

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-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to infocollections@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEQB-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)
PENSACOLA TESTING LABORATORIES, INC.

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
217 EAST BRENT LANE
PENSACOLA, FLORIDA 32503

4. LICENSEE CONTACT AND TITLE
Patrick A. Wheeler, President/RSO
5. TELEPHONE NUMBER (Include Area Code)
(850) 477-5100
6. FACSIMILE NUMBER (Include Area Code)
(850) 477-1310

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

- WELL LOGGING
 - LEAK TESTING AND/OR CALIBRATIONS
 - TETHERED THERAPY/IRRADIATOR SERVICE
 - PORTABLE GAUGES
 - OTHER (Specify) \Rightarrow _____
 - RADIOGRAPHY \Rightarrow _____
- REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. LICENSEE ADDRESS, CITY/COUNTY, STATE, ZIP CODE
General Const Co.
23 South A Street
Pensacola, FL 32501

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
General Const Co. fire station
23 South A Street of Taylor & Davis, NWS

12. DATES SCHEDULED
FROM 10-22-03 TO 10-22-03

10. CLIENT TELEPHONE NUMBER (Include Area Code)
850-477-5421
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
850-458-0075

13. NUMBER OF WORK DAYS: 1
14. ADD:
15. DELETE:
16. LOCATION REFERENCE NUMBER: 001075
ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.
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.)
CS-137 (up to 10 MCI) AM241: Be (up to 50 MCI)

SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9. (A copy of the specific license must accompany the Initial NRC Form 241.)
LICENSE NUMBER: 1176-1
STATE: FL
EXPIRATION DATE: 12-31-2006

18. 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.

APPLICANT SIGNATURE - RSO or Management Representative (Name and Title) SIGNATURE DATE
Patrick A. Wheeler, Pres./RSO Patrick A. Wheeler 10-21-03

REVIEWING OFFICIAL (Typed/Printed Name and Title) SIGNATURE DATE TOTAL USAGE - DAYS TO DATE
Judith A. Souza Judith A. Souza 10/22/03 44

10/22/03