



NMSS10
NMSS



GL-714332-27
01/19/2022

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: BASTIAN

B O L I N G E R

First Name: KEITH

J A M E S

Middle Initial: L

A

Business Telephone Number: (307) 687-4230

Extension:

Business E-mail Address:

J a m e s . b o l i n g e r @ p a c i f i c c o r p . c o m

Title: PLANT MANAGING DIRECTOR

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

Department: WYODAK POWER PLANT

Address Line 1: 48 WYODAK ROAD

Address Line 2: GARNER LAKE RT

City: GILLETTE

State: WY

Zip Code: 82718



	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
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01/19/2022

SECTION 2

PAGE 13 of 14

735730 (Internal Control Number)

Distributor/Distributed By: Thermo Process Instruments, L.P

[illegible]

Distributor License Number: L01105

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Manufacturer name: TN TECHNOLOGIES, INC.

[illegible]

Device Model (Not Source Model): 5202

[illegible]

Device Serial Number: B259

[illegible]

Transfer Date: 05/15/1985

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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)
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	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
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01/19/2022

SECTION 4

PAGE 1 of 1

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

Transfer Date:

[illegible]

(from Section 2 or 6)

[illegible]

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:



Business Telephone
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Extension:

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Title:

[illegible]



GL-714332-27
01/19/2022

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>)

Jan A. Boley

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

2-1-2022

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-714332-27

01/19/2022



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:

