

LTS WORKSHEET

DOCKET NO : 03035149 LICENSE NO : 09-23866-01E STATUS: 0

MAIL CONTROL: 022764 RECEIPT DATE : 20090901 ACTION TYPE: 3
DUE DATE : 20100228

FED. GOVT : C INST. CODE : 23866 LICENSE REGION: 0 *20200229*

ISSUE DATE: 20050421 ORIGINAL DATE: 19990915 EXPIRATION DATE: ~~20090930~~

NAME : AMGLO KEMLITE LABORATORIES, INC. DECOM FIN ASSUR REQD: N
SUBM: _

DEPT/BUREAU: _____ CONT PLAN REQD: N APPRV: _

BUILDING : _____

STREET : 8787 ENTERPRISE BLVD.

CITY : LARGO STATE: FL ZIP: 33773

CONTACT PERSON: ~~JOSEPH D'ETTORE~~ *PATRICIA GARST* PHONE: ~~813-855-5152~~ *727-812-2000*

PRIMARY PGM CODE : 03251 SECONDARY PGM CODES: _____

INSPECTION REGION: 1 PRIORITY CODE: 5 INSPECTION CATEGORY: E

RADIATION SAFETY OFFICER: _____

RSO PHONE: _____ RSO FAX NUMBER: _____

RSO EMAIL ADDRESS: _____

- 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 : _____

EXEMPTIONS REQUESTED: _____

EXEMPTIONS DENIED : _____

POSSESSION LIMIT INFORMATION

MATERIAL TYPE : NPA FORM CODE: NPA AGGREGATE CODE: NPA
MODEL NUMBER : _____
DESCRIPTION : _____
TOTAL QUANTITY : 0000000.00000000 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: 12400 ENTERPRISE BLVD	_____	315 GATEWAY RD	_____
CITY: LARGO	_____	BENSENVILLE	_____
STATE: FL 33773	_____	IL 60106	_____
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: _____	_____
BUILDING: _____	_____	_____	_____
ROOM: _____	_____	_____	_____
STREET: _____	_____	_____	_____
CITY: _____	_____	_____	_____
STATE: _____	_____	_____	_____
INSPECTION DATE: _____	_____	INSPECTION DATE: _____	_____