

NRC Form 313 I (12-81) 10 CFR 30		U.S. NUCLEAR REGULATORY COMMISSION		1. APPLICATION FOR: <i>(Check and/or complete as appropriate)</i>	
APPLICATION FOR BYPRODUCT MATERIAL LICENSE INDUSTRIAL				a. NEW LICENSE	
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.				b. AMENDMENT TO: LICENSE NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-19842-01</div>	
				c. RENEWAL OF: LICENSE NUMBER	
2. APPLICANT'S NAME <i>(Institution, firm, person, etc.)</i> Oxford Analytical Division <u>Analytical Marketing, Inc.</u> TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION (617) 470-3700			3. NAME AND TITLE OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION Michael D. Brown <u>Technical Director</u> TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION (617) 470-3700		
4. APPLICANT'S MAILING ADDRESS <i>(Include Zip Code)</i> <i>(Address to which NRC correspondence, notices, bulletins, etc., should be sent.)</i> Analytical Marketing, Inc. One Dundee Park Andover, MA 01810			5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED <i>(Include Zip Code)</i> Analytical Marketing, Inc. One Dundee Park Andover, MA 01810		
(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 <i>(See Items 16 and 17 for required training and experience of each individual named below)</i>					
FULL NAME			TITLE		
a. No change					
b.					
c.					
7. RADIATION PROTECTION OFFICER Michael D. Brown no change			Attach a resume of person's training and experience as outlined in Items 16 and 17 and describe his responsibilities under Item 15.		
8. LICENSED MATERIAL					
LINE	ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	NAME OF MANUFACTURER AND MODEL NUMBER <i>(If Sealed Source)</i>	MAXIMUM NUMBER OF MILLICURIES AND/OR SEALED SOURCES AND MAXIMUM ACTIVITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE TIME	
NO.	A	B	C	D	
(1)	Am 241	Sealed Source	Amersham AMc-D2	10 milliCurie	
(2)					
(3)	8510250586 B50B21 REG1 LIC30 20-19842-01 PDR				
(4)					
DESCRIBE USE OF LICENSED MATERIAL E					
(1)	No change				
(2)	<div style="border: 1px solid black; padding: 5px;"> Applicant: 1081 (1352) / 1102 (1580) 10120-36 (9A AMOT) Amersham 6/17/85 Jackson </div>				
(3)					
(4)					

June 15
 June 12

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)	Elemental Analyzer using Americium 241 (AMC-D2 or AMCL)	Oxford Analytical Instruments Ltd.	Lab-X 2015
(2)	Elemental Analyzer using Iron 55 (IEC-L1)	Oxford Analytical Instruments Ltd.	Lab-X 2014
(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)	No Change					
(2)						
(3)						
(4)						

11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

☐ a. CALIBRATED BY SERVICE COMPANY

NAME, ADDRESS, AND FREQUENCY

No Change

☐ b. CALIBRATED BY APPLICANT

Attach a separate sheet describing method, frequency and standards used for calibrating instruments.

12. PERSONNEL MONITORING DEVICES

TYPE (Check and/or complete as appropriate.) A.	SUPPLIER (Service Company) B.	EXCHANGE FREQUENCY C.
<input type="checkbox"/> (1) FILM BADGE <input type="checkbox"/> (2) THERMOLUMINESCENCE DOSIMETER (TLD) <input type="checkbox"/> (3) OTHER (Specify) <u>No Change</u> <hr/> <hr/>		<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER (Specify): <hr/> <hr/>

13. FACILITIES AND EQUIPMENT (Check where appropriate and attach annotated sketch(es) and description(s).)

- ☐ a. LABORATORY FACILITIES, PLANT FACILITIES, FUME HOODS (Include filtration, if any), ETC.
☐ b. STORAGE FACILITIES, CONTAINERS, SPECIAL SHIELDING (fixed and/or temporary), ETC.
☐ c. REMOTE HANDLING TOOLS OR EQUIPMENT, ETC.
☐ d. RESPIRATORY PROTECTIVE EQUIPMENT, ETC.

No Change

14. WASTE DISPOSAL

a. NAME OF COMMERCIAL WASTE DISPOSAL SERVICE EMPLOYED

No Change

b. IF COMMERCIAL WASTE DISPOSAL SERVICE IS NOT EMPLOYED, SUBMIT A DETAILED DESCRIPTION OF METHODS WHICH WILL 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.

No Change

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.

<p>a. LICENSE FEE REQUIRED (See Section 170.31, 10 CFR 170)</p> <p style="text-align: center;">\$120</p>	<p>b. CERTIFYING OFFICIAL (Signature) <i>Michael D. Brown</i></p> <p>c. NAME (Type or print) Michael D. Brown</p>
<p>(1) LICENSE FEE CATEGORY: \$170.31 3B</p>	<p>d. TITLE Technical Director</p>
<p>(2) LICENSE FEE ENCLOSED: \$ 120.00</p>	<p>e. DATE May 30, 1985</p>

BETWEEN: William O. Miller, Chief
License Fee Management Branch
Office of Administration

John E. Glenn, Chief
Nuclear Materials Section B
Division of Engineering and
Technical Programs

030-19315

LICENSE FEE TRANSMITTAL

A. REGION 2

1. APPLICATION ATTACHED

Applicant/Licensee: Analytical Marketing, Inc.

Application Dated: 6/6/85

Control No.: 03949

License No.: 20-19842-01

2. FEE ATTACHED

Amount: \$ 350.00

Check No.: 1081

Pls. check fee

3. COMMENTS

*done
amdt for
Steve Baggett*
See control #
03948 for check.
6/3/20

Signed Brandi P. Hatchell

Date 6/12/85

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: 3B - \$1201 \$580 9A Amdt

2. Correct Fee Paid. Application may be processed for:

Amendment ✓

Renewal

License

Signed J. Jackson

Date 7/22/85

"SECTION COPY"

ANALYTICAL MARKETING, INC.

TWO ELM SQUARE
MUSGROVE BUILDING
ANDOVER, MASSACHUSETTS 01810

EXPLANATION	AMOUNT

53.166
113

1081

PAY
AMOUNT
OF

three hundred & fifty

00

10 DOLLARS

DATE
6/1/85

TO THE ORDER OF

US Nuclear Reg Committee

DESCRIPTION

201984201/201984202

CHECK
NUMBER

1081

CHECK
AMOUNT

\$ 350.00

BANK OF BOSTON, ESSEX, N.A.
HAVERHILL, MA

Harold Brown

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