

a Copy until signed is returned. A called 7/22

NRC Form 313 I (12-81) 10 CFR 30 APPLICATION FOR BYPRODUCT MATERIAL LICENSE INDUSTRIAL	1. APPLICATION FOR: (Check and/or complete as appropriate)
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See attached instructions for details.

Completed applications are filed in duplicate with the Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety, and Safeguards, U.S. Nuclear Regulatory Commission, Washington, DC 20555 or applications may be filed in person at the Commission's office at 1717 H Street, NW, Washington, D. C. or 7915 Eastern Avenue, Silver Spring, Maryland.

2. APPLICANT'S NAME (Institution, firm, person, etc.) Multigraphics - Div. of AM International TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION 312/398-1900	3. NAME AND TITLE OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION George Soderling - Sr. Facilities Engineer TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION 312/398-1900 (Ext.2478)
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4. APPLICANT'S MAILING ADDRESS (Include Zip Code) (Address to which NRC correspondence, notices, bulletins, etc., should be sent.) Multigraphics - Div. of AM International 1800 W. Central Road Mt. Prospect, IL 60056	5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED (Include Zip Code) 1800 W. Central Road Mt. Prospect, IL 60056
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(IF MORE SPACE IS NEEDED FOR ANY ITEM, USE ADDITIONAL PROPERLY KEYED PAGES.)

6. INDIVIDUAL(S) WHO WILL USE OR DIRECTLY SUPERVISE THE USE OF LICENSED MATERIAL
 (See Items 16 and 17 for required training and experience of each individual named below)

FULL NAME	TITLE
a. Bernard Schmidt	Supplies Supervisor (1st Shift)
b. Joseph Urban	Supplies Supervisor (2nd Shift)
c.	

7. RADIATION PROTECTION OFFICER Individual users - Mr. B. Schmidt and Mr. J. Urban will be responsible for radiation protection.	Attach a resume of person's training and experience as outlined in Items 16 and 17 and describe his responsibilities under Item 15. See Attachment
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8. LICENSED MATERIAL

L I N E NO.	ELEMENT AND MASS NUMBER A	CHEMICAL AND/OR PHYSICAL FORM B	NAME OF MANUFACTURER AND MODEL NUMBER (If Sealed Source) C	MAXIMUM NUMBER OF MILLICURIES AND/OR SEALED SOURCES AND MAXIMUM ACTIVITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE TIME D
(1)	Plutonium 238	Sealed Source	Ohmart Mfg. Co. Model A-15170	Maximum No. of Millicuries in possession at any one time = 3000
(2)				Five (5) sealed sources.
(3)				Value of each sealed source = 600 Millicuries.
(4)	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> License Fee Information on <i>next page</i> </div>			

DESCRIBE USE OF LICENSED MATERIAL
 E

- (1) To be used in five (5) Ohmart Model BGOM-13 source holders as part of five (5)
- (2) Ohmart Model BGOM gages for the measurement of zinc oxide coating on paper.
- (3) 8209230385 820722
PDR ADOCK 070*****
C PDR
- (4)

9. STORAGE OF SEALED SOURCES

LINE NO.	CONTAINER AND/OR DEVICE IN WHICH EACH SEALED SOURCE WILL BE STORED OR USED. A.	NAME OF MANUFACTURER B.	MODEL NUMBER C.
(1)	Five (5) sealed source holders.	Ohmart Mfg. Co.	BGOM-13
(2)			
(3)			
(4)			

10. RADIATION DETECTION INSTRUMENTS

LINE NO.	TYPE OF INSTRUMENT A.	MANUFACTURER'S NAME B.	MODEL NUMBER C.	NUMBER AVAILABLE D.	RADIATION DETECTED (alpha, beta, gamma, neutron) E.	SENSITIVITY RANGE (milliroentgens/hour or counts/minute) F.
(1)						
(2)						
(3)						
(4)						

11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

a. CALIBRATED BY SERVICE COMPANY
NAME, ADDRESS, AND FREQUENCY

b. CALIBRATED BY APPLICANT
Attach a separate sheet describing method, frequency and standards used for calibrating instruments.

12. PEI

TYPE (Check and/or complete as appropriate.) A.	REQUENCY
<input type="checkbox"/> (1) FILM BADGE	
<input type="checkbox"/> (2) THERMOLUMINESCENCE DOSIMETER (TLD)	
<input type="checkbox"/> (3) OTHER (Specify): _____	

RECEIVED BY LFMD
 Date: 7/29/82
 Log: July pg 3 Renewal
 By: Brown
 Orig. To: _____
 Action Compl. 7/29/82

13. FACILITIES AND EQUIPMENT (Ch.)

- a. LABORATORY FACILITIES, PLANT FACILITIES, FUME HOOD
- b. STORAGE FACILITIES, CONTAINERS, SPECIAL SHIELDING
- c. REMOTE HANDLING TOOLS OR EQUIPMENT, ETC.
- d. RESPIRATORY PROTECTIVE EQUIPMENT, ETC.

