U.S. NUCLEAR REGULATORY COMMISSION

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

(Please read the instructions before completing this form)

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 (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@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.

1. NAME OF LICENSEE *(Person or firm proposing to conduct the activities described below)*
LUCIUS PITKIN, INC.

2. TYPE OF REPORT
☐ INITIAL ☒ REVISION ☐ CLARIFICATION

3. ADDRESS OF LICENSEE *(Mailing address or other location where licensee may be located)*
50 HUDSON STREET
NEW YORK, NY 10013

4. LICENSEE CONTACT AND TITLE
MARYBETH MICELI, ASSISTANT RSO

5. TELEPHONE NUMBER *(Include Area Code)*
212-233-2737

6. FACSIMILE NUMBER *(Include Area Code)*
212-406-1417

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

☐ WELL LOGGING ☐ LEAK TESTING AND/OR CALIBRATIONS ☐ TELETHERAPY/IRRADIATOR SERVICE

☐ PORTABLE GAUGES ☐ OTHER (Specify) ⇒

☒ RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)
SPEC-150-CERT. NO. 9263 AND MODEL C1-9036

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
THE PORT AUTHORITY OF NY & NJ
TRANSPORTATION CENTER
1 PATH PLAZA
JERSEY CITY, NJ 07310

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION *(Street and Number or other location. Give as complete an address or directions as possible.)*
GEORGE WASHINGTON BRIDGE ADMINISTRATION BLDG.
FORT LEE, NJ

10. CLIENT TELEPHONE NUMBER *(Include Area Code)* 201
DENNIS CAVALIERE-216-2971

11. WORK LOCATION TELEPHONE NUMBER *(Include Area Code)*
201-346-4030

12. DATES SCHEDULED FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
NOVEMBER 5, 2002	NOVEMBER 6, 2002	1 SHIFT			NUMBER TO BE ASSIGNED BY NRC 001101

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 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.)

PLEASE REFER TO PAGE 1 OF 5 ON STATE OF NEW YORK DEPARTMENT OF LABOR-LICENSE NO. 2444-3465

18. 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	STATE	EXPIRATION DATE
	2444-3465	NY	JUNE 30, 2005

19. CERTIFICATION *(MUST BE COMPLETED BY APPLICANT)*

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

a. All information in this report is true and complete.

b. 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.

c. 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.

d. 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.

e. 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)*	SIGNATURE	DATE
JOSEPH P. CROSSON, PRINCIPAL	Joseph P. Crosson	10/1/02

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)*	SIGNATURE	DATE	TOTAL USAGE – DAYS TO DATE
	Judith Johnson SHP	Judith A. Johnson	11/4/02	22

11/1/02

NRC FORM 241 (7-1999) PRINTED ON RECYCLED PAPER