

<b>FORM NRC-313 I</b> (3-80) 10 CFR 30		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		
<b>APPLICATION FOR BYPRODUCT MATERIAL LICENSE INDUSTRIAL</b>		<b>1. APPLICATION FOR:</b> (Check and/or complete as appropriate)		
See attached instructions for details.  Completed applications are filed in duplicate with the Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety, and Safeguards, U.S. Nuclear Regulatory Commission, Washington, DC 20555 or applications may be filed in person at the Commission's office at 1717 H Street, NW, Washington, D. C. or 7915 Eastern Avenue, Silver Spring, Maryland.		a. NEW LICENSE		
		X b. AMENDMENT TO: LICENSE NUMBER <b>22-24426-01</b>		
		c. RENEWAL OF: LICENSE NUMBER		
<b>2. APPLICANT'S NAME</b> (Institution, firm, person, etc.)  TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION		<b>3. NAME AND TITLE OF PERSON TO BE CONTACTED</b> REGARDING THIS APPLICATION  TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION		
<b>4. APPLICANT'S MAILING ADDRESS</b> (Include Zip Code) (Address to which NRC correspondence, notices, bulletins, etc., should be sent.)		<b>5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED</b> (Include Zip Code)		
(IF MORE SPACE IS NEEDED FOR ANY ITEM, USE ADDITIONAL PROPERLY LABELLED PAGES.)				
<b>6. INDIVIDUAL(S) WHO WILL USE OR DIRECTLY SUPERVISE THE USE OF LICENSED MATERIAL</b> (See Items 16 and 17 for required training and experience of each individual named below)				
FULL NAME		TITLE		
a. RONALD VANCEEST		DRILLING FOREMAN 2 <sup>ND</sup> SHIFT		
b. LORI ARVIG		DRILLER		
c. DEBORAH BATHKE		ROUTER		
<b>7. RADIATION PROTECTION OFFICER</b>  DONALD VANCOS		Attach a resume of person's training and experience as outlined in Items 16 and 17 and describe his responsibilities under Item 15.		
<b>8. LICENSED MATERIAL</b>				
LINE NO.	ELEMENT AND MASS NUMBER  A	CHEMICAL AND/OR PHYSICAL FORM  B	NAME OF MANUFACTURER AND MODEL NUMBER (If Sealed Source)  C	MAXIMUM NUMBER OF MILLICURIES AND/OR SEALED SOURCES AND MAXIMUM ACTI- VITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE TIME  D
(1)	Iodine-125	Sealed solid source.	Lixi, Inc. Models LS-80-X, LS-82-X	500mCi maximum per device.
(2)			Sealed sources model nos. ;	1000mCi total.
(3)	8507230015 850628 REG3 LIC30 22-24426-01	PDR	Amersham IMC.P2 or AECL C.324	
(4)				
<b>DESCRIBE USE OF LICENSED MATERIAL</b> E				
(1)	The radioactive material will be used in the Lixiscope for			
(2)	the x-ray examination of electronic multi-layer printed circuit			
(3)	boards.			
(4)				

### 9. STORAGE OF SEALED SOURCES

LINE NO.	CONTAINER AND/OR DEVICE IN WHICH EACH SEALED SOURCE WILL BE STORED OR USED.	NAME OF MANUFACTURER	MODEL NUMBER
	A.	B.	C.
(1)	Lixiscope with attached source holder heads in carrying case.	Lixi, Inc.	LS-80-X LS-82-X
(2)			
(3)			
(4)			

### 10. RADIATION DETECTION INSTRUMENTS

LINE NO.	TYPE OF INSTRUMENT	MANUFACTURER'S NAME	MODEL NUMBER	NUMBER AVAILABLE	RADIATION DETECTED (alpha, beta, gamma, neutron)	SENSITIVITY RANGE (milliroentgens/hour or counts/minute)
	A	B	C	D	E	F
(1)	If required:					
(2)	G-M meter	Solar Electronics	Monitor-4	1	alpha, beta gamma, x-ray	0-50 mR/hr.
(3)						
(4)						

### 11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

☒ a. CALIBRATED BY SERVICE COMPANY

NAME, ADDRESS, AND FREQUENCY

Returned to Glenbrook to have calibrated

☐ b. CALIBRATED BY APPLICANT

Attach a separate sheet describing method, frequency and standards used for calibrating instruments.