Application # 048476
 Check # 110111
 Amount: \$
 Type of fee: Renewal
 Date check received: 7/29/82
 received By: Brown

14. WASTE

a. NAME OF COMMERCIAL WASTE DISPOSAL SERVICE EMPLOYED: _____

b. IF COMMERCIAL WASTE DISPOSAL SERVICE IS NOT EMPLOYED, BE USED FOR DISPOSING OF RADIOACTIVE WASTES AND ESTIMATES OF THE TYPE AND AMOUNT OF ACTIVITY INVOLVED. IF THE APPLICATION IS FOR SEALED SOURCES AND DEVICES AND THEY WILL BE RETURNED TO THE MANUFACTURER, SO STATE _____

INFORMATION REQUIRED FOR ITEMS 15, 16 AND 17

Describe in detail the information required for Items 15, 16 and 17. Begin each item on a separate page and key to the application as follows:

- 15. **RADIATION PROTECTION PROGRAM.** Describe the radiation protection program as appropriate for the material to be used including the duties and responsibilities of the Radiation Protection Officer, control measures, bioassay procedures *(if needed)*, day-to-day general safety instruction to be followed, etc. If the application is for sealed source's also submit leak testing procedures, or if leak testing will be performed using a leak test kit, specify manufacturer and model number of the leak test kit.

- 16. **FORMAL TRAINING IN RADIATION SAFETY.** Attach a resume for each individual named in Items 6 and 7. Describe individual's formal training in the following areas where applicable. Include the name of person or institution providing the training, duration of training, when training was received, etc.
 - a. Principles and practices of radiation protection.
 - b. Radioactivity measurement standardization and monitoring techniques and instruments.
 - c. Mathematics and calculations basic to the use and measurement of radioactivity.
 - d. Biological effects of radiation.

- 17. **EXPERIENCE.** Attach a resume for each individual named in Items 6 and 7. Describe individual's work experience with radiation, including where experience was obtained. Work experience or on-the-job training should be commensurate with the proposed use. Include list of radioisotopes and maximum activity of each used.

18. CERTIFICATE

(This item must be completed by applicant)

The applicant and any official executing this certificate on behalf of the applicant named in Item 2, certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Part 30, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

WARNING.—18 U.S.C., Section 1001; Act of June 25, 1948; 62 Stat. 749; makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

a. LICENSE FEE REQUIRED <i>(See Section 170.31, 10 CFR 170)</i> <p align="center">\$110.00</p>	b. CERTIFYING OFFICIAL <i>(Signature)</i> c. NAME <i>(Type or print)</i> <p align="center">George F. Soderling</p>
(1) LICENSE FEE CATEGORY: 1-I	d. TITLE <p align="center">Senior Facilities Engineer</p>
(2) LICENSE FEE ENCLOSED: \$ 110.00	e. DATE <p align="center">7/14/82</p>

AM Multigraphics

DIVISION HEADQUARTERS
1800 W. CENTRAL ROAD
MT. PROSPECT, ILLINOIS 60056
PH: (312) 398-1900 • TELEX 281076

P.O. DATE
7-15-82

PURCHASE ORDER
46582

L-41

ALL INVOICES, PACKING SLIPS, DELIVERY TICKETS AND
CARTONS, MUST SHOW ABOVE ORDER NO., QUANTITY
INVOLVED, AND THE PART (SPEC.) NUMBER(S).

PAGE _____ OF _____

VENDOR NO.

BILL AND SHIP TO AM MULTIGRAPHICS (IF OTHER THAN MT. PROSPECT)

ISSUED
TO

U.S. REGULATORY COMMISSION
LICENSE FEE MANAGEMENT BRANCH
WASHINGTON, D.C. 20555
ATTN: MR. ALLEN CABELL

- | | |
|---|--|
| <input type="checkbox"/> 1200 BABBITT ROAD
EUCLID, OH 44132 | <input type="checkbox"/> ELK GROVE DIST. CENTER
2050 DEVON AVE
ELK GROVE VILLAGE, IL 60007 |
| <input type="checkbox"/> HOLMESVILLE PLANT
HOLMESVILLE, OH 44633 | <input type="checkbox"/> COLUMBUS DIST. CENTER
4051 FONDORF DRIVE
COLUMBUS, OH 43223 |
| <input type="checkbox"/> | <input type="checkbox"/> SECAUCUS DIST. CENTER
1000 SECAUCUS, N.J. 07094 |

INVOICE TERMS C.I.A.	FOB -	MODE OF TRANSPORTATION -	FREIGHT TERMS <input type="checkbox"/> COLLECT <input type="checkbox"/> PREPAID AND ALLOWED <input type="checkbox"/> PREPAID AND ADD
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CONFIRMING ORDER <input type="checkbox"/> YES <input type="checkbox"/> NO	TO: DATE	ITEMS ARE: <input checked="" type="checkbox"/> FOR USE <input type="checkbox"/> FOR RESALE (Non-Taxable) Certif. of Reg. Number ILL. 941-605 OHIO 89-030016
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QTY	QUANTITY	U/M	PART/SPEC. NUMBER	MAS LINE NO.	DESCRIPTION	DELIVERY SHIP TO ARRIVE AT AM BY:	PRICE	U/M
					THIS ORDER WILL COVER THE RENEWAL OF MULTIGRAPHICS BY PRODUCT MATERIAL LICENSE FOR FIVE(5) OHMART GAGES USED IN THE ELECTROSTATIC COATING DEPARTMENT. LICENSE COVERS PERIOD OF 7-31-82 THRU 7-31-87		\$110.00	
							TOTAL ORDER \$ VALUE	

DEPT. IN POSSESSION

RECEIVING HOURS: 8:00 A.M. TO 3:00 P.M. — NOTE: The right is reserved to cancel any or all parts of this order if not shipped within time specified.

