NRC FORM 241 (7-1999)	U.S. NUCLEAR REGU	LATORY CO	MMISSION	APPROVED BY Estimated burde request: 15 min	OMB: NO.31 an per respons nules. This n	50-0013 to con olificali	EUPIRES: 07/3 apply with this mandatory col on is required so that NR	1/2002 fection C may
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1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)				2. TYPE OF REPORT				
HAYES TESTING LABORATORY, INC.			INITIAL REVISION X CLARIFICATION					
3. ADDRESS OF LICENSEE (Mailing address of other location where licensee may be 2521 HOLLOWAY ROAD			9	DANIEL			SR., PRESIDI	ent
LOUISVILLE,	KI 40299			5. TELEPHONE N	IUMBER	6.	FACSIMILE NUMBER (Include Area Code)	
				502/266-9729 502/266-7577				
7.	ACTIVITIES TO BE CONDUCT	ED UNDER	THE GENE	RAL LICENSE G	IVEN IN 10 C	FR 150	.20	
WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE								
PORTABLE GAUGE	S OTHER (Specify) _						
XX RADIOGRAPHY	REGISTERED AS USER OF	PACKAGING (C	ERTIFICATES	OF COMPLIANCE NU	MBERS)			
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE 9. ACTUAL PHYSIC Street and Num				CAL ADDRESS OF V	VORK LOCATION	i in an add	drass er diractions as possible j	
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