### 12. PERSONNEL MONITORING DEVICES

TYPE (Check and/or complete as appropriate.) A	SUPPLIER (Service Company) B	EXCHANGE FREQUENCY C
<input type="checkbox"/> (1) FILM BADGE <input checked="" type="checkbox"/> (2) THERMOLUMINESCENCE DOSIMETER (TLD) ring badge <input type="checkbox"/> (3) OTHER (Specify): _____ _____ _____	R.S. Landauer, Jr. & Co.	<input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER (Specify): _____ _____ _____

### 13. FACILITIES AND EQUIPMENT (Check where appropriate and attach annotated sketch(es) and description(s).)

- ☐ a. LABORATORY FACILITIES, PLANT FACILITIES, FUME HOODS (Include filtration, if any), ETC.
- ☒ b. STORAGE FACILITIES, CONTAINERS, SPECIAL SHIELDING (fixed and/or temporary), ETC.
- ☒ c. REMOTE HANDLING TOOLS OR EQUIPMENT, ETC.
- ☐ d. RESPIRATORY PROTECTIVE EQUIPMENT, ETC.

### 14. WASTE DISPOSAL

a. NAME OF COMMERCIAL WASTE DISPOSAL SERVICE EMPLOYED

Return to Lixi, Inc. for disposal.

b. IF COMMERCIAL WASTE DISPOSAL SERVICE IS NOT EMPLOYED, SUBMIT A DETAILED DESCRIPTION OF METHODS WHICH WILL BE USED FOR DISPOSING OF RADIOACTIVE WASTES AND ESTIMATES OF THE TYPE AND AMOUNT OF ACTIVITY INVOLVED. IF THE APPLICATION IS FOR SEALED SOURCES AND DEVICES AND THEY WILL BE RETURNED TO THE MANUFACTURER, SO STATE

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4. APPLICANT'S MAILING ADDRESS (Include Zip Code) (Address to which NRC correspondence, notices, bulletins, etc., should be sent.)		5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED (Include Zip Code)		
(IF MORE SPACE IS NEEDED FOR ANY ITEM, USE ADDITIONAL PROPERLY KEYED PAGES.)				
6. INDIVIDUAL(S) WHO WILL USE OR DIRECTLY SUPERVISE THE USE OF LICENSED MATERIAL (See Items 16 and 17 for required training and experience of each individual named below)				
FULL NAME		TITLE		
a. <u>BARB BIEDERMAN</u>		<u>INSPECTION FOREMAN 2ND SHIFT</u>		
b. <u>DONALD VANCOS</u>		<u>DRILLING FOREMAN 1ST SHIFT</u>		
c. <u>DENISE MARTIN</u>		<u>INSPECTION FOREMAN 1ST SHIFT</u>		
7. RADIATION PROTECTION OFFICER  <u>DONALD VANCOS</u>		Attach a resume of person's training and experience as outlined in Items 16 and 17 and describe his responsibilities under Item 15.		
8. LICENSED MATERIAL				
LINE NO.	ELEMENT AND MASS NUMBER A	CHEMICAL AND/OR PHYSICAL FORM B	NAME OF MANUFACTURER AND MODEL NUMBER (If Sealed Source) C	MAXIMUM NUMBER OF MILLICURIES AND/OR SEALED SOURCES AND MAXIMUM ACTIVITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE TIME D
(1)	Iodine-125	Sealed solid source.	Lixi, Inc. Models LS-80-X, LS-82-X	500mCi maximum per device.
(2)			Sealed sources model nos. ;	1000mCi total.
(3)			Amersham IMC P2 or	
(4)			AECL C.324	
DESCRIBE USE OF LICENSED MATERIAL E				
(1)	The radioactive material will be used in the Lixiscope for			
(2)	the x-ray examination of electronic multi-layer printed circuit			
(3)	boards.			
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### 9. STORAGE OF SEALED SOURCES

