



U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

OMB EXPIRATION DATE: 09/30/2022

[illegible]



GL-63420-26

07/06/2021

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: BOYD Gunderson

G U N D E R S O N

First Name: ROBBY Corey

C O R E Y

Middle Initial:

A

Business Telephone Number: (605) 785-3683

Extension:

Business E-mail Address: corey.gunderson@agropur.com

C O R E Y . G U N D E R S O N @ A G R O P U R . C O M

Title: FACILITIES MAINTENANCE Safety Department Manager

S A F E T Y D E P A R T M E N T

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

Department:

S A F E T Y D E P A R T M E N T

Address Line 1: 408 DAKOTA STREET

Address Line 2: P.O. BOX 169

City: LAKE NORDEN

State: SD

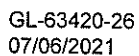
Zip Code: 572480169





	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137	50	
2			
3			
4			
5			
6			





SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3

PAGE 1 of 1

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

Manufacturer Name

[illegible]

Initial Transferor Name

[illegible]

Initial Transferor License Number (if known)

[illegible]

Device Model Number (Not Source Model)

[illegible]

Device Serial Number

[illegible]

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

☐ Manufacturer/Initial Transferor listed above

☐ Other General Licensee

Date Transferred:

--	--

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MM

DD

Y Y Y Y

☐ Other Sources

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

- | | | | | | | | | | | | | | | | | | | | | | | | |
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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

PAGE 1 of 1

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

Part 1

NRC Device Key:
(from Section 2 or 6)

--	--	--	--	--	--	--

Transfer Date:

--	--	--	--

MM

DD

Y Y Y Y

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:

--	--

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:

2

Business Telephone
Number:

--	--	--

Extension:

--	--	--	--	--

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/>)

12-16-21

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 - DEVICE NOT SUBJECT TO REGISTRATION

SECTION 6
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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

