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FAX Cover Sheet

Date: November 20, 2002

From: John Stringer

To: Sheryl Villar

OST Services

Company: NRC

Fax No.: 610-337-5269

Total No. of Pages: 2

Subject: Emergency Request for Reciprocity

Message:

As per our telephone conversation this morning please find attached our request to perform radiography in Connecticut today. I apologize for the short notice but the client says the situation only just arose and needs to be addressed immediately.

Thank you for your consideration.

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	Washington, D.	20555-00	of or by	internet e-mail to bis1@nro.gov,					
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE				NEOB-10202	(3160-0013), Office	of Management and Budget,		
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(Please read the instructions before completing this form)				NRC may not o	mormation co	alloction.			
NAME OF LICENSEE (Parson or firm proposing to conduct the activities described balow)				1	(b) 2. J	YPE OF F	REPORT		
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3. ADDRESS OF LICENSEE (Mailing address of	4. LICENSEE CO	NTACT AND TI	TLE						
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	401-467			10/-467-8662					
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 160.20									
WELL LOGISING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE									
PORTABLE GAUGES OTHER (Specify)									
REGISTERED AS LISER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)									
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	20/02	L '					00//39		
LIST ADDITIONAL WORK SI	TES ON SEPARATE	SHEET(8)	TO INCLUDE	ALL INFORMAT	ION CONT	AINED IN	ITEMS 9-16 ABOVE.		
17. LIST RADIOACTIVE MATERIAL, WHICH WIL (Include description of type and quantity of	LL BE POSSESSED, USED,	INSTALLED,	SERVICED, OR	rested	~ ~ 	. -			
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18. AGREEMENT STATE SPECIFIC LICENSE W	WHICH AUTHORIZES THE UN	NDERSIGNED	TO CONDUCT	LICENSE NUMBE		STATE	EXPIRATION DATE YE SEPT AND		
ACTIVITIES WHICH ARE THE SAME, EXCE ABOVE. (Four copies of the specific lice	ense musi accompany tre	Initial NAC	/ / Will 241.)	30-117		RI	TIMELY REMAINS PALL		
19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)									
I, THE UNDERSIGNED, HEREBY CERTIF	o T *								
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