LINE NO.	CONTAINER AND/OR DEVICE IN WHICH EACH SEALED SOURCE WILL BE STORED OR USED. A.	NAME OF MANUFACTURER B.	MODEL NUMBER C.
(1)	Lixiscope with attached source holder heads in carrying case.	Lixi, Inc.	LS-80-X LS-82-X
(2)			
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### 10. RADIATION DETECTION INSTRUMENTS

LINE NO.	TYPE OF INSTRUMENT A.	MANUFACTURER'S NAME B.	MODEL NUMBER C.	NUMBER AVAILABLE D.	RADIATION DETECTED (alpha, beta, gamma, neutron) E.	SENSITIVITY RANGE (milliroentgens/hour or counts/minute) F.
(1)	If required:					
(2)	G-M meter	Solar Electronics	Monitor-4	1	alpha, beta gamma, x-ray	0-50 mR/hr.
(3)						
(4)						

### 11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

<input checked="" type="checkbox"/> a. CALIBRATED BY SERVICE COMPANY NAME, ADDRESS, AND FREQUENCY Returned to Glenbrook to have calibrated	<input type="checkbox"/> b. CALIBRATED BY APPLICANT <i>Attach a separate sheet describing method, frequency and standards used for calibrating instruments.</i>
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FULL NAME		TITLE		
a. <b>HERB GIRTZ</b>		<b>QUALITY MANAGER</b>		
b. <b>WAYNE WOOLFORI</b>		<b>MANUFACTURING MANAGER</b>		
c.				
<b>7. RADIATION PROTECTION OFFICER</b>  <b>DONALD VANCOS</b>		Attach a resume of person's training and experience as outlined in Items 16 and 17 and describe his responsibilities under Item 15.		
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# INFORMATION REQUIRED FOR ITEMS 15, 16 AND 17

Describe in detail the information required for Items 15, 16 and 17. Begin each item on a separate page and key to the application as follows:

15. RADIATION PROTECTION PROGRAM. Describe the radiation protection program as appropriate for the material to be used including the duties and responsibilities of the Radiation Protection Officer, control measures, bioassay procedures (if needed), day-to-day general safety instruction to be followed, etc. If the application is for sealed source's also submit leak testing procedures, or if leak testing will be performed using a leak test kit, specify manufacturer and model number of the leak test kit.
16. FORMAL TRAINING IN RADIATION SAFETY. Attach a resume for each individual named in Items 6 and 7. Describe individual's formal training in the following areas where applicable. Include the name of person or institution providing the training, duration of training, when training was received, etc.
  - a. Principles and practices of radiation protection.
  - b. Radioactivity measurement standardization and monitoring techniques and instruments.
  - c. Mathematics and calculations basic to the use and measurement of radioactivity.
  - d. Biological effects of radiation.
17. EXPERIENCE. Attach a resume for each individual named in Items 6 and 7. Describe individual's work experience with radiation, including where experience was obtained. Work experience or on-the-job training should be commensurate with the proposed use. Include list of radioisotopes and maximum activity of each used.

Applicant. 17378  
 Check No. 17378  
 Amount/Fee Category \$60  
 Type of Fee. Ambulatory  
 Date Check Rec'd. 6/29/85  
 Received By. J. J. J. J.

## 18. CERTIFICATE

(This item must be completed by applicant)

The applicant and any official executing this certificate on behalf of the applicant named in Item 2, certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Part 30, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

WARNING.—18 U.S.C., Section 1001; Act of June 25, 1948; 62 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.

a. LICENSE FEE REQUIRED (See Section 170.31, 10 CFR 170) \$60 —	b. CERTIFYING OFFICIAL (Signature) Wayne A. Woodford c. NAME (Type or print) WAYNE A. WOODFORD
(1) LICENSE FEE CATEGORY: 3P	d. TITLE MANUFACTURING MANAGER
(2) LICENSE FEE ENCLOSED:	e. DATE 6-5-85



Advanced Flex, Inc.

