

USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404-562-4732)

NRC FORM 244 (6-98) 10 CFR 150 U. S. NUCLEAR REGULATORY COMMISSION REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES (Please read the instructions on the cover sheet before completing this form.)		APPROVED BY OMB: NO. 3120-0013 ESTIMATED BURDEN PER REPORTING IS CONSISTENT WITH THE REGULATORY INFORMATION SUPPLIED TO THE PUBLIC IN 1988. THIS INFORMATION IS REQUIRED TO BE REPORTED TO THE NRC TO ENSURE THAT THE INFORMATION IS ACCURATE AND COMPLETE FOR THE PROTECTION OF THE PUBLIC HEALTH AND SAFETY. SPECIAL CONCERN IS GIVEN TO THE INFORMATION AND RECORDS MANAGEMENT SYSTEM (T-4 P.13), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, and to the Protective Radiation Program (T-4 P.13), Office of Management and Budget, Washington, DC 20503. NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.	
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Elekta, Instruments, Inc		2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION	3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)
4. ADDRESS OF LICENSEE (Mailing address or other location where reporting may be received) 3155 Northwoods Parkway NE Norcross, GA 30071		5. LICENSE CONTACT Martin Knotts	6. TELEPHONE NUMBER (Include Area Code) 7-300-9725
7. TELEPHONE NUMBER (Include Area Code) 7-448-6338		8. FACSIMILE NUMBER (Include Area Code)	
3. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20			
<input type="checkbox"/> WELL LOGGING	<input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS	<input type="checkbox"/> TELETHERAPY/RADIATOR SERVICE	
<input type="checkbox"/> PORTABLE GAUGES	<input type="checkbox"/> OTHER (Specify) Lexsell Gamma Knife Preventive Maintenance		
<input type="checkbox"/> RADIOGRAPHY	<input type="checkbox"/> TRANSPORTATION OR PROGRAM APPROVAL NO. & REV. NO.	<input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NOS)	
9. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE Wyoming Valley Gamma Knife Center Wilkes-Barre, PA		10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete as address is available)	
11. CLIENT TELEPHONE NUMBER (Include Area Code)	12. WORK LOCATION TELEPHONE NUMBER AUTHORIZED TO PERFORM WORK (Include Area Code)	13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	
14. DATES SCHEDULED FROM Sept. 21, 1999 TO Sept. 21, 1999		15. NUMBER OF WORK DAYS 1	16. LOCATION REFERENCE NUMBER 000183
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.			
17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES (Specify the quantity of type and quality of radioactive material, sealed sources, or sources to be used.) Cobalt 60			
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 3 ABOVE (Four copies of the specific license must accompany the final NRC Form 244.)			
LICENSE NUMBER GA 1153-1	STATE Georgia	EXPIRATION DATE	TOTAL USAGE/DAYS TO DATE 60
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 set), and I understand that I am required to comply with these provisions as to all byproducts, waste, or special nuclear material which I possess and use in non-agreement states or offshore waters under the general license of 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 100 days in 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 - CEO or Manager/Responsible (Typed/Printed Name and Title) Martin Knotts		SIGNATURE Martin Knotts (Grant Knott)	DATE 9-13-99
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 TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.			
FOR NRC USE ONLY	SIGNATURE D.M. Heim, LAD/NMS	SIGNATURE Oranie Heim	DATE 9/14/99