

LTS WORKSHEET

DOCKET NO : 03020771 LICENSE NO : 21-19874-02E STATUS: 0
MAIL CONTROL: 022710 RECEIPT DATE : 20081003 ACTION TYPE: 4
DUE DATE : 20090101
FED. GOVT : C INST. CODE : 19874 LICENSE REGION: 0
ISSUE DATE: 20040310 ORIGINAL DATE: 19840117 EXPIRATION DATE: 20121130
NAME : TRIJICON, INC. DECOM FIN ASSUR REQD: N
SUBM: _
DEPT/BUREAU: _____ CONT PLAN REQD: N APPRV: _
BUILDING : 49385 SHAFER AVENUE
STREET : P. O. BOX 930059
CITY : WIXOM STATE: MI ZIP: 483930059
CONTACT PERSON: DARIN W. SCHICK PHONE: 248-960-7700

PRIMARY PGM CODE : 03254 SECONDARY PGM CODES: _____
INSPECTION REGION: 3 PRIORITY CODE: 5 INSPECTION CATEGORY: E1C
RADIATION SAFETY OFFICER: STEPHEN G. BINDON
RSO PHONE: 248-960-7700 RSO FAX NUMBER: 248-960-7725
RSO EMAIL ADDRESS: _____

STATES WHERE USE IS AUTHORIZED: 1 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: N STORAGE ONLY: N
TEMPORARY JOB SITES: N INCINERATION: N
BURIAL: N

EXEMPTIONS GRANTED : _____
EXEMPTIONS REQUESTED: _____
EXEMPTIONS DENIED : _____

POSSESSION LIMIT INFORMATION

MATERIAL TYPE : NPA FORM CODE: NPA AGGREGATE CODE: NPA
MODEL NUMBER : _____
DESCRIPTION : _____
TOTAL QUANTITY : 0000000.000000000 UNIT: _____
OTHER : - # SOURCES: _____

MATERIAL TYPE : _____ 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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DESCRIPTION : _____
TOTAL QUANTITY : _____ UNIT: _____
OTHER : - # SOURCES: _____

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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: 1
ROOM: _____
STREET: 49385 SHAFER AVENUE
CITY: WIXOM
STATE: MI 48393
INSPECTION DATE: _____ INSPECTION DATE: _____

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

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CITY: _____
STATE: _____
INSPECTION DATE: _____ INSPECTION DATE: _____