



SECTION 1  
PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

## GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

**EXPIRES: 04/30/2016**

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 FOIA, Privacy, and Information Collections Branch (T-5 F53), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [Infocollections.Resource@nrc.gov](mailto:Infocollections.Resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0198), 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-723187-20**

## 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: FRASURE CREEK MINING**

[illegible]

Department:

[illegible]

Address Line 1: 8730 CHAP ROAD

[illegible]

**Address Line 2:**

[illegible]

City: GORDON

[illegible]

State: WV

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**Zip Code: 25093 -**

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1			
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**For NRC Use Only**  
*(Do not write here)*

**Category:**

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**Packet Receipt Date (MMDDYYYY):**

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**Accession Number:**

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**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]

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

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01/08/2016

## 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                      788307                      (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): 5201

[illegible]

Device Serial Number: B14

[illegible]

**Transfer Date (Receipt Date): 08/12/2008**

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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 <div> <div></div> <div></div> <div></div> <div></div> </div>	100.000000000 <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>
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### SECTION 3

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**Manufacturer Name**

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

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MM

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**D.D**

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Y Y Y Y

Unit (e.g. mCi)

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## SECTION 4

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

**Transfer Date:**

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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):**

[illegible]

**Company Name:**

[illegible]

Department:

[illegible]

**Address Line 1:**

[illegible]**Address Line 2:**[illegible]

City:

[illegible]

State:   Zip Code:      -

**Part 3      Enter the name of the individual responsible for this device:**

**Last Name:**

[illegible]

**First Name:**

[illegible]

**Middle Initial:**

11

**Telephone Number:**

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**Extension:**

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**Title:**

[illegible]

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**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>)

Ricky Simpkins

3-21-16

**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: