NRC FORM 241 (8-2002) 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: 08/31/200
Estimated burden per response to comply with this mandatory collectio request: 15 minutes. This notification is required so that NRC ma schedule inspection of the activities to ensure that they are conducted i accordance with requirements for protection of the public health an 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 infocollects@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)*

CODE SERVICES, INC.

2. TYPE OF REPORT

[X] INITIAL [ ] REVISION [ ] CLARIFICATION

3. ADDRESS OF LICENSEE *(Mailing address or other location where licensee may be located)*

2205 HWY 20
DECATUR, AL 35601

4. LICENSEE CONTACT AND TITLE

JAMES CHANDLER, RSO

5. TELEPHONE NUMBER *(Include Area Code)*: 256-340-1117

6. FACSIMILE NUMBER *(Include Area Code)*: 256-340-1134

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) ⇒

[X] RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE

BE & K / WESTINGHOUSE
ANNISTON ARMY DEPOT
GATE 5A, MORRISVILLE RD.
BYNUM, AL 36253

contact: KEN MORROW

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION *(Street and Number or other location. Give as complete an address or directions as possible.)*

SAME

10. CLIENT TELEPHONE NUMBER *(Include Area Code)*: 256-240-2281

11. WORK LOCATION TELEPHONE NUMBER *(Include Area Code)*: same

12. DATES SCHEDULED FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
8/4/03	8/4/03	1.			NUMBER TO BE ASSIGNED BY NRC

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.)*

IR - 192 Spec 150 SN KE3908 267 62.6 ci

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
1075	AL	12-31-03

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
JAMES CHANDLER, RSO		8/4/03

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	R	Janice H. Kirby, Licensing Assistant *(Name and Title)*	SIGNATURE	DATE	TOTAL USAGE – DAYS TO DATE
				8/4/03	

NRC FORM 241 (8-2007) U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 08/31/2
Estimated burden per response to comply with this mandatory collec request: 15 minutes. This notification is required so that NRC schedule inspection of the activities to ensure that they are conducte accordance with requirements for protection of the public health safety. Send comments regarding burden estimate to the Reco Management Branch (T-6 E6), U.S. Nuclear Regulatory Commiss Washington, DC 20555-0001, or by internet e-mail infocollects@nrc.gov, and to the Desk Officer, Office of Information Regulatory Affairs, NEOB-10202, (3150-0013), Office of Managem and Budget, Washington, DC 20503. If a means used to impose information collection does not display a currently valid OMB con number, the NRC may not conduct or sponsor, and a person is required to respond to, the information collection.

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

(Please read the instructions before completing this form)

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

2. TYPE OF REPORT: [X] INITIAL [ ] REVISION [ ] CLARIFICATION

3. ADDRESS OF LICENSEE *(Mailing address or other location where licensee may be located)*:
2205 HWY 20
DECATUR, AL 35601

4. LICENSEE CONTACT AND TITLE: JAMES CHANDLER, RSO

5. TELEPHONE NUMBER *(Include Area Code)*: 256-340-1117

6. FACSIMILE NUMBER *(Include Area Code)*: 256-340-1134

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) ⇒

[X] RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

Emergency call-out

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE:
BE & K / WESTINGHOUSE
ANNISTON ARMY DEPOT
GATE 5A, MORRISVILLE RD.
BYNUM, AL 36253
contact: KEN MORROW

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION *(Street and Number or other location. Give as complete an address or directions as possible.)*: SAME

10. CLIENT TELEPHONE NUMBER *(Include Area Code)*: 256-240-2281

11. WORK LOCATION TELEPHONE NUMBER *(Include Area Code)*: same

12. DATES SCHEDULED FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
8/4/03	8/4/03	1			NUMBER TO BE ASSIGNED BY NRC

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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.)*

IR - 192 Amersham 660B 32832 S/N E762 59.2 ci

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
1075	AL	12-31-03

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.

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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
JAMES CHANDLER, RSO		8/4/03

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
			8/4/03	

Customer cancelled

NRC FORM 241 (8-2002) U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 08/31/2005
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 infocollects@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.

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

(Please read the instructions before completing this form)

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

2. TYPE OF REPORT: [X] INITIAL [ ] REVISION [ ] CLARIFICATION

3. ADDRESS OF LICENSEE *(Mailing address or other location where licensee may be located)*:
2205 HWY 20
DECATUR, AL 35601

4. LICENSEE CONTACT AND TITLE: JAMES CHANDLER, RSO

5. TELEPHONE NUMBER *(Include Area Code)*: 256-340-1117

6. FACSIMILE NUMBER *(Include Area Code)*: 256-340-1134

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) ⇒

[X] RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE:
BE & K / WESTINGHOUSE
ANNISTON ARMY DEPOT
GATE 5A, MORRISVILLE RD.
BYNUM, AL 36253
contact: KEN MORROW

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION *(Street and Number or other location. Give as complete an address or directions as possible.)*: SAME

10. CLIENT TELEPHONE NUMBER *(Include Area Code)*: 256-240-2281

11. WORK LOCATION TELEPHONE NUMBER *(Include Area Code)*: same

12. DATES SCHEDULED FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
8/4/03	8/4/03	1			NUMBER TO BE ASSIGNED BY NRC

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.)*

IR - 192 Amersham 660B B2832 S/N E762 59.2 ci

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
1075	AL	12-31-03

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
JAMES CHANDLER, RSO		8/4/03

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

Emergency Call-Out

NRC FORM 241 (8-2002) U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 08/31/20[illegible]

Estimated burden per response to comply with this mandatory collectio[illegible] request: 15 minutes. This notification is required so that NRC m[illegible] schedule inspection of the activities to ensure that they are conducted [illegible] accordance with requirements for protection of the public health an[illegible] safety. Send comments regarding burden estimate to the Record Management Branch (T-6 E6), U.S. Nuclear Regulatory Commissio[illegible] Washington, DC [illegible]001, or by internet e-mail t[illegible] infocollects@nrc.gov, and to the Desk Officer, Office of Information an[illegible] Regulatory Affairs, NEOB-10202, (3150-0[illegible]), Office of Managemen[illegible] and Budget, Washington, DC 20503. If a means used to impose a [illegible] information collection does not display a currently valid OMB contro[illegible] number, the NRC may not conduct or sponsor, and a person is no[illegible] required to respond to, the information collection.

