NRC FORM 241 U.S. NUCLEAR REGU	JLATORY COMMISSIO	N APPROVED	BY OMB: NO. 3150-0	013 EXPIRES: 07/31/20	
(7-1999)		Estimated but request: 15	rden per response to o	comply with this mandatory collectication is required so that NRC matter that they are conducted	
REPORT OF PROPOSED ACTIVITIES IN		schedulo insi	pection of the activities with requirements for	to ensure that they are conducted	
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE			Branch (T-6 E6), U.	g burden estimate to the Recor S. Nuclear Regulatory Commission	
FEDERAL JURISDICTION, OR OFFSHORE WATERS		and to the D	esk Officer, Office of	by internet e-mail to bis1@nrc.go Information and Regulatory Affail	
		Washington, collection do	sonedule inspection of the activities to ensure that they are conducted accordance with requirements for protection of the public health as safety. Send comments regarding burden estimate to the Record Management Branch (T-6 E6). U.S. Nuclear Regulatory Commission Washington, DC 20555-0001, or by internet e-mail to bis1@mrc.go and to the Desk Officer, Office of Information and Regulatory Affair NEOB-10202, (3150-0013), Office of Management and Budge Washington, DC 20503. If a means used to impose an informatic collection does not display a currently valid OMB control number, it NRC may not conduct of sponsor, and a person is not required.		
(Please read the instructions before completing this form)		NRC may no respond to, the	of conduct or sponsor	or, and a person is not required in.	
NAME OF LICENSEE (Porson or firm proposing to conduct the activities described below)			2. TYPE OF REPORT		
ADDRESS OF LICENSEE MAIN		X INIT	INITIAL REVISION CLARIFICATION		
3. ADDRESS OF LICENSEE (Mailing address or other location where licensco may be located) RTD ASSOCIATES, T. A.			4. LICENSEE CONTACT AND TITLE		
OZZZ BELTWAY BLYD,			5. TELEPHONE NUMBER 6 FACSIMILE NUMBER		
WATTHEWS, N.C. 20104		(Include Area	Code)	6. FACSIMILE NUMBER (Include Area Code)	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL		RAL LICENSE	Z-7517	€704-88Z-753C	
1	AND/OR CALIBRATION	٠,		ADIATOR SERVICE	
PORTABLE GAUGES OTHER (Specify) 				
RADIOGRAPHY AREGISTERED AS USER OF	PACKAGING (CERTIFICATES	OF COMPLIANCE N	UMBERS)		
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE	9, ACTUAL PHYS	CAL ADDRESS OF	WORKLOCATION		
NEWFORT WEWS PUBLIC SCHOOL	Street and No	imber or other location	on. Give as complete an a	address or directions as possible.)	
17015 WARWICK BLUD					
NEWFORE NEWS, VA 2360	6 Au	PUBILIC.	SCHOOLS		
NEWPOTE NEW / VA. COM					
•	10. CLIENT TELE	PHONE NUMBER	11. WORK LOC	CATION TELEPHONE NUMBER	
v.	IC_ "_\"_\"	.t '	, (Include Are	NA COOL)	
	(151)59	-4500		71-9500	
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