

NRC FORM 241 (Rev. 10/29/95)		U. S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB NO. 3150-0011 Estimated burden per response to comply with this mandatory information request requires 16 minutes. This information is required to help NRC carry out its regulatory responsibilities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Forward comments regarding burden estimate to the Information and Records Management Branch, (740 F33) U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (1550-0013), Office of Management and Budget, Washington, DC 20503. NRC may conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays this currently valid OMB control number.	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES (Please read the instructions on the cover sheet before completing this form)			2. TYPE OF REPORT INITIAL REVISION CLARIFICATION	3. CONTROL NUMBER (Leave blank - Number to be assigned by NRC) JAN 12 2000	
1. NAME OF LICENSEE (The name of the person or firm presenting the activity described herein) DECISIVE TESTING INC.			5. LICENSE CONTACT MICHAEL J. MOORE	7. FACSIMILE NUMBER (Include Area Code) 619-285-9930	
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be reached) 4735 MYRTLE AVE. SAN DIEGO, CA. 92105			6. TELEPHONE NUMBER (Include Area Code) 619-285-9006		

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 ⇒		TRANSPORTATION OR PROGRAM APPROVAL NO. & REV. NO. #0839		REGISTERED AS USER OF RADIOGRAPHS (CERTIFICATE OF COMPLIANCE NOS.) USA/9033/B(U)	

9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE UNIVERSITY MECHANICAL 4464 ALVARADO CANYON RD. SAN DIEGO, CA. 92120			10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.) NAVAL SUBMARINE BASE BALLAST POINT SAN DIEGO, CA. 92106		
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11. CLIENT TELEPHONE NUMBER (Include Area Code) (619) 843-7960		12. WORK LOCATION TELEPHONE NUMBER AUTHORIZED TO PERFORM WORK M. MOORE		13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) (619) 285-9006	
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14. DATES SCHEDULED		15. NUMBER OF WORK DAYS	16. LOCATION REFERENCE NUMBER LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC		
FROM 12 JAN 00	TO 13 JAN 00	2	000306		

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.

17. THE RADIOACTIVE MATERIAL, WHICH IS IN POSSESSION, USED, OR TO BE SERVICED, BY LICENSEE 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
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18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE LICENSEE TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 8 ABOVE (For copies of the specific license must accompany the initial NRC Form 241)					
LICENSE NUMBER #1836-37		STATE CA.		EXPIRATION DATE 27 FEB 04	TOTAL USAGE DAYS TO DATE

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 printed on the cover sheet of this form and; and I understand that I am required to comply with those provisions as to all licensed, 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 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 (Name of Management Representative (Appointee) must include title and signature) MICHAEL J. MOORE		DATE 12 JAN 00
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WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT APPLICANTS TO THE NRC BE COMPLETELY AND ACCURATE IN ALL MATERIAL RESPECTS. VIOLATION OF SECTION 1001 CONSTITUTES 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	AUTHORIZING OFFICER (Appointee's name and title) M. C. Hernandez Radiation Specialist		DATE 1/12/00
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UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION IV

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

JAN 12 2000

MEMORANDUM Shirley Crutchfield
TO: License Fee & Accounts Receivable Branch (T9 E10)
FROM: Christi Hernandez
 Nuclear Materials Licensing Branch, Region IV *MCAT*
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*
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 _____