NRC FORM 241 (7-1999)	U.S. NUCLEAR REGUL	ATORY COMMISSION	APPROVED BY C Estimated burdent request: 15 minus schedule inspection	per response to course. This notifice on of the activities t	namply with this mandatory collection, tion is required so that NRC may be ensure that they are conducted in the conducted in	
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(Please read the instructions before completing this form)			respond to, the in	respond to, the information collection. 2. TYPE OP REPORT		
NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)			☐ INITIAL			
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3. ADDRESS OF LICENSEE (Mailing as	may be rockled)	4. CIOENSEE CON	MAGITINE III-	· I		
140 Southgate Road		Tom Geiger - RSO				
Dothan, AL 36301		•	5. TELEPHONE NL	LIMBER	6, FACSIMILE NUMBER (Include Area Code)	
			334-677-856		334-677-9 505	
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PORTABLE GAUGES	OTHER (Specify)	→				
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8. CLIENT NAME, ADDRESS, CITY/CO	JUNTY, STATE, ZIP CODE	9. ACTUAL PH	9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION . (Street and Number or other location. Give as complete an address or directions os possible.)			
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2201 N. East Ave. Panama City, FL			Panama City, FL			
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