15115 MINNETONKA INDUSTRIAL ROAD  
MINNETONKA, MINNESOTA 55345

NORTHWESTERN BANKWEST  
NORTHWESTERN BANK BUILDING  
HOPKINS, MINNESOTA 55343

75-161-910

CHECK No 17378

PAY  
TO THE  
ORDER OF

DATE 6/30/85  
\*\*\*60 Dollars and no cents\*\*\*  
CONTROL NO

6/30/85

\*\*\*60.00\*\*\*

U.S. Nuclear Regulatory Commission  
Materials Licensing, Region III  
799 Roosevelt Road  
Glen Ellyn, IL 60137

*Barbara J. Queen*  
AUTHORIZED SIGNATURE

⑈0⑆17378⑈ ⑈09⑆00⑆6⑆0⑆ 86⑈23⑈720⑈



RESUME

NAME: Donald Vancos

HOME ADDRESS: 7631 Ontario Blvd. Eden Prairie, MN 55344

BIRTHDATE: 7-2-47

EDUCATION: High School Graduate - Rhinelander Wisconsin  
Nicollete College - Automotive Machine Shop

EMPLOYMENT HISTORY: (Please include position and job description)  
Advanced Flex, Inc., 4-30-79 - Present  
Routing and Machinist

RESUME

NAME: Deborah S. Bathke

HOME ADDRESS: 2711 James Ave. N.  
Minneapolis, MN 55411

BIRTHDATE: 9-29-54

EDUCATION: High School Diploma  
Hennepin Vo-Tech, Machine Operator/Set-up

EMPLOYMENT HISTORY: (Please include position and job description)

Advanced Flex, Inc. - Router  
1-30-84 - Present

GAF Corp. - Forklift Driver  
3-83 - 8-83

Gaje Tool Machine Shops - Welding/Press/Punch Press/Shears  
7-81 - 4-82

RESUME

NAME: Al Woodford

ADDRESS: 2951 Logan Avenue  
Minneapolis, Mn 55411

BIRTHDATE: 10-14-55

EDUCATION: High School Diploma

EMPLOYMENT HISTORY:

Advanced Flex, Inc. - Manufacturing Engineer Manager  
1-2-79 - Present

Bureau of Engraving - Laminator  
8-23-73 - 12-8-78

RESUME

NAME: Barb Biederman

HOME ADDRESS: 6830 Perry Ave. N.  
Brooklyn Center, MN 55429

BIRTHDATE: 3-23-60

EDUCATION: High School Diploma  
Hennepin Vo-Tech, Banking Program

EMPLOYMENT HISTORY: (Please include position and job description)

Advanced Flex, Inc. - Lead Inspector 2nd Shift  
2-28-83 - Present

Bureau of Engraving - Inspector  
11-2-81 - 2-25-83

RESUME

NAME: Denise Martin

ADDRESS: 10550 Lyndale #110  
Bloomington, MN 55420

BIRTHDATE: 9-11-60

EDUCATION: High School Diploma

EMPLOYMENT HISTORY:

Advanced Flex, Inc. - Inspector  
3-5-84 - Present

Astrocom - Inspector  
1-78 - 4-80



RESUME

NAME: Herb Girtz

ADDRESS: 10600 Brunswick Road  
Bloomington, MN 55438

BIRTHDATE: 6-23-58

EDUCATION: High School Diploma  
2 Year Electronic Tech. Degree

EMPLOYMENT HISTORY:

Advanced Flex, Inc. - Quality Assurance Manager  
4-15-85 - Present

M P I - Calibration Manager  
5-78 - 4-14-85

RESUME

NAME: Ronald R. Vangeest

HOME ADDRESS: 725 NE Lake Street #329  
Hopkins, MN 55343

BIRTHDATE: 6-19-60

EDUCATION: High School Diploma

EMPLOYMENT HISTORY: (Please include position and job description)

NC Driller (lead) with Advanced Flex, Inc.  
2-13-84 - Present

Driller with Advanced Circuits  
2-10-83 - 2-11-84

RESUME

NAME: Lori Aarvig

HOME ADDRESS: 9481 Saratoga Lane  
Osseo, MN 55369

BIRTHDATE: 2-6-61

EDUCATION: High School Diploma

EMPLOYMENT HISTORY: (Please include position and job description)

Advanced Flex, Inc. - NC Driller  
11-27-84 - Present

Holaday Circuits - NC Driller/Inspector  
5-79 through 12-82

Universal Circuits - Driller/Inspector  
8 months