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MAY 2 1 1986

FCML:0NM 030-22558 (019616)

Alaska fool Company ATTH: Pamala J. Trottier 650 Fairbanks Street Fairbanks, Alaska 99709

Dear Ms. Trottier:

This is in response to your letters to our Region V and Washington offices received March 31, 1986 requesting a license to possess and distribute iron sight inserts obtained from Armson, Inc. In order to continue review of your license application the supplemental information listed below is required:

- A drawing of the facility where you intend to install the sights, and store the sights that have not been installed.
- The method of disposal for damaged sights (returning damaged sights to Armson will be considered proper disposal).
- 3. The means of storing and securing the sights against unauthorized access.
- A description or sample of the label and the location of label on finished product.
- Emergency procedures that will be followed if a sight is broken. Procedures should include evacuation and ventilation of room affected for at least 30 minutes.
- 6. A copy of the actual instructions to be used for installation and labelling. Instructions should specifically state the type adhesive to be used and the size holes to be drilled where sights will be mounted. Any variance from the materials or procedures supplied by Arason should be justified.

Please reply in duplicate and reference Control No. 019616. If you have any questions, please contact me at (301) 427-4052. If we do not receive a reply from you within 30 calendar days from the date of this letter, we shall assume that you do not wish to pursue your application.

Sincerely,

8806200237 860708 NMSS LIC30 50-23596-01 PDR

> Donald N. Mackenzie Material Licensing Branch Division of Fuel Cycle and Material Safety

FCML FCML DNMackenzie:ht JHickey 05/ /86 05/ /86

· License Fee Management Branch Office of Administration Regional License Section Material Licensing Branch FCMS, Office of Nuclear Material Safety & Safeguards LICENSE FEE TRANSMITTAL A. REGION 1. APPLICATION ATTACHED Applicant/Licensee: Application Dated: Control No .: License No .: 2. FEE ATTACHED Amount: Check No. 3. COMMENTS Signed Date APR 2 5 1986 B. LICENSE FEE MANAGEMENT BRANCH 1. Fee Category and Amount: 2. Correct Fee Paid. Application may be processed for: Amendment \_\_\_\_\_ Renewal License \_\_\_\_ Signed \_\_\_\_\_ Date

BETWEEN: William O. Miller, Chief

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BETWEEN:	William O. Miller, License Fee Manager Office of Administr	ment Branch	RECKON VIRGO	, t
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☐ INCOMING CALL	VERBAL CONVERSATION RECORD	VISIT
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J. Hickey	OFFICE/ADDRESS HQRS	PHONE NUMBER EXTENSION
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