

NRC FORM 313
(10-2005)
10 CFR 30, 32, 33,
34, 35, 36, 39, and 40

U.S. NUCLEAR REGULATORY COMMISSION

APPLICATION FOR MATERIAL LICENSE

APPROVED BY OMB: NO. 3150-0120 **EXPIRES: 10/31/2008**
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.

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, 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, MISSISSIPPI, 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 29-30946-01

C. RENEWAL OF LICENSE NUMBER _____

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

Oweis Engineering, Inc.
Luma J Oweis
143 Washington Street -
Morristown, NJ 07960

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

143 Washington Street
Morristown, NJ 07960

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Peter Caldwell

TELEPHONE NUMBER

(972) 539-4400

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	AMOUNT ENCLOSED	\$

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.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE
Luma J. Oweis, President

SIGNATURE  DATE **11/12/2007**

FOR NRC USE ONLY					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	
					141329

RECEIVED REGION I
NOV 15 PM 12:20

NM183

03036645

Item 7 – change of RSO from Whitney Ring to Peter Caldwell (certificates attached)

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
X		Cesium-137	Sealed source manufacturer or distributor and model number: <u>PLEASE SEE ATTACHED</u> Device manufacturer or distributor and model number: <u>PLEASE SEE ATTACHED</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: <u>MEASURE</u> <u>PHYSICAL</u> <u>PROPERTIES</u> OF <u>MATERIALS</u>	<input checked="" type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)
X		Americium-241	Sealed source manufacturer or distributor and model number: <u>SEE ATTACHED</u> Device manufacturer or distributor and model number: <u>SEE ATTACHED</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: <u>MEASURE</u> <u>PHYSICAL</u> <u>PROPERTIES</u> OF <u>MATERIALS</u>	<input checked="" type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)

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
	X	Californium-252	Sealed source manufacturer or distributor and model number: <hr/> Device manufacturer or distributor and model number: <hr/>	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: <hr/> <hr/> <hr/> <hr/> <hr/>	<input checked="" type="checkbox"/> Not applicable <hr/> <input type="checkbox"/> Uses are: <hr/> (Submit safety analysis supporting safe use)
	X	Other Isotope (Specify):	Sealed source manufacturer or distributor and model number: <hr/> Device manufacturer or distributor and model number: <hr/>	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: <hr/>	<input checked="" type="checkbox"/> Not applicable <hr/> <input type="checkbox"/> Uses are: <hr/> (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>Peter Caldwell</i></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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS</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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>9. FACILITIES AND EQUIPMENT</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."	Separate Item 9 Response Need Not Be Submitted With Application	
<p>10. RADIATION SAFETY PROGRAM – AUDIT PROGRAM</p>	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	
<p>10. RADIATION SAFETY PROGRAM – TERMINATION OF ACTIVITIES</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.	Need Not Be Submitted With Application	
<p>10. RADIATION SAFETY PROGRAM – SURVEY INSTRUMENTS</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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Certificate of Completion

This certifies that

Peter Caldwell

has successfully completed the
Radiation Safety Officer Class

conducted by the training department of

Troxler Electronic Laboratories, Inc.

Harvey Dunlevy

Harvey Dunlevy

Instructor

6/21/2007

Date

William F. Troxler, Jr.

President



Troxler Electronic Laboratories, Inc.

PO Box 12057 • 3008 Cornwallis Rd. • Research Triangle Park, NC 27709

Phone: (919) 549-8661 • Fax: (919) 549-0761 • Web site: www.troxlerlabs.com

Enrollment ID: 23532

Certificate of Completion

This certifies that

Peter Caldwell

has successfully completed the

Nuclear Gauge Safety Training Class

conducted by the training department of

Troxler Electronic Laboratories, Inc.


Harvey Dunlevy

Instructor

8/9/2005

Date

William F. Troxler, Jr.
President



Troxler Electronic Laboratories, Inc.

PO Box 12057 • 3008 Cornwallis Rd. • Research Triangle Park, NC 27709

Phone: (919) 549-8661 • Fax: (919) 549-0761 • Web site: www.troxlerlabs.com

Enrollment ID: 14847

HAZMAT Certification

as required by U.S. DOT and IATA

This certifies that

Peter Caldwell

has been trained and tested in accordance with the U.S. Department of Transportation and International Air Transport Association (IATA) hazardous material requirements for general awareness/familiarization, function-specific, safety, and security awareness training as related to the transportation of nuclear gauges. A description of the training course materials is available from Troxler Electronic Laboratories, Inc.

6/21/2007

Training Date

6/21/2010

Expiration Date

Harvey Dunlevy

Instructor



Troxler Electronic Laboratories, Inc.

PO Box 12057 • 3008 Cornwallis Rd. • Research Triangle Park, NC 27709
Phone: (919) 549-8661 • Fax: (919) 549-0761 • www.troxlerlabs.com

Hazmat Employer Certification

Company: Oweis Engineering Inc.
143 Washington Street
2nd Floor
Morristown, NJ 07960

Company Official:

Peter Caldwell

Date: 7-6-07

Enrollment ID: 23532

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

11/12/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 29-30946-01 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** 141329.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)
(6-96)

Sincerely,
Licensing Assistance Team Leader