



Picker International, Inc.

595 Miner Road
Cleveland, Ohio 44143
Telephone: (216) 473 3000

August 26, 1991

Ms. Susan L. Greene
Commercial Section
Medical, Academic, and Commercial
Use Safety Branch
Division of Industrial and
Medical Nuclear Safety, NMSS
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

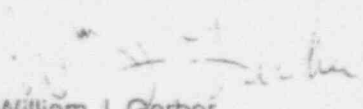
Reference: License No. 34-23627-01E
Docket No. 030-29330

Dear Ms. Greene:

You are correct, the above captioned license is still valid. Picker International, however, requests that this license be terminated. We have shipped no material under this license for the past twelve months. Picker International has also requested termination of license number 34-07225-04 and will decommission the licensed facility at 595 Miner Road, Highland Heights, Ohio 44143. We would like confirmation of the fact that invoice No. AMO 4721-91 is no longer valid under the above conditions.

LFDCB
will
respond
to this

Very truly yours,


William J. Gerber
Manager, Industry Relations

WJG/pas

9304070088 921222
PDR FOIA
RUMPF92-480 PDR
6 P P

RECD
09-06-91

Termination

021247

DECOMMISSIONING FINANCIAL ASSURANCE INFORMATION

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DOCKET: 03028330 LIC: 34-23627-01E NAME: PICKER INTL

PARTY ISSUING MECHANISM:

NAME _____
ADDR1 _____
ADDR2 _____
CITY _____
STATE _____ ZIP: _____ASSUR TYPE: (C-CERT D-DFF)
MECH TYPE: _____
MECH AMOUNT: _____
APPROVED? _____ DATE: _____
EXPIRES ? _____ DATE: _____

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APPROVED? _____ DATE: _____
EXPIRES ? _____ DATE: _____

INDIVIDUAL USERS

PAGE: 3

NAME

AUTHORIZATION

_____	_____
_____	_____
_____	_____

ADDRESS WHERE MATERIAL IS USED OR POSSESSED

BUILDING:	_____	_____
ROOM:	_____	_____
STREET:	_____	_____
CITY:	_____	_____
STATE:	_____	_____
BUILDING:	_____	_____
ROOM:	_____	_____
STREET:	_____	_____
CITY:	_____	_____
STATE:	_____	_____
BUILDING:	_____	_____
ROOM:	_____	_____
STREET:	_____	_____
CITY:	_____	_____
STATE:	_____	_____
BUILDING:	_____	_____
ROOM:	_____	_____
STREET:	_____	_____
CITY:	_____	_____
STATE:	_____	_____
BUILDING:	_____	_____
ROOM:	_____	_____
STREET:	_____	_____
CITY:	_____	_____
STATE:	_____	_____
BUILDING:	_____	_____
ROOM:	_____	_____
STREET:	_____	_____
CITY:	_____	_____
STATE:	_____	_____

POSSESSION LIMIT INFORMATION

PAGE: 2

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

CONVERSATION RECORD			TIME	DATE 10/9/91
TYPE	☒ VISIT ☐ CONFERENCE ☐ TELEPHONE	☐ INCOMING ☐ OUTGOING		
Location of Visit/Conference:				
NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU	ORGANIZATION (Office, Dept., Bureau)	TELEPHONE NO.		
Bruce Carrico	SEC 3			
SUBJECT				
product transfer report - P. Iker International				
SUMMARY				

ROUTING	
NAME/SYMBOL	INT

Regarding product transfer of multi sources and apparent violation of distributor license. Followup investigation ~~was~~ revealed that the sources had been transferred to specific licensees.

ACTION REQUIRED

None

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
Terre Taylor	Terre Taylor	10/9/91
ACTION TAKEN		

SIGNATURE	TITLE	DATE

CONVERSATION RECORD			TIME 920	DATE 10-9-91
TYPE ☐ VISIT ☐ CONFERENCE ☒ TELEPHONE				
Location of Visit/Conference:			☐ INCOMING ☒ OUTGOING	
NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU		ORGANIZATION (Office, dept., bureau, etc.)	TELEPHONE NO.	
William Gerber		Picker International	216-473 3000	
SUBJECT				
Termination of Lic. # 34-23627-DLE & Distribution Reports.				
SUMMARY				

Called regarding product transfer reports. Stated there had been no distribution under license. Between Oct. 89 - Aug 90 - there had been no distribution. Termination letter stated that there had not been any distribution in the last 12 months (Aug 90 Aug 91)

ACTION REQUIRED

None

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
Torre Taylor	[Signature]	10/5/91
ACTION TAKEN		

SIGNATURE	TITLE	DATE