

<b>NRC FORM 241</b> <small>(7-1999)</small>		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0013</b> <small>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 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@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.</small>		<b>EXPIRES: 07/31/2002</b>	
<p align="center"><b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b></p> <p align="center"><i>(Please read the instructions before completing this form)</i></p>							
<b>1. NAME OF LICENSEE</b> <small>(Person or firm proposing to conduct the activities described below)</small> AEA Technology QSA INC.				<b>2. TYPE OF REPORT</b> <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION			
<b>3. ADDRESS OF LICENSEE</b> <small>(Mailing address of the location where licensee may be located)</small> 40 North Ave Burlington, MA 01803				<b>4. LICENSEE CONTACT AND TITLE</b> Kathleen Rouhan			
				<b>5. TELEPHONE NUMBER</b> <small>(Include Area Code)</small> 278-200X210		<b>6. FACSIMILE NUMBER</b> <small>(Include Area Code)</small> 359-9191	
<b>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</b> <input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input checked="" type="checkbox"/> OTHER (Specify) ⇒ MAINT + INSP <input type="checkbox"/> RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)							
<b>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</b> Curtiss-Wright Electro-Mechanical Div. 1000 Cheswick Ave. Cheswick, PA 15024				<b>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION</b> <small>(Street and Number or other location. Give as complete an address or directions as possible.)</small> 1000 Cheswick Ave. Cheswick, PA 15024			
				<b>10. CLIENT TELEPHONE NUMBER</b> <small>(Include Area Code)</small> (724) 275-5361		<b>11. WORK LOCATION TELEPHONE NUMBER</b> <small>(Include Area Code)</small> SAME	
<b>12. DATES SCHEDULED</b> FROM: 18NOV03    TO: 20NOV03		<b>13. NUMBER OF WORK DAYS</b> 2		<b>14. ADD</b>		<b>15. DELETE</b>	
						<b>16. LOCATION REFERENCE NUMBER</b> NUMBER TO BE ASSIGNED BY NRC 000673	
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.							
<b>17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED</b> <small>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</small> (1) 660 CONTAINING ~ 10G of Ir-192 (2) 684 CONTAINING ~ 10G of Co-60							
<b>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</b> <small>(Four copies of the specific license must accompany the initial NRC Form 241.)</small>				LICENSE NUMBER: 12-8361		STATE: MA    EXPIRATION DATE: 31 May 05	
<b>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b>							
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) Kathleen Rouhan, RALOA Manager				SIGNATURE Kathleen Rouhan		DATE 12 NOV 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.							
<b>FOR NRC USE ONLY</b>		REVIEWING OFFICIAL (Typed/Printed Name and Title) Judith L. Justice		SIGNATURE Judith L. Justice		DATE 11/13/03	
						TOTAL USAGE -- DAYS TO DATE 11	

NRC FORM 241 (7-1999)

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**AEA Technology**  
**QSA Inc.**

40 North Avenue  
Burlington, MA 01803  
Telephone (781) 272-2000  
Telephone (800) 815-1383  
Facsimile (781) 273-2216

November 12, 2003


Licensing Assistance Section  
Nuclear Materials Safety Branch  
U. S. Nuclear Regulatory Commission, Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

Dear Ms. Villar:

I am sending the original copy of Form 241 to request reciprocity under our State of Massachusetts radioactive materials license number 12-8361, a current copy has been enclosed for your files. The work is to be performed at Curtiss-Wright, 1000 Cheswick Ave., Cheswick, PA 15024, on November 18<sup>th</sup> and 19<sup>th</sup> 2003.

Should you have any questions or require additional information regarding this matter, please contact me at (781) 505-8236.

Sincerely,

  
Krissy Fantasia  
Licensing Assistant

Enclosure