

LTS WORKSHEET

DOCKET NO : 03037557 LICENSE NO : 11-27680-02E STATUS: 3
MAIL CONTROL: 022631 RECEIPT DATE : 20071010 ACTION TYPE: 2
DUE DATE : 20080108
FED. GOVT : C INST. CODE : 27680 LICENSE REGION: 0
ISSUE DATE: _____ ORIGINAL DATE: _____ EXPIRATION DATE: _____
NAME : INTERNATIONAL ISOTOPES INC. DECOM FIN ASSUR REQD: _____
SUBM: _____
DEPT/BUREAU: _____ CONT PLAN REQD: _____ APPRV: _____
BUILDING : _____
STREET : 4137 COMMERCE CIRCLE
CITY : IDAHO FALLS STATE: ID ZIP: 83401
CONTACT PERSON: JOHN J. MILLER CHP PHONE: 208-524-5300
PRIMARY PGM CODE : 03250 SECONDARY PGM CODES: _____
INSPECTION REGION: 4 PRIORITY CODE: _____ INSPECTION CATEGORY: _____
RADIATION SAFETY OFFICER: JOHN J MILLER
RSO PHONE: 208-524-5300 RSO FAX NUMBER: 208-524-1411
RSO EMAIL ADDRESS: jjmiller@intisoid.com
STATES WHERE USE IS AUTHORIZED: - 0 - ALL LISTED STATES
1 - SAME AS STATE IN ADDRESS
2 - ALL STATES
3 - NON-AGREEMENT STATES
AUTHORIZED STATES: _____ (USE ONLY IF ABOVE IS ZERO)
REPORTING IDENTIFICATION SYMBOL: _____
APPROVAL FOR: REDISTRIBUTION: STORAGE ONLY:
TEMPORARY JOB SITES: INCINERATION:
BURIAL:
EXEMPTIONS GRANTED : 10 CFR 32.11(c)
EXEMPTIONS REQUESTED: 10 CFR 32.11(c)
EXEMPTIONS DENIED : _____

POSSESSION LIMIT INFORMATION

MATERIAL TYPE : NPA FORM CODE: ___ AGGREGATE CODE: ___
MODEL NUMBER : _____
DESCRIPTION : _____
TOTAL QUANTITY : _____ UNIT: ___
OTHER : _____ # SOURCES: ___

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MODEL NUMBER : _____
DESCRIPTION : _____
TOTAL QUANTITY : _____ UNIT: ___
OTHER : _____ # SOURCES: ___

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MODEL NUMBER : _____
DESCRIPTION : _____
TOTAL QUANTITY : _____ UNIT: ___
OTHER : _____ # SOURCES: ___

NAME

AUTHORIZATION

ADDRESS WHERE MATERIAL IS USED OR POSSESSED

BUILDING: _____	_____
ROOM: _____	_____
STREET: _____	_____
CITY: _____	_____
STATE: _____	_____
INSPECTION DATE: _____	INSPECTION DATE: _____
BUILDING: _____	_____
ROOM: _____	_____
STREET: _____	_____
CITY: _____	_____
STATE: _____	_____
INSPECTION DATE: _____	INSPECTION DATE: _____
BUILDING: _____	_____
ROOM: _____	_____
STREET: _____	_____
CITY: _____	_____
STATE: _____	_____
INSPECTION DATE: _____	INSPECTION DATE: _____
BUILDING: _____	_____
ROOM: _____	_____
STREET: _____	_____
CITY: _____	_____
STATE: _____	_____
INSPECTION DATE: _____	INSPECTION DATE: _____
BUILDING: _____	_____
ROOM: _____	_____
STREET: _____	_____
CITY: _____	_____
STATE: _____	_____
INSPECTION DATE: _____	INSPECTION DATE: _____
BUILDING: _____	_____
ROOM: _____	_____
STREET: _____	_____
CITY: _____	_____
STATE: _____	_____
INSPECTION DATE: _____	INSPECTION DATE: _____

4137 Commerce Circle
Idaho Falls
Idaho