

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.

<p>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</p> <p>DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001</p>	<p>IF YOU ARE LOCATED IN:</p> <p>ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:</p> <p style="text-align: right;"><i>NM183</i></p> <p>MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352</p>
<p>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</p> <p>IF YOU ARE LOCATED IN:</p>	<p>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:</p> <p style="text-align: right;"><i>LL 31239</i></p>
<p>LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415</p>	<p>NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 76011-4005</p> <p style="text-align: right;"><i>030 37451</i> <i>03121</i></p> <p style="text-align: center;"><i>(37-31239-01)</i></p>
<p>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.</p>	

<p>1. THIS IS AN APPLICATION FOR (Check appropriate item)</p> <p><input checked="" type="checkbox"/> A. NEW LICENSE</p> <p><input type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER _____</p> <p><input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____</p>	<p>2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)</p> <p>Independent Sample Services, Inc 54 Fairway Lane Sugarloaf, Pa 18249</p>
<p>3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</p> <p>201 West Clay Avenue West Hazleton, PA 18202</p>	<p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p>De Ann Miller</p> <p>TELEPHONE NUMBER</p> <p>(570) 582-9277</p>

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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

<p>5. RADIOACTIVE MATERIAL</p> <p>a. Element and mass number, b. chemical and/or physical form, and c. maximum amount which will be possessed at any one time</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED</p>			
<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE</p>	<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS</p>			
<p>9. FACILITIES AND EQUIPMENT</p>	<p>10. RADIATION SAFETY PROGRAM</p>			
<p>11. WASTE MANAGEMENT</p>	<p>12. LICENSE FEES (See 10 CFR 170 and Section 170.31)</p> <table border="1"> <tr> <td>FEE CATEGORY</td> <td>AMOUNT ENCLOSED</td> <td>\$ 1,200.00</td> </tr> </table>	FEE CATEGORY	AMOUNT ENCLOSED	\$ 1,200.00
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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, 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.

<p>CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE</p> <p>De Ann Miller / President</p>	<p>SIGNATURE</p> <p><i>De Ann Miller</i></p>	<p>DATE</p> <p>4-12-07</p>
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FOR NRC USE ONLY

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

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: Device manufacturer or distributor and model number: Troxler Electronic Model 3400 Series Moisture Density Gauges - Qty 5 See Attached	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: For measurement of physical properties of materials	<input 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: Device manufacturer or distributor and model number: Troxler Electronic Model 3400 Series Moisture Density Gauges - Qty 5 See Attached	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: For measurement of physical properties of materials	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are: (Submit safety analysis supporting safe use)

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

Independent Sample Services, Inc. will be using the Troxler Model 3400 Series Moisture Density Gauges for measurement of physical properties of materials.

Our intent is to order 2 (two) gauges now, with a foreseen growth plan to purchase an additional 3 (three) gauges over the course of the next 5 (five) years. We would like to have a total of 5 (five) gauges approved for this license.

APPENDIX B

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"/> No 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"/> No Specific description of the gauge use: _____ _____	<input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)
<i>Financial Assurance Required and Evidence of Financial Assurance Provided</i>						

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
<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE – RADIATION SAFETY OFFICER</p> <p>Name: <i>De Ann Miller</i></p>	<p>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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS</p>	<p>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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>9. FACILITIES AND EQUIPMENT</p>	<p>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."</p>	Separate Item 9 Response Need Not Be Submitted With Application	
<p>10. RADIATION SAFETY PROGRAM – AUDIT PROGRAM</p>	<p>The applicant is <i>not</i> required to, and should not, submit its audit program to NRC for review during the licensing phase.</p>	Need Not Be Submitted With Application	
<p>10. RADIATION SAFETY PROGRAM – TERMINATION OF ACTIVITIES</p>	<p>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.</p>	Need Not Be Submitted With Application	
<p>10. RADIATION SAFETY PROGRAM – SURVEY INSTRUMENTS</p>	<p>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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

4/12/2002, and to inform you that the initial processing which includes an administrative review has been performed.

NEW LICENSE APPLICATION (03037451)
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** 140383.
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: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 License Fee Management Branch, ARM : Program Code: 03121
 and : Status Code: 3
 Regional Licensing Sections : Fee Category: _____
 : Exp. Date: 0
 : Fee Comments: _____
 : Decom Fin Assur Req'd: _
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: INDEPENDENT SAMPLE SERVICES, INC.
 Received Date: 20070416
 Docket No: 3037451
 Control No.: 140383
 License No.: 37-31239-01
 Action Type: New Licensee

2. FEE ATTACHED \$1,200.00
 Amount: _____
 Check No.: 1027

3. COMMENTS

Signed W. A. Perkins
 Date 4/17/2007

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 _____