

LTS WORKSHEET

DOCKET NO : 03034885 LICENSE NO : 17-23855-01E STATUS: 0
MAIL CONTROL: 022735 RECEIPT DATE : 20090127 ACTION TYPE: 3
DUE DATE : 20090726
FED. GOVT : C INST. CODE : 23855 LICENSE REGION: 0
ISSUE DATE: 20020709 ORIGINAL DATE: 19980728 EXPIRATION DATE: 20090228
NAME : POWERTRONIC SYSTEMS, INC. DECOM FIN ASSUR REQD: N
SUBM: _
DEPT/BUREAU: _____ CONT PLAN REQD: N APPRV: _
BUILDING : _____
STREET : 13700 CHEF MENTEUR HWY.
CITY : NEW ORLEANS STATE: LA ZIP: 70129
CONTACT PERSON: ROBERT JORDAN PHONE: 504-254-0383
PRIMARY PGM CODE : 03255 SECONDARY PGM CODES: _____
INSPECTION REGION: 4 PRIORITY CODE: 5 INSPECTION CATEGORY: E
RADIATION SAFETY OFFICER: ROBERT JORDAN
RSO PHONE: 504-254-0383 RSO FAX NUMBER: 504-254-0393
RSO EMAIL ADDRESS: PSIENG "AT" BELLSOUTH.NET
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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MODEL NUMBER	:					
DESCRIPTION	:					
TOTAL QUANTITY	:		UNIT:			
OTHER	:		# SOURCES:			
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MODEL NUMBER	:					
DESCRIPTION	:					
TOTAL QUANTITY	:		UNIT:			
OTHER	:		# SOURCES:			
MATERIAL TYPE	:		FORM CODE:		AGGREGATE CODE:	
MODEL NUMBER	:					
DESCRIPTION	:					
TOTAL QUANTITY	:		UNIT:			
OTHER	:		# SOURCES:			

NAME

AUTHORIZATION

ADDRESS WHERE MATERIAL IS USED OR POSSESSED

BUILDING: POWERTRONIC
ROOM: _____
STREET: 13700 CHEF MENTEUR HWY.
CITY: NEW ORLEANS
STATE: LA 70129
INSPECTION DATE: _____ INSPECTION DATE: _____

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