

(6-83)
10 CFR 30, 32, 33
34, 35, 36, 39 and 40

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 9 HOURS. SUBMITTAL OF THE APPLICATION IS NECESSARY TO DETERMINE THAT THE APPLICANT IS QUALIFIED AND THAT ADEQUATE PROCEDURES EXIST TO PROTECT THE PUBLIC HEALTH AND SAFETY. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNB 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0120), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

APPLICATION FOR MATERIAL LICENSE (POSSESSION LICENSE)

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:

LICENSING ASSISTANT SECTION
NUCLEAR MATERIALS SAFETY BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION II
101 MARIETTA STREET, NW, SUITE 2900
ATLANTA, GA 30323-0199

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
799 ROOSEVELT ROAD
GLEN ELLYN, IL 60137-5927

ARKANSAS, COLORADO, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, SOUTH DAKOTA, TEXAS, UTAH, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
811 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TX 76011-8064

ALASKA, ARIZONA, CALIFORNIA, HAWAII, NEVADA, OREGON, WASHINGTON, AND U.S. TERRITORIES AND POSSESSIONS IN THE PACIFIC, SEND APPLICATIONS TO:

RADIOACTIVE MATERIALS SAFETY BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION V
1450 MARIA LANE
WALNUT CREEK, CA 94596-5368

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

- A. NEW LICENSE
 B. AMENDMENT TO LICENSE NUMBER _____
 C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (include Zip code)

CUSTOM ALUMINUM PRODUCTS COMPANY (C.A.P.CO)
310 EMIG ROAD
P.O. BOX 493
EMIGSVILLE, PA 17318

3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

310 EMIG ROAD
P.O. BOX 493
EMIGSVILLE, PA. 17318

9501250358 940717
PDR RC # PDR
SSD

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

JOHN R. SORENSON
TELEPHONE NUMBER
(717) 764-9000

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL a. Element and mass number, b. chemical and/or physical form, and c. maximum amount which will be possessed at any one time. <i>See Pgs 1-5</i>	6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED <i>SEE PG 6</i>
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE <i>SEE PG 6</i>	8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS <i>SEE PG 7</i>
9. FACILITIES AND EQUIPMENT <i>SEE PG 7</i>	10. RADIATION SAFETY PROGRAM <i>SEE PG 7</i>
11. WASTE MANAGEMENT <i>SEE PG 8</i>	12. LICENSEE FEES (See 10 CFR 170 and Section 170.31) FEE CATEGORY: _____ AMOUNT ENCLOSED \$ <i>Pa 6/14/94</i>

13. CERTIFICATION (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39 AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR 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.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

JOHN R. SORENSON, OWNER

SIGNATURE

John R. Sorenson

DATE

7-17-94

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

9501250358 PDR 177 FEE PAID 6-16-94

REQUEST FOR A SEALED SOURCE OR DEVICE EVALUATION

FA

INSTRUCTIONS: Send this request AND a copy of all related letters/applications and drawings to: The Sealed Source Safety Section, ATTN: Chief, OWFN Mail Stop 6 H3. Change the License Tracking System milestone to 19 and assign to reviewer code I-5.
NOTE: Retain a copy of this request with the application and background files.

REQUESTER <i>Joseph Wang</i>		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input checked="" type="checkbox"/> HQ <input type="checkbox"/> LFDCB	
TELEPHONE NUMBER <i>5-8-2611</i>	DATE <i>5/5/94</i>	TYPE OF ACTION REQUESTED (Check as appropriate) <input type="checkbox"/> SOURCE REVIEW <input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S) <input checked="" type="checkbox"/> DEVICE REVIEW <input type="checkbox"/> CUSTOM REVIEW	
APPLICANT'S NAME <i>Custom Aluminum Product Co.</i>			
MAIL CONTROL NUMBER(S) <i>021602</i>			
LETTER/APPLICATION DATE <i>1/24/94</i>	LICENSE NUMBER(S) <i>new</i>		

COMMENTS:
*Cutsely Review 310 Emig Road
PO Box 493
Emigsville, PA 17348*

FOR SSSS USE ONLY

REVIEWER <i>Michael D</i>	MODEL NUMBERS <i>Snider detection</i>	NUMBER ASSIGNED <i>94-27</i>
DATE RECEIVED <i>6/2/94</i>	DATE ASSIGNED <i>14/90</i>	DATE TO FEES <i>5/21/94</i>

TYPE OF ACTION (Indicate the number of each type)

<input checked="" type="checkbox"/> COMMERCIAL DISTRIBUTION (FORMAL)		<input type="checkbox"/> USE BY A SINGLE APPLICANT (CUSTOM)	
SOURCE (9C)	DEVICE (9A)	SOURCE (9D)	DEVICE (9B)
<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT
<input type="checkbox"/> NO SAFETY EVALUATION REQUIRED <input type="checkbox"/> NO FEES REQUIRED		<input type="checkbox"/> LICENSING ACTION REQUIRED IF KNOWN	
		YES NO	
<input type="checkbox"/> OTHER (Specify)			

TOTAL NUMBER OF REVIEW HOURS	NOTES <i>Ref mtg 6/14/94 Ref letter sent 8/4/94</i>
NUMBER OF DEFICIENCY LETTERS	
NUMBER OF DEFICIENCY CALLS	

FOR BILLING PURPOSES ONLY

<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> ADDRESS CHANGE	<input checked="" type="checkbox"/> NEW REGISTRATION -- ADD TO BILLING	<input type="checkbox"/> PRODUCT INACTIVE -- REMOVE FROM BILLING
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FOR FEE USE ONLY

TYPE OF FEE <i>APP</i>	FEE CATEGORY <input checked="" type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D
AMOUNT RECEIVED <i>43700</i>	CHECK NUMBER <i>1007</i>
DATE OF CHECK <i>6/14/94</i>	LOG <i>Jun. 93 ISSUED</i>
APPROVED BY <i>Dorenda Brown</i>	DATE RETURN <i>6/14/94</i>

COMMENTS:
Rem. Her. The H. Nettles Group, Inc.