NRC FORM 241 (4-95) 10 CFR 150

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB NO. 3150-0013

Estimated burden per response to comply with this mandatory information collection request: 60 minutes. Send comments regarding burden estimate to the Information and Records Management Branch (T-6 F33), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

(Please read the instructions on the cover sheet before completing this form.)

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)

DECISIVE TESTING INC.

2. TYPE OF REPORT

- [ ] INITIAL
- [ ] REVISION
- [X] CLARIFICATION

3. CONTROL NUMBER (Leave Blank. Number to be assigned by NRC)

4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)

4735 MYRTLE AVE.
SAN DIEGO, CA. 92105

5. LICENSEE CONTACT

MICHAEL J. MOORE

6. TELEPHONE NUMBER (Area Code)

619-285-9006

7. FACSIMILE NUMBER (Area Code)

619-285-9930

8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

- [ ] WELL LOGGING
- [ ] PORTABLE GAUGES
- [X] RADIOGRAPHY ⇒
- [ ] LEAK TESTING AND/OR CALIBRATIONS
- [ ] OTHER (Specify)
- [ ] TELETHERAPY/IRRADIATOR SERVICE

TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO.: #0839

REGISTERED AS USER OF RADIOACTIVE MATERIAL (CERTIFICATES OF COMPLIANCE NOS.): USA/9033/B(U)

9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE

LOCKHEED MARTIN
3929 CALLE FORTUNADA
SAN DIEGO, CA 92123

10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.)

DEEP SUBMERGENCE UNIT
NAS NORTH ISLAND
CORONADO
SAN DIEGO, CA

11. CLIENT TELEPHONE NUMBER (Include Area Code)

619-567-3792

12. WORK LOCATION TELEPHONE NUMBER AUTHORIZED TO PERFORM WORK

J. ROCHERTE

13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

619285-9006

14. DATES SCHEDULED

FROM: 14 APR 99
TO: →

15. NUMBER OF WORK DAYS: 1

16. LOCATION REFERENCE NUMBER

LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS. NUMBER TO BE ASSIGNED BY NRC

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9 - 16 ABOVE.

17. LIST RADIOACTIVE MATERIAL, WHICH HAVE BEEN PREVIOUSLY USED, INSTALLED OR RECEIVED OR TESTED IN NON-AGREEMENT STATES (Include description of type and quantity of radioactive material, sealed sources or devices to be used)

Ir-192, AMERSHAM 660B EXPOSURE DEVICE

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 8 ABOVE (Two copies of the specific license must accompany the original NRC Form 241.)

LICENSE NUMBER	STATE	EXPIRATION DATE	TOTAL USAGE DAYS TO DATE
#1836-37	CA.	27FEB04	

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

a. All information in this report is true and complete.

b. I have read and understand the provision of the general license 10 CFR 150.20 reprinted on the cover sheet of this form; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.

c. I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 180 days in the calendar year.

d. I understand that I may be inspected by NRC at the above listed work site locations and at the Licensee home office address for activities performed in non-Agreement States or offshore waters. I am also aware that I will be responsible for any fees associated with such inspections.

e. I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER - RSO or Management Representative (Typed/Printed Name and Title)	SIGNATURE	DATE
MICHAEL J. MOORE		14 APR 99

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECTS. 18 U.S.C. SECTION 1001 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.

FOR NRC USE ONLY	APPROVED BY (Typed/Printed Name and Title)	SIGNATURE	DATE
	M. C. Hernandez Radiation Specialist	M C Hernandez	4/15/99

UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-8064

APR 15 1999

MEMORANDUM TO: Rita Messier
License Fee & Accounts Receivable Branch (T9 E10)

FROM: Christi Hernandez
Nuclear Materials Licensing Branch, Region IV MCH

SUBJECT: FEE TRANSMITTAL

A. Region IV

1. NRC FORM 241 ATTACHED

Applicant/Licensee:

NRC Form 241 Dated:

Agreement State License:

Program Code(s):

2. REVISION ATTACHED

Licensee:

Agreement State License:

3. **CLARIFICATION ATTACHED**

Licensee: Decisive Testing, Inc.

Agreement State License: CA 1836-37

4. FEE ATTACHED

Amount: $ Check: #

5. COMMENTS

B. LICENSE FEE & ACCOUNTS RECEIVABLE BRANCH

1. Fee Category and Amount: _____
2. Correct Fee Paid. Submittal may be processed for:

General License _____

Revision _____

Signed _____ Date _____