

Estimated burden per response to comply with this mandatory collection request: 4.4 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 F53), 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.

APPLICATION FOR MATERIAL LICENSE

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.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

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

IF YOU ARE LOCATED IN:

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

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.

1. THIS IS AN APPLICATION FOR (Check appropriate item)



A. NEW LICENSE



B. AMENDMENT TO LICENSE NUMBER _____



C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

Cosmos Technologies, Inc.
700 River Avenue, Suite 418
Pittsburgh, PA 15212

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

See Attachments

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

James Brown

TELEPHONE NUMBER

(412) 321-3951

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.

5. RADIOACTIVE MATERIAL

a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY 3.P.

AMOUNT ENCLOSED \$ 1,200.00

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

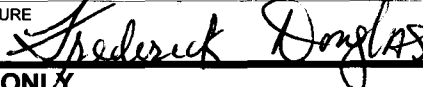
THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 82 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.

CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE

Frederick Douglas - President

SIGNATURE



DATE

03/28/2007

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
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			\$		
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APPROVED BY

DATE

140340
NMSS/RGN1 MATERIALS-002

ITEMS 5 AND 6: MATERIALS TO BE POSSESSED AND PROPOSED USES

Yes	No	Radioisotope	Manufacturer or Distributor Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
		Cesium-137	Sealed source manufacturer or distributor and model number: <u>See Attachments</u> Device manufacturer or distributor and model number: <u>Troxler</u> <u>3400 series,</u> <u>4640 & 4640-B</u>	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input checked="" type="checkbox"/> Specific description of the gauge use: _____ _____ _____ _____ _____ _____	<input checked="" type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)
		Americium-241	Sealed source manufacturer or distributor and model number: <u>See Attachments</u> Device manufacturer or distributor and model number: <u>Troxler</u> <u>3400 series,</u> <u>3216</u>	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input checked="" type="checkbox"/> Specific description of the gauge use: _____ _____ _____ _____ _____ _____	<input checked="" type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)

APPENDIX B

NOT APPLICABLE

Yes	No	Radioisotope	Manufacturer or Distributor Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
		Californium-252	Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: _____	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input type="checkbox"/> Specific description of the gauge use: _____ _____ _____ _____ _____	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)
		Other Isotope (Specify):	Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: _____	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input type="checkbox"/> Specific description of the gauge use: _____	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)
Financial Assurance Required and Evidence of Financial Assurance Provided						

ITEMS 7 THROUGH 11: TRAINING AND EXPERIENCE, FACILITIES AND EQUIPMENT, RADIATION SAFETY PROGRAM, AND WASTE DISPOSAL

Item No. And Title	Suggested Response	Yes	Alternative Procedures Attached
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE – RADIATION SAFETY OFFICER H Name: <u>James Brown</u>	Before obtaining licensed materials, the proposed RSO will have successfully completed one of the training courses described in Criteria in the section entitled "Individual(s) Responsible for Radiation Safety Program and Their Training and Experience – Radiation Safety Officer" in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS	Before using licensed materials, authorized users will have successfully completed one of the training course described in Criteria in the section entitled "Training for Individuals Working In or Frequenting Restricted Areas" in NUREG-1556, Vol. 1, Rev 1, dated November 2001.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. FACILITIES AND EQUIPMENT	No information needs to be submitted in response to this item; key issues are addressed under "Radiation Safety Program – Public Dose" and "Radiation Safety Program – Operating and Emergency Procedures."	Separate Item 9 Response Need Not Be Submitted With Application	
10. RADIATION SAFETY PROGRAM – AUDIT PROGRAM	The applicant is <i>not</i> required to, and should not, submit its audit program to NRC for review during the licensing phase.	Need Not Be Submitted With Application	
10. RADIATION SAFETY PROGRAM – TERMINATION OF ACTIVITIES	The applicant is <i>not</i> required to submit a response to the termination of activities section during the initial application. However, when the license expires when the licensee ceases operation, NRC Form 314 must be submitted.	Need Not Be Submitted With Application	
10. RADIATION SAFETY PROGRAM – SURVEY INSTRUMENTS	We will either possess and use, or have access to and use, a radiation survey meter that meets the Criteria in the section entitled "Radiation Safety Program – Instruments" in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