ALL PRODUCTION PARTS SHALL BE MANUFACTURED IN ACCORDANCE WITH THE APPLICABLE REQUIREMENTS SPECIFIED IN THE AM MULTIGRAPHICS VENDOR QUALITY REQUIREMENT HANDBOOK—SPECIFICATION NO. PA-VQC-001

NOTICE TO AM SUPPLIERS: DO NOT SHIP EARLY. SUPPLIERS MUST OBSERVE THE REQUESTED DELIVERY DATES AND QUANTITIES SPECIFIED ON AM MULTIGRAPHICS PURCHASE ORDERS. SHIPMENTS RECEIVED PRIOR TO SPECIFIED DATE AND IN EXCESS OF SPECIFIED QUAN WILL BE RETURNED TO THE SUPPLIER AT THEIR EXPENSE.

SUBJECT TO THE TERMS AND CONDITIONS HEREIN AND ON REVERSE SIDE
PLEASE SIGN THE ACKNOWLEDGMENT COPY AND RETURN IMMEDIATELY

AM Multigraphics
DIVISION OF AM INTERNATIONAL, INC.

By Carol D. Hickey
C. HICKEY (AUTHORIZED SIGNATURE)

FBC

ALL INVOICES, PACKING SLIPS, DELIVERY TICKETS AND CARTONS, MUST SHOW ABOVE ORDER NO., QUANTITY INVOLVED, AND THE PART (SPEC.) NUMBER(S).

PAGE _____ OF _____

VENDOR NO. _____

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ISSUED TO

U.S. REGULATORY COMMISSION
LICENSE FEE MANAGEMENT BRANCH
WASHINGTON, D.C. 20555
ATTN: MR. ALLEN CABELL

- | | |
|---|--|
| <input type="checkbox"/> 1200 BABBITT ROAD
EUCLID, OH 44132 | <input type="checkbox"/> ELK GROVE DIST. CENTER
2050 DEVON AVE
ELK GROVE VILLAGE, IL 60007 |
| <input type="checkbox"/> HOLMESVILLE PLANT
HOLMESVILLE, OH 44633 | <input type="checkbox"/> COLUMBUS DIST. CENTER
4051 FONDORF DRIVE
COLUMBUS, OH 43228 |
| <input type="checkbox"/> | <input type="checkbox"/> SECAUCUS DIST. CENTER
1000 SECAUCUS, N.J. 07094 |

INVOICE TERMS C.I.A.	F.O.B. -	MODE OF TRANSPORTATION -	FREIGHT TERMS <input type="checkbox"/> COLLECT	<input type="checkbox"/> PREPAID AND ALLOWED	<input type="checkbox"/> PREPAID AND ADD
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CONFIRMING ORDER <input type="checkbox"/> YES <input type="checkbox"/> NO TO:			DATE	ITEMS ARE: <input checked="" type="checkbox"/> FOR USE	<input type="checkbox"/> FOR RESALE (Non-Taxable) Certif. of Reg. Number ILL. 941-405 OHIO 89-030016
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QTY	QUANTITY	U/M	PART/SPEC. NUMBER	MAS. LINE NO.	DESCRIPTION	DELIVERY SHIP TO ARRIVE AT AM BY:	PRICE	U/M
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TOTAL ORDER \$ VALUE								

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SUBJECT TO THE TERMS AND CONDITIONS HEREIN AND ON REVERSE SIDE
PLEASE SIGN THE ACKNOWLEDGMENT COPY AND RETURN IMMEDIATELY



By C. Hickey (AUTHORIZED SIGNATURE)

PLEASE SIGN THE ACKNOWLEDGMENT COPY AND RETURN IMMEDIATELY.

ON TIME DELIVERY IS IMPERATIVE TO CONTINUING AS A MULTIGRAPHICS VENDOR.

SEE BELOW IF THERE ARE CHANGES IN "F.O.B." AND/OR "ITEMS"

CHECK BELOW:	DATE	PLEASE NOTE ANY CHANGES IN FOLLOWING:
<input type="checkbox"/> WILL SHIP PER PURCHASE ORDER _____		<input type="checkbox"/> F.O.B. POINT _____
<input type="checkbox"/> WILL SHIP PARTIAL _____		<input type="checkbox"/> TERMS _____
		<input type="checkbox"/> OTHER _____

BALANCE TO FOLLOW AS SHOWN BELOW:

ITEM NO	WILL SHIP	ITEM NO	WILL SHIP	ITEM NO	WILL SHIP

Supplier's Name _____
By _____