UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-8064

December 20, 2002

General Testing Laboratories, Inc.
ATTN: B. E. Kirkendall
Radiation Safety Officer
P.O. Box 1586
Pouilsbo, WA 98370

SUBJECT: INITIAL NRC FORM 241 FOR CALENDAR YEAR 2003

Mr. Kirkendall:

This acknowledges receipt of your initial NRC Form 241 dated December 5, 2002, and the $1400 application fee, submitted to the NRC Region IV office to report proposed activities in NRC jurisdiction under the authority of the general license pursuant to 10 CFR 150.20.

Your Agreement State license is recognized as valid for the proposed use of licensed material at the locations listed on your NRC Form 241, and attachments, if any. Please be aware that working under reciprocity in NRC jurisdiction requires you to comply with NRC regulations, as described in 10 CFR 150.20.

The calendar year 2003 RTS Reference numbers for your proposed locations of work will be assigned when you submit your clarifications for the specific dates and locations of work. Please refer to the appropriate RTS Reference number, when it is assigned, in any future communications regarding the respective work location.

You must submit an NRC Form 241 clarification report when you propose to add locations of work, add or delete dates of work, change work site contacts, use different radioactive materials, or elect to perform additional work activities within NRC jurisdiction, and subsequently provide those changes to this office. Please note, all notifications or clarifications of work activities or changes to the information submitted on the initial NRC Form 241 must include as a minimum, the following information: licensee name, agreement state license number, location of work, dates of work, and the signature of the RSO or designee.

Information submitted on your NRC Form 241 must be specific regarding the location and dates of use. Since your reciprocity request is for various locations over an extended period of time, you are required to notify this office three days prior to each of the proposed generally licensed activities. However, given the nature of your licensed activities, the time requirement specified in 10 CFR 150.20(b)(1) for filing an NRC Form 241 clarification report and any subsequent notifications has been waived, provided that you:

A. Inform this office by telephone or facsimile of work activities or changes to the information submitted on the initial NRC Form 241, and

B. Receive oral or written authorization for the activities from this office, and

C. Submit written confirmation and the check for the fee payment, if applicable, within 3 days after the notification.

Enclosed is an NRC signature copy of your NRC Form 241. We appreciate your cooperation. If you have questions concerning this letter or other aspects of working in NRC jurisdiction under reciprocity, please contact me at 817-276-6552.

In accordance with 10 CFR 2.790 of the NRC's "Rules of Practice," a copy of this letter, its enclosure, and your response, if you provide one, will be made available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). ADAMS is accessible from the NRC Web site at http://www.nrc.gov/reading-rm/adams.html (the Public Electronic Reading Room).

Sincerely,

***/RA/***

Rachel S. Browder, Health Physicist
Nuclear Materials Licensing Branch

Enclosure: As stated

cc w/copy of NRC Form 241 and Materials License:
Washington Radiation Control Program Director

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MEMORANDUM TO: Shirley Crutchfield
License Fee and Accounts Receivable Branch (T9 E10)

FROM: Rachel S. Browder, Health Physicist **/RA/**
Nuclear Materials Licensing Branch, Region IV

SUBJECT: FEE TRANSMITTAL

## A. Region IV

1. NRC FORM 241 ATTACHED:

| | |
|---|---|
| Applicant/Licensee: | General Testing Laboratories, Inc. |
| NRC Form 241 Dated: | December 5, 2002 |
| Agreement State License: | WN-I0100-1 |
| Program Code(s): | 03121 |

2. FEE ATTACHED:

Amount: $1400 Check: # 028977

3. COMMENTS:

## B. LICENSE FEE AND ACCOUNTS RECEIVABLE BRANCH

1. Fee Category and Amount:_____

2. Correct Fee Paid. Submittal may be processed for:

General License _____

Signed_____ Date:_____