



10 CFR 31.5

#163

SECTION 1

PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 09/30/2022

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 Information Services Branch (T-6 A10M), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.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**

SECTION 1 - GENERAL LICENSEE INFORMATION

GL-646320-25

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: GOLDEN VALLEY ELECTRIC

[illegible]

Department: ASSOCIATION

[illegible]

Address Line 1: 2.5 MILE HEALY SPUR RD

[illegible]

Address Line 2:

[illegible]

City: HEALY

[illegible]

State: AK

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Zip Code: 997430297

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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:

[illegible]



05/06/2020

SECTION 1
PAGE 2 of 2

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: BROWN

[illegible]

First Name: DAVID

[illegible]

Middle Initial: H

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Business Telephone Number: (907) 683-8330

[illegible]

Extension: 8330

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Business E-mail Address:

[illegible]

Title: ASST PLANT MANAGER

[illegible]

Enter the mailing address where correspondence regarding your device(s) should be sent.

Department:

[illegible]

Address Line 1: 758 ILLINOIS STREET

[illegible]

Address Line 2:

[illegible]

City: FAIRBANKS

[illegible]

State: AK

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Zip Code: 997010297

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GL-646320-25
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 2 of 8

NRC Device Key **689662** (Internal Control Number)

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

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Distributor License Number: IL-01010-02

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Manufacturer name: KAY-RAY/SENSALL, INC.

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Device Model (Not Source Model): 7062BP

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Device Serial Number: S93A1801

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Transfer Date: 01/18/1993

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)																				
1	CS137 <table><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						50 <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													mCi <table><tr><td></td><td></td><td></td></tr></table>			
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SECTION 2

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

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

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NRC Device Key**689667 (Internal Control Number)**

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

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Distributor License Number: IL-01010-02

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Manufacturer name: KAY-RAY/SENSALL, INC.

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Device Model (Not Source Model): 7062BP

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Device Serial Number: S97F2501

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Transfer Date: 08/18/1996

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

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	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)																				
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	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2
PAGE 8 of 8

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

NRC Device Key **832634** (Internal Control Number)

Distributor/Distributed By: Kanawha Scales and Systems

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Distributor License Number: 03214130000

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Manufacturer name: REAL TIME INSTRUMENTS PTY LTD.

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Device Model (Not Source Model): ASHSCAN

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Device Serial Number: AS14-066

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Transfer Date: 10/13/2014

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MM DD YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)																				
1	AM241 <table><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						300 <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													mCi <table><tr><td></td><td></td><td></td></tr></table>			
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SECTION 3
PAGE 1 of 1

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05/06/2020

SECTION 4

PAGE 1 of 1

Part 1

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YYY

- ☐ Transferred to another general licensee (Complete Parts 2 and 3)
- ☐ Transferred to a Specific Licensee (Not the manufacturer)
(Complete Part 2)

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

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Enter the name of the individual responsible for this device:

[illegible][illegible]

1. *Journal of the American Medical Association*, 1997; 277: 1033-1037.

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[illegible]



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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>)

5/26/2020

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.



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SECTION 6

PAGE 1 of 1

SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

