


<b>NRC FORM 313</b> (4-2004) 10 CFR 30, 32, 33, 34, 35, 36, 39, and 40	<b>U.S. NUCLEAR REGULATORY COMMISSION</b>	<b>APPROVED BY OMB: NO. 3150-0120</b> EXPIRES: 10/31/2005 Estimated burden per response to comply with this mandatory collection request: 7 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), 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, (3150-0120), 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.
<h2 style="margin: 0;">APPLICATION FOR MATERIAL LICENSE</h2>		
<b>INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.</b>		
<b>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</b>  DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001  <b>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</b>  <b>IF YOU ARE LOCATED IN:</b>  ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:  LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415	<b>IF YOU ARE LOCATED IN:</b>  ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:  MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352  ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:  NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 76011-4005	
<b>PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.</b>		
<b>1. THIS IS AN APPLICATION FOR (Check appropriate item)</b> <input type="checkbox"/> A. NEW LICENSE <input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>47-14123-01</u> <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____	<b>2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)</b> Pechiney Rolled Products, LLC P.O. Box 68 Ravenswood, West Virginia 26164  <b>3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</b> Pechiney Rolled Products, LLC Willow Grove Road (PO Box 68) Ravenswood, West Virginia 26164  <b>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</b> Jeff Brooks  <b>TELEPHONE NUMBER</b> (304) 273-6972	
<b>SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.</b>		
<b>5. RADIOACTIVE MATERIAL</b> a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.	<b>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</b>	
<b>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.</b>	<b>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</b>	
<b>9. FACILITIES AND EQUIPMENT.</b>	<b>10. RADIATION SAFETY PROGRAM.</b>	
<b>11. WASTE MANAGEMENT.</b>	<b>12. LICENSE FEES (See 10 CFR 170 and Section 170.31)</b> FEE CATEGORY _____ AMOUNT ENCLOSED \$ _____	
<b>13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.</b>  THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.  WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 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>CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE</b> M. Todd Ritchie, Vice Pres. of Operations and Plant Manager		<b>SIGNATURE</b>  <b>DATE</b> 11-18-04
<b>FOR NRC USE ONLY</b>		
<b>TYPE OF FEE</b>	<b>FEE LOG</b>	<b>FEE CATEGORY</b>
<b>AMOUNT RECEIVED</b> \$ _____		<b>CHECK NUMBER</b> _____
<b>APPROVED BY</b> _____		<b>DATE</b> _____
<b>COMMENTS</b>  <div style="text-align: right; font-size: 24px; font-weight: bold;">136022</div>		



November 15, 2004

Licensing Assistance Team  
Division of Nuclear Materials Safety  
United States Nuclear Regulatory Commission, Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

Re: Request for Amendment of NRC License No. 47-14123-01, Pechiney Rolled Products, LLC

Dear Sir or Madam:

This letter is to request amendment of the following paragraphs of the above-mentioned license, as follows:

License Paragraph No.	Requested Change
7.B.	<p>Please replace the existing sentence with the following "Sealed Sources (ABB Model S-16, AEA Models AMC.19, AMC.30, AMC.50)."</p> <p>Please note the only change in 7B is the addition of AEA Model AMC.30.</p>

Should you have any questions, please contact me at (304)273-6972 or via email at [jeff.brooks@pechiney.com](mailto:jeff.brooks@pechiney.com).

Sincerely,

A handwritten signature in cursive script, reading "William J. Brooks".

William J. Brooks  
RSO

This is to acknowledge the receipt of your letter/application dated

November 18, 2004, and to inform you that the initial processing which includes an administrative review has been performed.

☒ There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information. *Amend*

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 136022.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
: Program Code: 03120  
: Status Code: 0  
: Fee Category: 3P  
: Exp. Date: 20120131  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: PECHINEY ROLLED PRODUCTS, LLC  
Received Date: 20041122  
Docket No: 3007657  
Control No.: 136022  
License No.: 47-14123-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed 52  
Date 11/26/04

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_\_/)

1. Fee Category and Amount: \_\_\_\_\_

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

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_