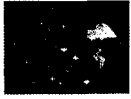
APPENDIX B

Item No. And Title	Suggested Response	Yes	Alternative Procedures Attached
10. RADIATION SAFETY PROGRAM – MATERIAL RECEIPT AND ACCOUNTABILITY	Physical inventories will be conducted at intervals not to exceed 6 months, to account for all sealed sources and devices received and possessed under the license.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. RADIATION SAFETY PROGRAM – OCCUPATIONAL DOSIMETRY	Either we will maintain, for inspection by NRC, documentation demonstrating that unmonitored individuals are not likely to receive a radiation dose in excess of 10 percent of the allowable limits in 10 CFR Part 20, or we will provide dosimetry processed and evaluated by an NVLAP-approved processor that is exchanged at a frequency recommended by the processor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. RADIATION SAFETY PROGRAM – PUBLIC DOSE	The applicant is <i>not</i> required to submit a response to the public dose section during the licensing phase. This matter will be examined during an inspection.	Need Not Be Submitted With Application	
10. RADIATION SAFETY PROGRAM – OPERATING AND EMERGENCY PROCEDURES	We will implement and maintain the operating and emergency procedures in Appendix H of NUREG-1556, Vol. 1, Rev. 1, dated November 2001, and provide copies of these procedures to all gauge users and at each job site.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	OR Operating and emergency procedures will be developed, implemented, and maintained and will meet the criteria in the section entitled "Radiation Safety Program – Operating and Emergency Procedures" in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.	<input type="checkbox"/>	
10. RADIATION SAFETY PROGRAM – LEAK TEST	Leak tests will be performed at intervals approved by NRC or an Agreement State and specified in the Sealed Source and Device Registration Sheet. Leak tests will be performed by an organization authorized by NRC or an Agreement State to provide leak testing services for other licensees or using a leak test kit supplied by an organization authorized by NRC or an Agreement State to provide leak test kits to other licensees and according to the kit supplier's instructions.	<input checked="" type="checkbox"/>	<input type="checkbox"/> The information in Appendix J supporting a request to perform leak testing and sample analysis is attached.

APPENDIX B

Item No. And Title	Suggested Response	Yes	Alternative Procedures Attached
10. RADIATION SAFETY PROGRAM – MAINTENANCE	<i>Routine Cleaning and Lubrication</i> We will implement and maintain procedures for routine maintenance of our gauges according to each manufacturer's recommendations and instructions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<i>Non-Routine Maintenance</i> We will send the gauge to the manufacturer or other person authorized by NRC or an Agreement State to perform non-routine maintenance or repair operations that require the removal of the source or source rod from the gauge.	<input checked="" type="checkbox"/>	<input type="checkbox"/> The information listed in Appendix G supporting a request to perform non-routine maintenance in-house is attached.
10. RADIATION SAFETY PROGRAM – TRANSPORTATION	The applicant is <i>not</i> required to submit its response to transportation during the licensing process. However, this issue will be reviewed during inspection.	Need Not Be Submitted With Application	
11. WASTE MANAGEMENT – GAUGE DISPOSAL AND TRANSFER	The applicant is <i>not</i> required to submit a response to waste management during the licensing process. However, the licensee should develop, implement, and maintain gauge transfer and disposal procedures in its radiation protection program.	Need Not Be Submitted With Application	

Cosmos Technologies, Inc., 700 River Avenue, Suite 418; Pittsburgh, PA 15212



Telephone: 412-321-3951 • Fax: 412-321-3954 • Cell: 412-287-1961

E-mail: info@cosmostechnologiesinc.com

Website: www.cosmostechnologiesinc.com

Application for Material License

Attachments

3. **ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED**

The permanent storage facility will be at the following address:

**1247 Buena Vista Street
Pittsburgh, PA 15212**

The gauge will also be used at temporary job sites anywhere in the United States where NRC maintains jurisdiction for regulating the use of radioactive materials

**REGISTRY OF RADIOACTIVE SEALED SOURCES AND DEVICES
SAFETY EVALUATION OF DEVICE
(AMENDS IN ITS ENTIRETY)**

NO.: NC-646-D-130-S

DATE: February 15, 2007

PAGE: 1 of 10

DEVICE TYPE: Portable Surface Moisture and Density Gauges

MODEL No.: 3400 Series: Models 3430, 3430-M, **3430 Plus**, 3440, 3440-M, **3440 Plus**, 3450, 3451

MANUFACTURER/DISTRIBUTOR: Troxler Electronic Laboratories
3008 Cornwallis Road, P.O. Box 12057
Research Triangle Park, NC 27709
(919) 549-8661

