

NRC FORM 313

(03-2014)
10 CFR 30, 32, 33, 34
35, 36, 37, 39, and 40

U.S. NUCLEAR REGULATORY COMMISSION

APPLICATION FOR MATERIALS
LICENSE

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 05/31/2015

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollections.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-10202, (3150-0120), 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.

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW. *AMENDMENTS/RENEWALS THAT INCREASE THE SCOPE OF THE EXISTING LICENSE TO A NEW OR HIGHER FEE CATEGORY WILL REQUIRE A FEE.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

OFFICE OF FEDERAL & STATE MATERIALS AND
ENVIRONMENTAL MANAGEMENT PROGRAMS
DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA,
KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY,
NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH
CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA.

SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION REGION I
2100 RENAISSANCE BOULEVARD, SUITE 100
KING OF PRUSSIA, PA 19406-2713

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN.
SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS,
LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH
DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS,
UTAH, WASHINGTON, OR WYOMING.

SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION REGION IV
1600 E. LAMAR BOULEVARD
ARLINGTON, TX 76011-4511

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

☐

A. NEW LICENSE

☐

B. AMENDMENT TO LICENSE NUMBER

☒

C. RENEWAL OF LICENSE NUMBER

55-31040-01

2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

Julio U. B. King II
PO Box 502911
St. Thomas VI, 00805

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Parcel No. 128A Sub Base
St. Thomas VI, 00802

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Julio U. B. King II

BUSINESS TELEPHONE NUMBER

3407759813

BUSINESS CELLULAR TELEPHONE NUMBER

3403444717

BUSINESS EMAIL ADDRESS

viqeservices@gmail.com

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL

- a. Element and mass number, b. chemical and/or physical form, and c. maximum amount which will be possessed at any one time

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM

11. WASTE MANAGEMENT.

12. LICENSE FEES (Fees required only for new applications, with few exceptions*)
(See 10 CFR 170 and Section 170.31)

FEE CATEGORY

Small Business

AMOUNT
ENCLOSED \$

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 52 STAT. 749 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.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

Julio U. B. King II, Owner

SIGNATURE

DATE

4/1/15

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

NRC FORM 313 (03-2014)

REC'D IN LAT 04/06/2015

NMCS/IRGNI MATERIALS-002
586506

Items 5 and 6: Materials To Be Possessed and Proposed Uses

Yes	No	Radionuclide	Manufacturer or Distributor Model No.	Quantity	Use as Listed on SSD Registration Certificate	Specify Other Uses Not Listed on SSD Registration Certificate
X		Cesium-137	Gauge manufacturer or distributor and model number of the gauge: <u>Troxler 3440</u>	Specify activity per source and number of gauges requested. <u>2 gauges</u>	Yes <input checked="" type="checkbox"/> Specific description of the gauge use: <u>soil density testing</u>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are: (Submit safety analysis supporting safe use)
X		Americium-241	Gauge manufacturer or distributor and model number of the gauge: <u>Troxler 3440</u>	Specify activity per source and number of gauges requested. <u>2 gauges</u>	Yes <input checked="" type="checkbox"/> Specific description of the gauge use: <u>soil density testing</u>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are: (Submit safety analysis supporting safe use.)

Yes	No	Radionuclide	Manufacturer or Distributor Model No.	Quantity	Use as Listed on SSD Registration Certificate	Specify Other Uses Not Listed on SSD Registration Certificate
	X	Californium-252	Gauge manufacturer or distributor and model number of the gauge: _____ _____	Specify activity per source and number of gauges requested. _____ _____	Yes <input type="checkbox"/> Specific description of the gauge use: _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use.)
	X	Radium-226	Gauge manufacturer or distributor and model number of the gauge and number of gauges of each model that is being requested: _____ _____	Specify activity per source and number of gauges requested. _____ _____	Yes <input type="checkbox"/> Specific description of the gauge use: _____ _____	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use.)
	X	Other Isotope (Specify):	Gauge manufacturer or distributor and model number of the gauge: _____ _____	Specify activity per source and number of gauges requested. _____ _____	Yes <input type="checkbox"/> Specific description of the gauge use: _____ _____	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use.)
	X	Is financial assurance required? If yes, submit evidence of financial assurance				

**Items 7 through 11: Training and Experience,
Facilities and Equipment, Radiation Safety Program,
and Waste Disposal**

Item No. and Title	Suggested Response	Yes	Alternative Procedures Attached
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE—RADIATION SAFETY OFFICER Name: <u>Julio U B King</u>	Provide documentation of the training of the proposed RSO.	Submit applicable documentation.	
8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS	Before using licensed materials, authorized users will have successfully completed one of the training courses described in the "Criteria" part of the section titled "Training for Individuals Working in or Frequenting Restricted Areas" in NUREG-1556, Vol. 1, Rev. 2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. FACILITIES AND EQUIPMENT	No information needs to be submitted in response to this item; key issues are addressed under "Radiation Safety Program—Public Dose" and "Radiation Safety Program—Operating, Emergency, and Security Procedures" below.	Need Not Be Submitted with Application	
10.1 RADIATION SAFETY PROGRAM—AUDIT PROGRAM	The applicant is <i>not</i> required to, and should not, submit its audit program to the NRC for review during the licensing phase. The audit program will be reviewed during NRC inspections.	Need Not Be Submitted with Application	
10.2 RADIATION SAFETY PROGRAM—SURVEY INSTRUMENTS	We will either possess and use, or have access to and use, a radiation survey meter that meets the criteria in the section titled "Radiation Safety Program—Instruments" in NUREG-1556, Vol. 1, Rev. 2, "Consolidated Guidance about Materials Licenses: Program-Specific Guidance about Portable Gauge Licenses," in the event of an incident.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

This is to acknowledge the receipt of your letter application dated

04/01/2015, and to inform you that the initial processing which includes an administrative review has been performed.

55-31040-01 (Renewal)
☒ There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 586506.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)
(6-96)

Sincerely,
Licensing Assistance Team Leader.