



#160

PAGE 1 of 2

GENERAL LICENSEE REGISTRATION

OMB EXPIRATION DATE: 09/30/2022

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.

SECTION 1 - GENERAL LICENSEE INFORMATION

GL-728630-25

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

Company Name: BEACON OFFSHORE

[illegible]

Department:

[illegible]

Address Line 1: 300 HOLIDAY SQUARE BLVD

1	6	5	6	4	E	B	R	E	W	S	T	E	R	R	D
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Address Line 2: SUITE 100

[illegible]

City: COVINGTON

C O V I N G T O N

State: LA

L	A
---	---

Zip Code: 70433

7	0	4	3	3
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7	3	0	3
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For NRC Use Only <i>(Do not write here)</i>										Category:			
Packet Receipt Date (MMDDYY):													
Accession Number:													



SECTION 1
PAGE 2 of 2

7	3	0	3
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SECTION 2
PAGE 1 of 2

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MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137 <div><div></div><div></div><div></div><div></div><div></div></div>	200 <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 2
PAGE 2 of 2

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MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137 <div><div></div><div></div><div></div><div></div><div></div></div>	200 <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>
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GL-728630-25
05/06/2020

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3

PAGE 1 of 10

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

Manufacturer Name

F M C T E C H N O L O G I E S , I N C

Initial Transferor Name

F M C T E C H N O L O G I E S , I N C

Initial Transferor License Number (if known)

L O B 7 6 5

Device Model Number (Not Source Model)

S S - M P M S E R I E S

Device Serial Number

7 9 6 1 - 1 3 - 1 8

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

☐ Manufacturer/Initial Transferor listed above

☒ Other General Licensee

☐ Other Sources

Date Transferred:

0 8 1 6 2 0 1 9

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. C S I 3 7

2 0 0

M C I

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GL-728630-25
05/06/2020

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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Initial Transferor License Number (if known)

L O 6 7 6 5

Device Model Number (Not Source Model)

S S - M P M S E R I E S

Device Serial Number

7 9 6 1 - 1 4 - 5 6

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

☐ Manufacturer/Initial Transferor listed above

☒ Other General Licensee

☐ Other Sources

Date Transferred:

0 8 1 6 2 0 1 9

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. C S I 3 7

2 0 0

M C I

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GL-728630-25
05/06/2020

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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PAGE 3 of 10

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L O 6 7 6 5

Device Model Number (Not Source Model)

S S - M P M S E R I E S

Device Serial Number

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0 8 1 6 2 0 1 9

MM

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Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

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GL-728630-25
05/06/2020

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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PAGE 4 of 10

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Initial Transferor Name

F M C T E C H N O L O G I E S , I N C

Initial Transferor License Number (if known)

L O 6 7 6 5

Device Model Number (Not Source Model)

S S - M P M S E R I E S

Device Serial Number

7 9 6 1 - 1 4 - 3 2

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

☐ Manufacturer/Initial Transferor listed above

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☐ Other Sources

Date Transferred:

0 8 1 6 2 0 1 9

MM

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Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. C S I 3 7

2 0 0

M C I

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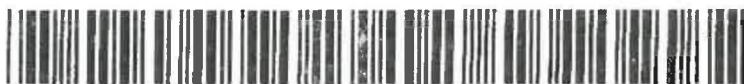
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GL-728630-25
05/06/2020

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3
PAGE 5 of 10

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Initial Transferor Name

F M C T E C H N O L O G I E S , I N C

Initial Transferor License Number (if known)

L O 6 7 6 5

Device Model Number (Not Source Model)

S S - M P M S E R I E S

Device Serial Number

7 9 6 1 - 1 7 - 1 1

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

☐ Manufacturer/Initial Transferor listed above

☒ Other General Licensee

☐ Other Sources

Date Transferred:

0 8 1 6 2 0 1 9

MM

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YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. C S I 3 7

2 0 0

M C I

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GL-728630-25
05/06/2020

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3
PAGE 6 of 10

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Initial Transferor Name

F M C T E C H N O L O G I E S , I N C

Initial Transferor License Number (if known)

L O 6 7 6 5

Device Model Number (Not Source Model)

S S - M P M S E R I E S

Device Serial Number

7 9 6 1 - 1 7 - 1 0

How acquired and date (e.g.,
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☐ Other Sources

Date Transferred:

0 8 1 6 2 0 1 9

MM

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YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

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1. C S I 3 7

2 0 0

m C i

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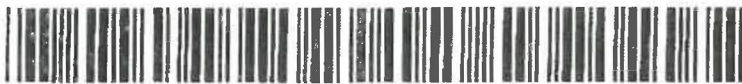
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GL-728630-25
05/06/2020

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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PAGE 1 of 10

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Device Serial Number

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Date Transferred:

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GL-728630-25
05/06/2020

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3

PAGE 8 of 10

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Initial Transferor Name

F M C T E C H N O L O G I E S , I N C

Initial Transferor License Number (if known)

L O 6 7 6 5

Device Model Number (Not Source Model)

S S - M P M S E R I E S

Device Serial Number

7 9 6 1 - 1 7 - 1 3

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

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☒ Other General Licensee

☐ Other Sources

Date Transferred:

0 8 1 6 2 0 1 9

MM

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Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

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GL-728630-25
05/06/2020

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3
PAGE 9 of 10

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Manufacturer Name

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Initial Transferor Name

F M C T E C H N O L O G I E S , I N C

Initial Transferor License Number (if known)

L O 6 7 6 5

Device Model Number (Not Source Model)

S S - M P M S E R I E S

Device Serial Number

7 9 6 1 - 1 7 - 1 4

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

☐ Manufacturer/Initial Transferor listed above

☒ Other General Licensee

☐ Other Sources

Date Transferred:

0 8 1 6 2 0 1 9

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. C S I 3 7

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M C I

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GL-728630-25
05/06/2020



SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3
PAGE 10 of 10

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Initial Transferor Name

F M C T E C H N O L O G I E S , I N C

Initial Transferor License Number (if known)

L O 6 7 6 5

Device Model Number (Not Source Model)

S S - M P M S E R I E S

Device Serial Number

7 9 6 1 - 1 8 - 0 4

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☐ Other Sources

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Activity (e.g. 100)

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C S I 3 7

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GL-728630-25
05/06/2020

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>)

Am Steinh

6-14-2020

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-728630-25

05/06/2020



SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

SECTION 6

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

