

LICENSE STATUS CHANGE CONTROL

(For Terminated, Expired & Retired Licenses)

License No. <u>37-30236-01</u>	Docket No. <u>030-33896</u>
Licensee: <u>David D. Klepadlo & Assoc.</u>	Expiration Date: <u>9/30/2005</u>
Address: <u>932 Springbrook Avenue</u> <u>Measick, PA 18507</u>	Mail Control No. <u>N/A</u>
Licensee Contact: <u>David Klepadlo</u>	Date of Contact: <u>10/17/2000</u>
Title of Contact: <u>President</u>	Telephone No. <u>570-457-1677</u>

Basis for termination or retirement:

Verification:

(1) Form 314 or Equivalent	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
(2) L/N <u>29-27557-01</u> has received material and is authorized for it	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
(3) Close-out survey by licensee required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
(4) Close-out survey by NRC required	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
(5) NRC Close-out survey performed and approved by Branch Chief	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Action to be taken:

(1) Retire/Terminate license <u>License Revoked.</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
(2) Change to Status "4" in LTS <u>Listed as a '5'.</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
(3) Remove from the Materials Docket room after <u>3/2006</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
(4) L/N _____ replaced/supersedes L/N _____	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

License Reviewer Approval & Date: Steven R. Costumare 9/23/2005

Branch Chief Approval & Date: [Signature] 9/20/2005

LAT Initials & Date entered into LTS: RLS 9/28/2005

✓ Box if
Status "4"
Verified

cc: Expired License No. N/A

New License No. N/A

S.Villar, RI