

**NRC FORM 241**  
(Rev. 10/29/91)  
 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 DATE: (NRC 150.201)  
(Minimum burden per response to comply with this mandatory administrative action required: 15 minutes. The workload is required so that NRC may schedule inspections of activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Forward comments regarding burden only to the Information and Records Management Branch (10-F3) U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (1535-0113) Office of Management and Budget, Washington, DC 20503. NRC may contact 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 performing activities for which license is issued)  
**DECISIVE TESTING INC.**

2. TYPE OF REPORT  
 INITIAL  
 REVISION  
 CLARIFICATION

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

4. ADDRESS OF LICENSEE (mailing address or other address where business may be located)  
**4735 MYRTLE AVE.  
 SAN DIEGO, CA. 92105**

5. LICENSEE CONTACT  
**MICHAEL J. MOORE**

6. TELEPHONE NUMBER  
**619-285-9006**

7. FACSIMILE NUMBER  
**619-285-9930**

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

WELL LOGGING	LEAK TESTING AND/OR CALIBRATIONS	TELE THERAPY/RADIATOR SERVICE
PORTABLE GAUGES	OTHER (Specify)	
RADIOGRAPHY <input checked="" type="checkbox"/>	TRANSFORMATION PROGRAM APPROVAL (A) & REV. NO. #0839	REGISTERED AS USER OF PACKAGES (CERTIFICATE OF COMPLIANCE NOS.) <b>USA/9033/B(u)</b>

9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  
**Doty Bros. Equip.  
 11232 E. Firestone Blvd.  
 Norwalk, CA. 90650-2201**

10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete address or directions as possible.)  
**NAVAL SUBMARINE BASE  
 BALLAST POINT  
 SAN DIEGO, CA. 92106**

11. CLIENT TELEPHONE NUMBER  
(Include Area Code)

12. WORK LOCATION TELEPHONE NUMBER AUTHORIZED TO PERFORM WORK  
**J. KINCAID**

13. WORK LOCATION TELEPHONE NUMBER  
(Include Area Code)  
**(619) 285-9006**

14. DATES SCHEDULED

FROM	TO
<b>15 DEC 99</b>	<b>16 DEC 99</b>

15. NUMBER OF WORK DAYS  
**2**

16. LOCATION REFERENCE NUMBER  
LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC  
**#00361**

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

17. TYPE AND QUANTITY OF MATERIALS WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES  
(Include description of type and quantity of radioactive material, sealed source, or device to be used)  
**Ir-192, AMERSHAM 660B EXPOSURE DEVICE**

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE LICENSED TO ENGAGE IN ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEMS 9 ABOVE (Four copies of the specific license must accompany the NRC Form 241)

LICENSE NUMBER <b>#1836-37</b>	STATE <b>CA.</b>	EXPIRATION DATE <b>27 FEB 04</b>	TOTAL USAGE DAYS TO DATE
-----------------------------------	---------------------	-------------------------------------	--------------------------

**15. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)**

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- 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 it is required to comply with those provisions as to all industrial, medical, 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.
- 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 calendar year.
- 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.
- I understand that conduct of any activities not described above, including conduct of activities on states or locations different from those described above or within NRC jurisdiction, may subject me to enforcement action, including civil or criminal penalties.

CERTIFIED BY (Name, Title, and Organization) (Typed Name and Title)  
**MICHAEL J. MOORE**

DATE  
**15 DEC 99**

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT PERMISSION TO THE NRC TO EXAMINE AND ACQUIRE REAL MATERIAL RESPECTS TO 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A VOLUNTARILY FALSE STATEMENT OR MISREPRESENTATION TO ANY EXAMINER OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

FOR NRC USE ONLY

Signature: **M. C. Hernandez**  
 Title: **Radiation Specialist**

Date: **12/16/99**

PDR STRG

NE05  
 Copy to RIV



UNITED STATES  
NUCLEAR REGULATORY COMMISSION

REGION IV

611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TEXAS 76011-8064

1999 DEC 17 PM 2:47

DEC 16 1999

MEMORANDUM Shirley Crutchfield  
TO: 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 \_\_\_\_\_