



GL-54192-19  
04/06/2015  
**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 FS2), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [infocollections@nrc.gov](mailto:infocollections@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-54192-19**

**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: REENERGY STERLING CT LP

[illegible]

Department: OPERATIONS DEPARTMENT

[illegible]

Address Line 1: 10 EXETER DRIVE

[illegible]

Address Line 2:

[illegible]

City: STERLING

[illegible]

State: CT

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Zip Code: 06377 - 0188

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[illegible]



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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: LAPORTE

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First Name: MICHAEL

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Middle Initial: H

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Telephone: (860) 564-7000

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Extension: 205

--	--	--	--	--	--

Title: EH&S MANAGER

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**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: OPERATIONS

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Address Line 1: 10 EXETER DRIVE

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Address Line 2: P.O. BOX 188

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City: STERLING

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State: CT

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Zip Code: 06377 -

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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**                      **399725**                      **(Internal Control Number)**

Distributor/Distributed By: TN TECHNOLOGIES, INC.

[illegible]

Distributor License Number: L01105

[illegible]

Manufacturer Name: TN TECHNOLOGIES, INC.

[illegible]

Device Model (Not Source Model): 5203

[illegible]

Device Serial Number: B559

[illegible]

Transfer Date (Receipt Date): 08/15/1990

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MM

DD

YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137	1000.000000000	mCi
2			
3			
4			
5			
6			

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137	10.000000000	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                      399698                      (Internal Control Number)**

Distributor/Distributed By: **TN TECHNOLOGIES, INC.**

[illegible]

Distributor License Number: L01105

[illegible]

**Manufacturer Name:** TN TECHNOLOGIES, INC.

[illegible]

Device Model (Not Source Model): 5200

[illegible]

Device Serial Number: B1740

[illegible]

Transfer Date (Receipt Date): 11/15/1990

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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	50.000000000	mCi
2			
3			
4			
5			
6			









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## SECTION 4

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## Part 1

Transfer Date:

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MM

DD

Y Y Y Y

**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)

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

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Age				
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### Part 3

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

**Last Name:**

[illegible]

First Name:

**Middle Initial:**

[illegible]

1

Telephone Number:

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**Extension:**

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Title:

[illegible]





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## 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>)

Michael H. Lantz

5/15/2015

**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:**