



SECTION 1
PAGE 1 of 2

GENERAL LICENSEE REGISTRATION

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 P&Z), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to 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.



SECTION 1
PAGE 2 of 2

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

[illegible][illegible]

11

[illegible]

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

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04/07/2015

SECTION 2

PAGE 1 of 5

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

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

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

YY YY

Unit (e.g. mCi)

mCi

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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04/07/2015

SECTION 2

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

PAGE 2 of 5

NRC Device Key **824862** **(Internal Control Number)**

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

[illegible]

Distributor License Number: L03524

[illegible]

Manufacturer Name: THERMO MEASURETECH

[illegible]

Device Model (Not Source Model): 5202

[illegible]

Device Serial Number: B3472

[illegible]

Transfer Date (Receipt Date):09/28/2012

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☐ 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	CS137	200.000000000	mCi
2			
3			
4			
5			
6			





04/07/2015

SECTION 2

PAGE 3 of 5

(Internal Control Number)

THERMO FISCHER SCIENTIFIC

[illegible]

L03524

[illegible]

Manufacturer Name: THERMO MEASURETECH

[illegible]

Model (Not Source Model): 5202

[illegible]

Serial Number: B3473

[illegible]

Date (Receipt Date): 09/28/2012

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

DD

YY YY

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





	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	500.000000000 <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	mCi <div> <div></div> <div></div> <div></div> </div>
2	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
3	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
4	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
5	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
6	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>



04/07/2015

SECTION 2

PAGE 5 of 5

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

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

☐ 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	CS137	500.000000000	mCi
2			
3			
4			
5			
6			





GL-726303-19

04/07/2015

SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

PAGE 1 of 5

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

Part 1

Transfer Date:

NRC Device Key:

8 2 4 8 5 9

(from Section 2 or 6)

0 9 0 2 2 0 1 4

MM

DD

YYYY

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):

4 7 - 3 1 4 7 7 - 0 1

Company Name:

A C I T Y G A R T V A L L E Y

Department:

C / O T Y G A R T V A L L E Y / L E E R M I N E

Address Line 1:

1 2 0 0 A R C H T Y G A R T D R I V E

Address Line 2:

City:

G R A F T O N

State:

W V

Zip Code:

2 6 3 5 4

Part 3

Enter the name of the individual responsible for this device:

Last Name:

C O R D E R

First Name:

R A N D A L L

Middle Initial:

S

Telephone Number:

3 0 4

2 6 5

9 7 5 0

Extension:

Title:

C U R R E N T S A F E T Y O F F I C E R



GL-726303-19

04/07/2015

SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

PAGE 2 of 5

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

Part 1

Transfer Date:

NRC Device Key:

(from Section 2 or 6)

824862

09 02 2014

MM

DD

YYYY

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):

47-31477-01

Company Name:

ACI TYGART VALLEY

Department:

C/O TYGART VALLEY/LEER MINE

Address Line 1:

1200 ARCH TYGART DRIVE

Address Line 2:

City:

GRAFTON

State:

WV

Zip Code:

26354

Part 3

Enter the name of the individual responsible for this device:

Last Name:

CORDER

First Name:

RANDALL

Middle Initial:

S

Telephone Number:

304 265 9750

Extension:

Title:

CURRENT SAFETY OFFICER



GL-726303-19

04/07/2015

SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

PAGE 3 of 5

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

Part 1

Transfer Date:

NRC Device Key:

(from Section 2 or 6)

824863

09 02 2014

MM

DD

YYYY

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):

47-31477-01

Company Name:

ACTY GART VALLEY

Department:

C/O TYGART VALLEY/LEER MINE

Address Line 1:

1200 ARCH TYGART DRIVE

Address Line 2:

City:

GRAFTON

State:

WV

Zip Code:

26354

Part 3

Enter the name of the individual responsible for this device:

Last Name:

CORDER

First Name:

RANDALL

Middle Initial:

S

Telephone Number:

304 265 9750

Extension:

Title:

CURRENT SAFETY OFFICER



GL-726303-19

04/07/2015

SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

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

PAGE 4 of 5

Part 1

Transfer Date:

NRC Device Key:
(from Section 2 or 6)

824864

09 02 2014

MM

DD

YYYY

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):

47-31477-01

Company Name:

ACTY GART VALLEY

Department:

C/O TYGART VALLEY/LEER MINE

Address Line 1:

1200 ARCH TYGART DRIVE

Address Line 2:

City:

GRAFTON

State:

WV

Zip Code:

26354

Part 3

Enter the name of the individual responsible for this device:

Last Name:

CORDER

First Name:

RANDALL

Middle Initial:

S

Telephone Number:

304 265 9750

Extension:

Title:

CURRENT SAFETY OFFICER



GL-726303-19

04/07/2015

SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

PAGE 5 of 5

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

Part 1

Transfer Date:

NRC Device Key:

(from Section 2 or 6)

824865

09022014

MM

DD

YYYY

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):

47-31477-01

Company Name:

ACI TYGART VALLEY

Department:

C/O TYGART VALLEY/LEER MINE

Address Line 1:

1200 ARCH TYGART DRIVE

Address Line 2:

City:

GRAFTON

State:

WV

Zip Code:

26354

Part 3

Enter the name of the individual responsible for this device:

Last Name:

CORDER

First Name:

RANDALL

Middle Initial:

S

Telephone Number:

304 265 9750

Extension:

Title:

CURRENT SAFETY OFFICER

GL-726303-19
04/07/2015

SECTION 5 - CERTIFICATION

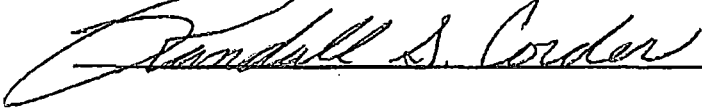
SECTION 5
PAGE 1 of 1

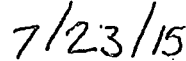
I hereby certify that:

- 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>)





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-726303-19
04/07/2015

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: