



NMSSIO  
NMSS



GL-53926-26  
04/13/2021

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: HUSTON

W I L L I A M S O N

First Name: JOHN

F R E D

Middle Initial: L

W

Business Telephone Number: (816) 899-5610

8 1 6 8 9 9 5 6 1

Extension:

Business E-mail Address:

F R E D . W I L L I A M S O N @ B P . C O M

Title: CURRENT SAFETY OFFICER

O P E R A T I O N S T E A M L E A D E R

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

Department:

Address Line 1: 700 EAST MAIN STREET

Address Line 2: PO BOX 188

City: FREEMAN

State: MO

Zip Code: 64746





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## SECTION 2

PAGE 1 of 1

**399672 (Internal Control Number)**

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

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

YYYY

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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## SECTION 4

PAGE 1 of 1

## Part 1

Transfer Date:

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MM

DD

YYYY

☐ 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][illegible][illegible][illegible][illegible][illegible]

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

[illegible][illegible]

**Middle Initial:**

1

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**Extension:**

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[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>)

*Fred W. Williams*      5-21-2021  
**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 - 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:

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**Fiscal Year:**  
**Quarter Period:**

**10/01/2020 - 09/30/2021**  
**10/01/2020 - 09/30/2021**

**Vendor:**

BP PIPELINES NA  
700 EAST MAIN STREET  
PO BOX 188  
FREEMAN, MO 64746

**Remit To:**

Office of the Chief Financial Officer  
U.S. Nuclear Regulatory Commission  
P.O. Box 979051  
St. Louis, MO 63197

<b>Docket</b>	<b>Invoice Number</b>	<b>Invoice Date</b>	<b>Invoice Due Date</b>	<b>Invoice Amount</b>
53926	LFB 21-2804	Apr 21, 2021	May 21, 2021	\$600.00

For questions, contact (301) 415-7554 or by email at [fees.resource@nrc.gov](mailto:fees.resource@nrc.gov). For NRC debt collection procedures, including interest and penalty provisions, see 31 U.S.C. 3717; 31 CFR Parts 900 - 904; AND 10 CFR Part 15. Additional terms and conditions are attached.

Make checks payable to The U.S. Nuclear Regulatory Commission. The NRC also currently accepts credit card payments of up to \$24,999.99. For payment by credit card, go to Pay.Gov, search for "U.S. Nuclear Regulatory Commission Fees" and enter the required information. Interest will accrue from the invoice date at an annual rate of 1%. Interest will be waived if payment is received by the due date. Please reference the invoice number on the remittance.



**Billing Details:**

Docket #: 53926  
Docket Name: BP PIPELINES NA

License #: 53926

**Flat Application Fees Outstanding:**

LFB 21-2804

May 21, 2021

3Q

\$600.00

**Total**

**\$600.00**

**Docket Total: 53926**

**\$600.00**