<u>SEALED SOURCE MODEL DESIGNATION:</u>	<u>ISOTOPE:</u>	<u>MAXIMUM ACTIVITY:</u>
<u>Troxler Drawing No. A-102112 which covers:</u> AEA Technology/QSA, Inc. Model No. CDCW556 Capsule Type XN.30 Special Form Certificate No. GB/140/S	Cs-137	9 millicuries (333 MBq)
 AEA Technology/QSA, Inc. Model No. CDCW556 Capsule Type X1218 Special Form Certificate No. GB/353/S-85	Cs-137	9 millicuries (333 MBq)
 Isotope Product Laboratories Model # HEG-137 Capsule type: 3024 Special Form Certificate # USA/0356/S	Cs-137	9 millicuries (333 MBq)
 <u>Troxler Drawing No. A-102451 which covers:</u> AEA Technology/QSA, Inc. Model # AMNV.997 Capsule type: X.1 Special Form Certificate # GB/7/S-85	Am-241:Be	44 millicuries (1.63 GBq)
 Isotope Product Laboratories Model # Am1.NO2 Special Form Certificate # CZ/1009/S-85	Am-241:Be	44 millicuries (1.63 GBq)
 <u>Troxler Drawing No. C-106580 which covers:</u> Isotope Product Laboratories Model Nos. 3021 or 3027 Special Form Certificate No. USA/0462/S	Am-241:Be	44 millicuries (1.63 GBq)
 <u>Troxler Drawing No. A-105560 which covers:</u> Isotope Product Laboratories Model HEG-252 Capsule Type 3024 Special Form Certificate No. USA/356/S	Cf-252	66 microcuries (2.44 MBq)

LEAK TEST FREQUENCY: 12 months

PRINCIPAL USE: (G) Portable Moisture/Density Gauges

CUSTOM DEVICE: YES **X** NO

**REGISTRY OF RADIOACTIVE SEALED SOURCES AND DEVICES
SAFETY EVALUATION OF DEVICE
(AMENDS IN ITS ENTIRETY)**

NO.: NC-646-D-131-S

DATE: June 20, 2006

PAGE: 1 of 7

DEVICE TYPE: Thin Layer Density Gauge

MODEL No.: 4640 & 4640-B

MANUFACTURER/DISTRIBUTOR: Troxler Electronic Laboratories
3008 Cornwallis Road, P.O. Box 12057
Research Triangle Park, NC 27709
(919) 549-8661

<u>SEALED SOURCE MODEL DESIGNATION:</u>	<u>ISOTOPE:</u>	<u>MAXIMUM ACTIVITY:</u>
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Troxler Drawing No. A-102112 which covers:
AEA Technology/QSA, Inc. Model No. CDCW556
Capsule Type XN.30
Special Form Certificate No. USA/0673/S

Cs-137

9 millicuries (333 MBq)

AEA Technology/QSA, Inc. Model No. CDCW556
Capsule Type X1218
Special Form Certificate No. USA/0614S

Cs-137

9 millicuries (333 MBq)

Isotope Product Laboratories Model # HEG-137
Capsule type: 3024
Special Form Certificate # USA/0356/S

Cs-137

9 millicuries (333 MBq)

LEAK TEST FREQUENCY: Twelve (12) months

PRINCIPAL USE: (G) Portable Moisture/Density Gauges

CUSTOM DEVICE: _____ YES

_____ **X** _____ NO

**REGISTRY OF RADIOACTIVE SEALED SOURCES AND DEVICES
SAFETY EVALUATION OF DEVICE
(AMENDS IN ITS ENTIRETY)**

NO.: NC-646-D-126-S

DATE: July 10, 2006

PAGE: 1 of 7

DEVICE TYPE: Portable Surface Moisture Gauge

MODEL No.: 3216

MANUFACTURER/DISTRIBUTOR: Troxler Electronic Laboratories
3008 Cornwallis Road
P.O. Box 12057
Research Triangle Park, NC 27709
(919) 549-8661

SEALED SOURCE MODEL DESIGNATION:

ISOTOPE:

MAXIMUM ACTIVITY:

Troxler Drawing No. A-102451 which covers:

QSA Global, Inc.

Am-241:Be

44 millicuries (1.63 GBq)

Model No. AMNV.997

Capsule Type X.1

Special Form Certificate No. USA/0632/S

Isotope Product Laboratories

Am-241:Be

44 millicuries (1.63 GBq)

Model # Am1.NO2

Special Form Certificate No. CZ/1009/S-85

LEAK TEST FREQUENCY: 12 months

PRINCIPAL USE: (G) Portable Moisture Density Gauge

CUSTOM DEVICE:

_____ YES

_____ **X** _____ NO

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

3/28/2007, and to inform you that the initial processing which includes an administrative review has been performed.

☒ NEW LICENSE APPLICATION (03037443)
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.

☐ 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 140340.
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: 03121
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Req'd: _
.....

LICENSE FEE TRANSMITTAL

A. REGION *I*

1. APPLICATION ATTACHED

Applicant/Licensee: COSMOS TECHNOLOGIES, INC.
Received Date: 20070404
Docket No: 3037443
Control No.: 140340
License No.: *37-31235-01*
Action Type: New Licensee

2. FEE ATTACHED *\$1,200.00*

Amount: _____
Check No.: *4402*

3. COMMENTS

Signed *M.A. Perkins*
Date *4/4/2007*

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 _____