

MATERIALS LICENSE TERMINATION/RETIREMENT FORM

NAME: Resource Applications, Inc. LICENSE NO.: 45-24932-02
 ADDRESS: 2980 Fairview Park Drive, DOCKET NO.: 030-32960
Suite 100 EXPIRATION DATE: 11/30/02
Falls Church, VA 22042 DATE OF CONTACT: _____

LICENSEE CONTACT: _____
 (Name & Title)

TELEPHONE NUMBER: _____

BASIS FOR TERMINATION AND/OR RETIREMENT: _____

~~Form 314 dtd. 11/26/96 Materials transferred On 9/27/96 to EGS Associates~~

~~Region 1 29-28670-01~~

VERIFICATION

1. Form 314 or equivalent received from licensee? ☒ Yes ☐ No ☐ NA
2. The above License No. Terminated was ☒ Yes ☐ No ☐ NA
 superceded by License No. _____?
3. A closeout survey was performed by the licensee? ☐ Yes ☐ No ☒ NA
4. A closeout survey by the licensee should be performed? ☐ Yes ☐ No ☒ NA
5. A closeout survey by NRC will be performed? ☐ Yes ☐ No ☒ NA
6. The termination and/or retirement of the above license meets the guidelines in Guidance Directives FC-83-3 and FC-83-23 and H. L. Thompson's Memo to Regional Administrators 10/3/94, requiring transfer of decommissioning, public dose and waste disposal records to a successor licensee or to NRC. ☒ Yes ☐ No ☐ NA

B/5

7. Retire/Terminate (circle one)
License No. _____ (if license is to be
terminated, send this form and license to a
Reviewer.)

☒ Yes ☐ No ☐ NA

8. Change status of License No. _____
to 04 (retired).

☐ Yes ☐ No ☐ NA

9. Status of License No. 45-44932-02
was changed to status of 04 on _____
and this status was verified on 12/12/94

☐ Yes ☐ No ☐ NA

Licensing Assistant _____
Inspector Reviewer _____
NML Section Chief _____

Date 12/12/94
Date 12/12/96
Date 12/12/96

10. Disposition of material verified.

☒ Yes ☐ No ☐ NA

By Letter from Recipient of source

Does facility require decommissioning?

☐ Yes ☒ No ☐ NA

NMI Section Chief _____

(If yes, complete Form 197C)

Date 12/12/94 NA

cc: License File
LFDC Branch