of 1

NRC Device Key 730877 (Internal Control Number)

Distributor/Distributed By: THERMO SCIENTIFIC PORTABLE ANALYTICAL INSTR

THERMO SCIENTIFIC PORTA

Distributor License Number: 53-0388

53-0388

Manufacturer Name: NITON CORPORATION

NITRON CORPORATION

Device Model (Not Source Model): XLP-SERIES

XLP-SERIES

Device Serial Number: 6973

6973

Transfer Date (Receipt Date): 12/29/2004

12 29 2004

☐ Not in possession of device  
(Also complete Section 4.)

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	AM241 AM241	30.000000000 30.000000000	mCi mCi
2			
3			
4			
5			
6			



SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

I N N O V X   S Y S T E M S

Initial Transferor Name

D E L T A   D Y N A M I C S

Initial Transferor License Number (if known)

Device Model Number (Not Source Model)

D P - 2 0 0 0

Device Serial Number

S 1 0 7 9 8

How acquired and date (e.g.,  
from a distributor/manufacture,  
other licensee, other source)?

☐ Manufacturer/Initial Transferor listed above

☐ Other General Licensee

☐ Other Source

Date Transferred:  
(Received)

0 6   1 4   2 0 1 2

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. A M 2 4 1

3 0 . 0 0 0 0 0 0 0 0 0 0

M c i

2.

3.

4.

5.

6.

7.

8.

9.

10.

## SECTION 4

PAGE 1 of 1

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

## Transfer Date:

[illegible]

MM      DD      YYY

Location of the Device:

- ☐ Whereabouts Unknown (complete Part 1 only)      ☐ Transferred to another general licensee (complete Parts 2 and 3)  
☐ Never Possessed the Device (complete Part 1 only)      ☐ Transferred to a Specific Licensee (Not the manufacturer)  
☐ Returned to Manufacturer (complete Part 1 only)      (complete Part 2)

**Part 2** License Number of Recipient (if transferred to a specific licensee):

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

The figure shows two adjacent rectangular panels. The left panel has labels 'A' and 'B' at the top. The right panel has labels 'C' and 'D' at the top. Arrows point from the bottom of the left panel towards the bottom of the right panel.

Zip Code:

1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

2

<p>1. <i>Staphylococcus aureus</i></p> <p>2. <i>Staphylococcus aureus</i></p> <p>3. <i>Staphylococcus aureus</i></p> <p>4. <i>Staphylococcus aureus</i></p> <p>5. <i>Staphylococcus aureus</i></p> <p>6. <i>Staphylococcus aureus</i></p> <p>7. <i>Staphylococcus aureus</i></p> <p>8. <i>Staphylococcus aureus</i></p> <p>9. <i>Staphylococcus aureus</i></p> <p>10. <i>Staphylococcus aureus</i></p>	<p>1. <i>Staphylococcus aureus</i></p> <p>2. <i>Staphylococcus aureus</i></p> <p>3. <i>Staphylococcus aureus</i></p> <p>4. <i>Staphylococcus aureus</i></p> <p>5. <i>Staphylococcus aureus</i></p> <p>6. <i>Staphylococcus aureus</i></p> <p>7. <i>Staphylococcus aureus</i></p> <p>8. <i>Staphylococcus aureus</i></p> <p>9. <i>Staphylococcus aureus</i></p> <p>10. <i>Staphylococcus aureus</i></p>
--	--

### Part 3

**Enter the name of the individual responsible for this device:**

Last Name:

[illegible]

First Name:

[illegible]

Middle Initial:

1000

Telephone Number:

--	--	--

Figure 1 illustrates a three-panel display. The left panel shows a 3x3 grid of colored squares (red, green, blue, yellow, cyan, magenta, black, white, and grey). The middle panel shows a 3x3 grid of colored squares (red, green, blue, yellow, cyan, magenta, black, white, and grey) with a central square highlighted in red. The right panel shows a 3x3 grid of colored squares (red, green, blue, yellow, cyan, magenta, black, white, and grey) with a central square highlighted in red. The panels are labeled 'Left', 'Middle', and 'Right' at the bottom.

Figure 1 consists of four panels, (a) through (d), each showing a probability distribution for a different time step  $t$ . The x-axis for all panels is 'Number of particles' and the y-axis is 'Probability'. Panel (a) at  $t=0$  shows a single peak at 0 particles. Panel (b) at  $t=1$  shows a single peak at 1 particle. Panel (c) at  $t=2$  shows a single peak at 2 particles. Panel (d) at  $t=3$  shows a single peak at 3 particles. The distributions are represented by vertical bars of varying heights, indicating the probability of finding a certain number of particles in the system at that time.

Extension:

--	--	--	--	--

Title:

[illegible]

**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>)

Myron Legans

4-22-2013

**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-718255-17  
01/10/2013

**SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION**

**SECTION 6**

PAGE 1 of 1

**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: