



GL-726467-19  
04/07/2015  
**NRC FORM 664**  
02 - 2004  
10 CFR 31.5

SECTION 1  
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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 [infocollect@nrc.gov](mailto:infocollect@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

## SECTION 1 - GENERAL LICENSEE INFORMATION

**Registration Number**  
**GL-726467-19**

**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:** TESORO LOGISTICS GP, LLC

[illegible]

Department:      ATTN: JIM YUNIKER

[illegible]

Address Line 1: 201 N. PHILLIPPI STREET

[illegible]

Address Line 2:

[illegible]

City: BOISE

[illegible]

State: ID

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Zip Code: 83706 -

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<b>For NRC Use Only</b> <i>(Do not write here)</i>	<b>Category:</b>	<input type="text"/>	<input type="text"/>
<b>Packet Receipt Date (MMDDYY)</b>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Accession Number:</b>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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**Enter the name, telephone number and title of the person who is the responsible individual for the device(s).**

[illegible][illegible]

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[illegible][illegible][illegible][illegible][illegible]

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## SECTION 2 - DEVICES SUBJECT TO REGISTRATION

## SECTION 2

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

**NRC Device Key**                      **826808**                      **(Internal Control Number)**

**Distributor/Distributed By:      RONAN ENGINEERING COMPANY**

[illegible]

Distributor License Number: IND-267-95G

[illegible]

**Manufacturer Name: RONAN ENGINEERING COMPANY**

[illegible]

Device Model (Not Source Model): SA1-C10

[illegible]

Device Serial Number: 73050

[illegible]

Transfer Date (Receipt Date): 06/01/1983

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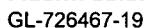
MM

DD

YY YY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137	300.000000000	mCi
2			
3			
4			
5			
6			



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## SECTION 2

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

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**NRC Device Key**                      **826809**                      **(Internal Control Number)**

**Distributor/Distributed By:      RONAN ENGINEERING COMPANY**

[illegible]

Distributor License Number: IND-267-95G

[illegible]

Manufacturer Name: RONAN ENGINEERING COMPANY

[illegible]

Device Model (Not Source Model): SA1-C10

[illegible]

Device Serial Number: M4137

[illegible]

Transfer Date (Receipt Date): 04/29/1990

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MM

DD

YY YY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137	200.000000000	mCi
2			
3			
4			
5			
6			









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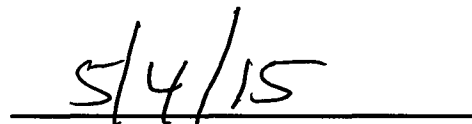
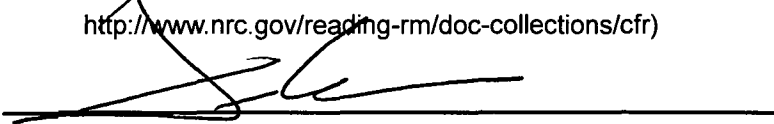
**SECTION 5 - CERTIFICATION**

**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 - DEVICES NOT SUBJECT TO REGISTRATION**

**SECTION 6**

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**NRC Device Key:**

**Manufacturer License No:**

**Manufacturer Name:**

**Model Number:**

**Serial #:**

**Transfer Date:**