HAYES TESTING

		ATORY COMMISSIO	N APPROVED BY	OMB: NO. 3150-0	013 EXPIRES: 07/31/2002	
NRC FORM 241 U.S. NUCLEAR REGULATORY COMMISSION (7-1999)			Estimated burde request: 15 min schedule inspec	APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002 Estimated burden per response to comply with the mandalony 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 (T-S E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001. or by internet e-mail to bist Bounc.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	scordance with safely. Send co Management Bi	anch (T-6 E5), U.3	g burden estimate to the Records S. Nuclear Regulatory Commission, by internet example to biol Barcords			
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS				Officer, Office of (3150-0013), Off	Information and Regulatory Affairs, ice of Management and Budget,	
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(Please read the instructions before completing this form) 1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)			respond to, the	respond to the Information collection. 2. TYPE OF REPORT		
HAYES TESTING LABORATORY, INC.						
1 ADDRESS OF LICENSEE (Mailing a	may be located)	4. LICENSEE CO	NTACT AND TITLE			
2521 HOLLOWAY ROAD LOUISVILLE, KY 40299			DANIEL J. HAYES, SR., PRESIDENT			
			5. TELEPHONE N (Include Area C	NHBER ade)	6. FACSIMELE NUMBER (Include Area Code)	
			6-9729	502/266-7577		
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		PACKAGING (CERTIFICATE	S OF COMPLIANCE NU	MBERS)		
L. CLIENT NAME, ADDRESS, CITY/CA	OUNTY, STATE, ZP CODE	9. ACTUAL PH	YSICAL ADDRESS OF	WORK LOCATION		
GLOBE MECHANICAL, INC.				CAL ADDRESS OF WORK LOCATION ber er ofher localizat. Give as campiole an eddress or directions as possible.)		
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