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

(Please read the instructions before completing this form)

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

CODE SERVICES, INC.

2. TYPE OF REPORT

[X] INITIAL [ ] REVISION [ ] CLARIFICATION

3. ADDRESS OF LICENSEE *(Mailing address or other location where licensee may be located)*

2205 HWY 20
DECATUR, AL 35601

4. LICENSEE CONTACT AND TITLE

JAMES CHANDLER, RSO

5. TELEPHONE NUMBER *(Include Area Code)*: 256-340-1117

6. FACSIMILE NUMBER *(Include Area Code)*: 256-340-1134

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) ⇒

[X] RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE

BE & K / WESTINGHOUSE
ANNISTON ARMY DEPOT
GATE 5A, MORRISVILLE RD.
BYNUM, AL 36253

contact: KEN MORROW

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION *(Street and Number or other location. Give as complete an address or directions as possible.)*

SAME

10. CLIENT TELEPHONE NUMBER *(Include Area Code)*: 256-240-2281

11. WORK LOCATION TELEPHONE NUMBER *(Include Area Code)*: same

12. DATES SCHEDULED FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
8/4/03	8/4/03	1.			NUMBER TO BE ASSIGNED BY NRC

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.)*

IR - 192 Spec 150 S/N KE2908 2607 62.6 Ci

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
1075	AL	12-31-03

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.

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CERTIFYING OFFICER - RSO or Management Representative *(Name and Title)*	SIGNATURE	DATE
JAMES CHANDLER, RSO		8/4/03

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FOR NRC USE ONLY	REVIEWING OFFICIAL *(Typed/Printed Name and Title)*	SIGNATURE	DATE	TOTAL USAGE – DAYS TO DATE

NRC assigned

* sorry - already

NRC FORM 241 (8-2002) U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 08/31/20
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REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

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3. ADDRESS OF LICENSEE *(Mailing address or other location where licensee may be located)*:
2205 HWY 20
DECATUR, AL 35601

4. LICENSEE CONTACT AND TITLE: JAMES CHANDLER, RSO

5. TELEPHONE NUMBER *(Include Area Code)*: 256-340-1117

6. FACSIMILE NUMBER *(Include Area Code)*: 256-340-1134

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

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[X] RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE:
BE & K / WESTINGHOUSE
ANNISTON ARMY DEPOT
GATE 5A, MORRISVILLE RD.
BYNUM, AL 36253
contact: KEN MORROW

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION *(Street and Number or other location. Give as complete an address or directions as possible.)*: SAME

10. CLIENT TELEPHONE NUMBER *(Include Area Code)*: 256-240-2281

11. WORK LOCATION TELEPHONE NUMBER *(Include Area Code)*: same

12. DATES SCHEDULED FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
8/4/03	8/4/03	1			NUMBER TO BE ASSIGNED BY NRC

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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.)*

IR - 192 Spec 150 SN KE2908 2467 62.6 Ci

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.)*

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CERTIFYING OFFICER - RSO or Management Representative *(Name and Title)*	SIGNATURE	DATE
JAMES CHANDLER, RSO		8/4/03

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FOR NRC USE ONLY	REVIEWING OFFICIAL *(Typed/Printed Name and Title)*	SIGNATURE	DATE	TOTAL USAGE – DAYS TO DATE

* sorry - already assigned NRC

TRANSMIT MESSAGE CONFIRMATION REPORT

NAME:US NRC REGION 2
TEL :404 562 4955
DATE:08/04'03 09:18

TRANSMIT: 82563401134			DURATION	PAGE	SESS	RESULT
TYPE : MEMORY TX	MODE	E - 14	00'51	01	550	OK

NRC FORM 241 (8-2002) U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 08/31/20[illegible]
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(Please read the instructions before completing this form)

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)
CODE SERVICES, INC.

2. TYPE OF REPORT
[X] INITIAL [ ] REVISION [ ] CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
2205 HWY 20
DECATUR, AL 35601

4. LICENSEE CONTACT AND TITLE
JAMES CHANDLER, RSO

5. TELEPHONE NUMBER (Include Area Code)
256-340-1117

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256-340-1134

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) ⇒

[X] RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
BE & K / WESTINGHOUSE
ANNISTON ARMY DEPOT
GATE 5A, MORRISVILLE RD.
BYNUM, AL 36253

contact: KEN MORROW

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible)
SAME

10. CLIENT TELEPHONE NUMBER (Include Area Code)
256-240-2281

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
Same

12. DATES SCHEDULED FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
8/4/03	8/4/03	1			NUMBER TO BE ASSIGNED BY NRC

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.)

IR - 192 Spec 150 SN KE2908 267 62.6 Ci

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 8 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER	STATE	EXPIRATION DATE
1075	AL	12-31-03

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's 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
JAMES CHANDLER, RSO		8/4/03

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	Name and Title	SIGNATURE	DATE	TOTAL USAGE – DAYS TO DATE
	Janice H. Kirby, Licensing Assistant		8/4/03	