NRC FORM 241 7-1999)	U.S. NUCLEAR REGUL	ATORY C	OMMISSION	APPROVED BY C Estimated burden request: 15 minu schedule inspecti	per response les. This no on of the activ	to comp tification ties to el	EXPIRES: 07/31/2002 by with this mandatory collection is required so that NRC may resure that they are conducted in ection of the public health and
	DEODOSED ACTIV	ITIES	IN	salety. Send cor	enemenupen ISBOL ainemm IGA GeT) don	ding bu	rden estimate to the Records iclear Regulatory Commission.
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIV FEDERAL JURISDICTION, OR OFFSHORE WATER				Washington, DC	20555-0001	or by in	ternet e-mail to bis1@nrc.gov, mation and Regulatory Affairs.
				NEOB-10202. (3150-0013), 20503. II	Office means	of Management and Budget, used to impose an information
				collection does n	not display a conduct or spe	urrently nsor, a	valid OMB control number, the ad a person is not required to
(Please read the Instructions before completing this form)				APPROVED BY OMB: NO. 3150-0013 Extinated burden per response to comply with this mendatory collection request: 15 minutes. This notification is fequired 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 sativity. Send comments regarding burden estimate to the Records Menagement Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internat e-mail to bist @mrc.gov. washington, DC 20555-0013), Office of Information and Regulatory Affairs, NEOB-10202. (3150-0013), Office of Management and Budget, 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)				C PENNS ET CLADIFICATION			
Wyle Laboratories, Florida Operations				INITIAL			<u> </u>
3. ADDRESS OF LICENSEE (Mailing	ddress or other location where licensee i	may be locat	ed)	A LICENSEE CON Robert E.	naciano inc Alteca	n. R.S	80
P.O. Box 21072				Manager,	NDE Lab		
M/C Wyle-321 Kennedy Space Center, FL 32815				5. TELEPHONE NI	UMBER	€.	FACSIMILE NUMBER (Include Area Code)
				321-861-5	5158/646		21-861-6163
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x RADIOGRAPHY	REGISTERED AS USER OF 9035, 9269, 9	PACKAGING 033S					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE			ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Speet and Number or other location. Give as complete an address or directions as possible.)				
Dave Grant			Comple	sr 178			
Boeing			Complex 17B Cape Canaveral Air Force Station				
Cape Canaveral A	lir Force Station		***				
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