

NRC FORM 241 (7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002  
Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimate to the Records Management Branch (7-426), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to hjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0013), 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.

# REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>Berthold Technologies USA, LLC</b>		2. TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) <b>801 South Illinois Avenue Oak Ridge, TN 37830</b>		4. LICENSEE CONTACT AND TITLE <b>Mark Morgan, Alt. RSO</b>	
5. TELEPHONE NUMBER (include Area Code) <b>865-483-2226</b>		6. FACSIMILE NUMBER (include Area Code) <b>865-481-2432</b>	

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING  LEAK TESTING AND/OR CALIBRATIONS  THERAPY/IRRADIATOR SERVICE

PORTABLE GAUGES  OTHER (Specify) ⇒ **DENSITY SYSTEM INSTALLATION**

RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>APPLETON PAPERS 825 E. WISCONSIN AVE APPLETON, WI 54911</b>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>SAME</b>	
10. CLIENT TELEPHONE NUMBER (include Area Code) <b>920/991-8858</b>		11. WORK LOCATION TELEPHONE NUMBER (include Area Code)	

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM <b>2-16-01</b>	TO <b>2-17-01</b>	<b>1</b>			NUMBER TO BE ASSIGNED BY NRC <b>000 430</b>

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (include description of type and quantity of radioactive material, sealed sources, or devices to be used.)  
**DENSITY STARTUP & CALIBRATION USING 1EA LB7440D POINT SHIELDING USING 1EA CS-137 100mCi POINT SOURCE BERTHOLD SERVICE REPRESENTATIVE IS RICK VICTORIA**

14. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)	LICENSE NUMBER <b>R-01082-D02</b>	STATE <b>TN</b>	EXPIRATION DATE <b>4-30-2002</b>
--	--------------------------------------	--------------------	-------------------------------------

18. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- I have read and understand the provision of the general license 10 CFR 150.20 reprinted on the instructions of this form; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.
- I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 180 days in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year.
- I understand that I may be inspected by NRC at the above listed work site locations and at the Licensee home office address for activities performed in non-Agreement States or offshore waters.
- I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER - RSO or Management Representative (Name and Title) <b>Mark Morgan, Alt. RSO</b>	SIGNATURE 	DATE <b>1-11-2001</b>
--	---------------	--------------------------

WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title) <b>David J. Collins, Health Physicist</b>	SIGNATURE 	DATE <b>2/8/2001</b>	TOTAL USAGE - DAYS TO DATE <b>5</b>
------------------	--	---------------	-------------------------	--



**Berthold Technologies USA, LLC**  
 801 South Illinois Avenue  
 Oak Ridge, TN 37831-0895 USA  
 Phone: 865-483-2118  
 Fax: 865-481-2432  
[www.berthold-us.com](http://www.berthold-us.com)

FAX

ATTN.:	Janice Kirby	FAX-NO.:	404-562-4955
COMPANY:	United States Nuclear Regulatory Commission	DATE:	2/7/01
CC:		OUR REF #:	
FROM:	Mark Morgan	PAGE(s) Including cover	3
SUBJECT:	<b>Reciprocity of our operating license TN R-01082-D02</b>		

Dear Ms. Kirby,

Please find the enclosed NRC Form 241 requesting reciprocity for our service representative Rick Victoria to install and calibrate a density system at Appleton Papers in Appleton Wi. on February 16.

I am also sending a copy of the purchase requisition for the reciprocity fee of \$200.00 and I will send the check as soon as it is cut.

If you need any more information, please let me know.

Best regards,

A handwritten signature in black ink, appearing to read "Mark Morgan".

Mark Morgan  
 Technical Manager Radiation Safety Officer  
 Berthold Technologies  
 US Operations  
 Direct Telephone 865-483-2226

301 South Illinois Avenue  
 Oak Ridge, TN 37831  
 Tel: (865) 483 2118, Fax: (865) 481 2432  
 TID# 62-1837345

SHIP VIA  MTR. FRT.  AIR FRT.  OTHER

B. TRANS. CHARGES  SHIPPING PT.  DESTINATION  PREPAID  COLLECT  PPD & ADD  COD

SHIP TO OTHER THAN ABOVE

P.O. DATE \_\_\_\_\_ REQUISITION NO. **R- 62478** PURCHASE ORDER NO. \_\_\_\_\_

APPROVED BY: *[Signature]* RECEIVING DEPARTMENT: \_\_\_\_\_

BUILDING: \_\_\_\_\_ ROOM: \_\_\_\_\_ OFFICE: \_\_\_\_\_

SUGGESTED SUPPLIER: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

MENT TERMS: NET 30 DAYS  2% 10, NET 30 DAYS

SALES TAX:  TAXABLE  NON TAXABLE

ACCOUNT CHARGE NO: **05-0673-0783**

SALES & USE TAX NO. 2-621369733-001-3

TERMS: \_\_\_\_\_ DUE DATE: \_\_\_\_\_

QUANTITY ORDERED	MATERIAL DESCRIPTION	UNIT PRICE	ORDERED VALUE	RECEIVED		
				QUANTITY	DATE	BY
	REGULATORY REPRODUCTION FEE	200.00	200.00			
	PLEASE MAKE CHECK PAYABLE TO:					
	MS. ALICE					
	61 FORT SMITH STREET					
	SUITE 607B					
	ATLANTA, GA					
	ANN MARICE KIRBY					
	PLEASE HAND DELIVER CHECK					
	TO MARK MORGAN					
	SALES TAX					
	SHIPPING CHG. IF APPLICABLE					
	TOTAL		200.00			

FEB - 08 '01 (THU) 08:39  
 PERKINELMER/BERTHOLD  
 TEL: 865 481 2432  
 P. 003  
 PURCHASING COPY