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NAME OF LICENSEE (Person or firm proposing to conduct the activities described balow)					iniogr	2. T	YPE OF I	REPORT		
Wyle Laboratories, Florida Operations					AL		EVISION		LARIFICATIO	N
3 ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)					#	T AND TO			<u>.</u>	
P.O. Box 21072 M/C Wyle-321					E. Castlen, RSO Manager, NDE Lab					
Kennedy Space Center, FL 32815					Code	ER	6.	FACSINITE (Include An	NUMBER se Code)	1
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7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVE IN 10 CFR 150.20									ļ	
WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETH							Y/IRRA	DIATOR	ERVICE	
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LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) YO INCLUDE ALL INFORMATION 17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED								ı		
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19. CERTIFICATION (MUST BE COMPLETED BY APPLICA						יין				
All information in this report is true and complete.						l				
b. I have feed and understand the provision of the general license 10 CFR 150.20 reprinted on the instruction required to comply with these provisions as to all byproduct, source, or special nuclear material which it						ns of t	his form;	and I und e In non∺A	erstand that I ar greement States	n s or
orranore waters under the general license for which this report is filed with the U.S. Audiest Regulatory						K~~				
o. I understand that activities, including storage, conducted in non-Agreement States under general licens in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an u						Timilited believe or mine in				
 d. I understand that I may be inspected by NRC at the above listed work site locations and at the Licensee non-Agreement States or offshore waters. 						nome office address for activities performed in				
 I understand that conduct of any activities not described above, including conduct of activities on date above or without NRC authorization, may subject me to enforcement action, including civil or criminal is 						or locations different from those described				
CERTIFYING OFFICER - RSO or Management Representative (Name and Title) SIGNATURE MECHAEL J. Borrow ALSO Medical					OF	5			Det Job/	/
WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRI the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a crimin							lations r	equire th	at submission	
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