



GL-726467-26

04/13/2021

NRC FORM 664

(11 - 2020)

10 CFR 31.5

SECTION 1

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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 FOIA, Library, and Information Collections Branch (T-6 A10M), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0198), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; e-mail: oir_submission@omb.eop.gov. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

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

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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: ~~TESORO LOGISTICS GP, LLC~~

MARATHON PIPE LINE LLC

Department:

Address Line 1: 201 NORTH PHILLIPPI STREET

Address Line 2:

City: BOISE

State: ID

Zip Code: 83706

For NRC Use Only
(Do not write here)

Category:

Packet Receipt Date (MMDDYYYY):

Accession Number:



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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: ~~QUICK~~

G R I M E S

First Name: ~~WILLIAM~~

M A T T H E W

Middle Initial: ~~J~~

T

Business Telephone Number: ~~(509) 202-7446~~

4 1 9 4 2 1 2 1 9 7

Extension:

Business E-mail Address: ~~WQUICK@MARATHONPETROLEUM.COM~~

M G R I M E S @ M A R A T H O N P E T R O L E U M . C O M

Title: RADIATION SAFETY OFFICER

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

Department: ~~ATTN: JIM YUNKER~~Address Line 1: ~~475 WEST 900 NORTH~~

5 3 9 S O U T H M A I N S T R E E T

Address Line 2:

R O O M X - 0 6 - 0 0 2

City: ~~SALT LAKE CITY~~

F I N O C A Y

State: ~~UT~~

O H

Zip Code: ~~84103~~

4 5 8 4 0 -



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SECTION 2

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Distributor/Distributed By: Ronan Engineering Company

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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>	300 <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>
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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>



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SECTION 2

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Distributor/Distributed By: Ronan Engineering Company

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137	200	
2			
3			
4			
5			
6			



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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

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

Part 1

NRC Device Key:

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(from Section 2 or 6)

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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

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:

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Zip Code:

					-				
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Part 3

Enter the name of the individual responsible for this device:

Last name:

[illegible]

First name:

[illegible]

Middle Initial:

7

Business Telephone
Number:

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Extension:

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Title:

[illegible]



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SECTION 5 - CERTIFICATION

SECTION 5
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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>)

09-30-21

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
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SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

NRC Device Key:	Manufacturer License No:	
Manufacturer Name:		
Model Number:	Serial #:	Transfer Date:
Isotope:	Activity:	Unit:

