

NRC Form 313R (4-82) 10 CFR 34	U.S. NUCLEAR REGULATORY COMMISSION <b>APPLICATION FOR BYPRODUCT MATERIAL LICENSE—</b> <b>USE OF SEALED SOURCES IN RADIOGRAPHY</b>	Approved by OMB 3150-0023 Expires 12-31-84		
(SEE ATTACHED NRC FORM 313R INSTRUCTIONS AND NRC REGULATORY GUIDE 10.6—USE SUPPLEMENTAL SHEET WHERE NECESSARY) BE SURE ALL ITEMS ARE COMPLETED AND THAT ALL NECESSARY ATTACHMENTS ARE FURNISHED. IF ANY PORTION OF THE APPLICATION IS NOT APPLICABLE SPECIFICALLY SO STATE. DEFICIENT OR INCOMPLETE APPLICATIONS MAY BE RETURNED WITHOUT CONSIDERATION. LICENSE FEE REQUIRED, SEE ITEM 7 OF INSTRUCTIONS.				
1(a) NAME AND ADDRESS OF APPLICANT AND TELEPHONE NUMBER The Vollrath Company 1236 North 18th Street Sheboygan, WI 53081  1(b) TELEPHONE NO.: Area Code ( 414 ) 459 5248	2 THIS IS AN APPLICATION FOR: (Check appropriate item)  A. <input type="checkbox"/> NEW LICENSE B. <input type="checkbox"/> AMENDMENT TO LICENSE NO. _____ C. <input checked="" type="checkbox"/> RENEWAL OF LICENSE NO. <u>48-05395-01</u>			
1(c) APPLICANT IS: An individual <input type="checkbox"/> A partnership <input type="checkbox"/> A Corporation <input checked="" type="checkbox"/> An Unincorporated Association <input type="checkbox"/> Other <input type="checkbox"/> If applicant is other than an individual, the applicable section on the reverse side must be completed.	3. LOCATION(S) WHERE SEALED SOURCES WILL BE USED AND/OR STORED. (If use will be made in states other than named in 1(a), they should be listed here.)  <u>Permanent</u> The Vollrath Company <u>Basis:</u> 1236 North 18th Street Sheboygan, WI 53081			
4. SEALED SOURCES TO BE USED IN RADIOGRAPHY (Attach supplementary pages, if necessary)				
BYPRODUCT MATERIAL (Element and Mass No.)	SOURCE MODEL NUMBER	NAME OF MANUFACTURER	MAXIMUM ACTIVITY PER SOURCE	NUMBER OF SOURCES
A. Cobalt 60	A. B-3-G	A. Gamma Ind.	A. 20 curies	A. -----
B. Iridium 192	B. B-3-G	B. Gamma Ind.	B. 40 curies	B. -----
C.	C.	C.	C.	C.
5(a) RADIOGRAPHIC EXPOSURE DEVICES (Attach supplementary pages, if necessary)				
MODEL NUMBER	NAME OF MANUFACTURER (Include description if custom made)			
A. Model 62C Projector	A. Automation Industries Inc.			
B. (For both 4A & 4B above)	B.			
C.	C.			
5(b) RADIOGRAPHIC SOURCE CHANGERS (Attach supplementary pages, if necessary)				
MODEL NUMBER	NAME OF MANUFACTURER (Include description if custom made)			
A. C-8 (For Cobalt 60)	A. Gamma Industries Inc.			
B. C-10 (For Iridium 192)	B. Gamma Industries Inc.			
C.	C.			
6 THE FOLLOWING INFORMATION IS ATTACHED AS A PART OF THIS APPLICATION: (Check appropriate blocks and attach information called for in the instructions with this form.)				
	Not Applicable	Attached	Previously Submitted	
(a) Description of radiographic facilities (Instruction 6-a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
(b) Description of radiation detection instruments to be used (Instruction 6-b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
(c) Instrument calibration procedures (Instruction 6-c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
(d) Personnel monitoring equipment (Instruction 6-d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
(e) Operating and emergency procedures (Instruction 6-e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
(f) Training program (Instruction 6-f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
(g) Internal inspection system or other management control (Instruction 6-g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
(h) Overall organizational structure (Instruction 6-h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
(i) Leak testing procedures (Instruction 6-i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
<b>CERTIFICATE (This item must be completed by applicant)</b>				
7 THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, 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.				
LICENSE FEE ENCLOSED \$ _____  8508130221 850731 REG3 LIC36 48-05395-01 PDR		BY: <u>Glenn A. Kurtz</u> (Signature) Glenn A. Kurtz (Type or print name of certifying official) Production Manager-Foundry (Title of certifying official)		
DATE: <u>August 31, 1984</u>				
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.				

Control No. 77429

**LEGAL STRUCTURE OF APPLICANT**

If applicant is a corporation, complete items 8 through 11; if applicant is a partnership, complete items 12 through 14; if applicant is an unincorporated association or a legal entity other than a partnership or corporation, complete items 15 and 16. Attach separate sheets where space provided proves inadequate.

**CORPORATION****8. STOCK OF APPLICANT CORPORATION**

NO. OF SHARES AUTHORIZED	NO. OF SHARES ISSUED	NO. OF SHARES SUBSCRIBED	TOTAL NUMBER OF:	
			(a) Stockholders	(b) Subscribers

9. Is applicant corporation directly or indirectly controlled by another corporation or other legal entity?

YES ☐NO ☐

If answer is "YES" give name and address of other corporation or other legal entity and describe how such control exists and the extent thereof.

10. (a) Identify by name and address any individual, corporation, or other legal entity (1) owning 10 percent or more of the stock of applicant corporation issued and outstanding or (2) subscribing to 10 percent or more of the authorized but unissued stock of the corporation.

(b) Identify by name and address all officers and directors of the corporation.

11. Identify the State, District, Territory, or possession under the laws of which the applicant is incorporated.

**PARTNERSHIP**

12. Name and address of each individual or legal entity owning a partnership interest in the applicant.

13. State the percent of ownership of the applicant partnership held by each of the individuals or legal entities listed in item 12.

14. Identify the State, District, Territory, or possession under the laws of which the applicant partnership is organized.

**OTHER**

15. Describe the nature of the applicant and identify the State, District, Territory, or possession under the laws of which it is organized.

16. State the total number of members or persons holding an ownership in the applicant, identify each by name and address, and indicate the ownership interest thereof.

**VOLLRATH**

July 17, 1984

Mr. Bruce Mallet  
United States Nuclear Regulatory  
Region III  
799 Roosevelt Road  
Glen Ellyn, IL 60137

Subject: Control #76668  
License #48-05395-01  
Vollrath Co. Radiography  
License Renewal

Dear Mr. Mallet:

As advised by Mr. Adams, Region III, due to the purchase of AII by Tech Ops, and our above license renewal, we will initially be dealing with the Tech Ops line of radiography supplies.

In this regard, the future long term suppliers of our sources, leak tests and analysis, and maintenance of our existing source safe has been discussed with our management team. As discussed, we are requesting your consideration that in addition to using Tech Ops as a supplier, we would like to pursue other NRC approved suppliers for our radiography needs. In this way, we would be free to develop and order from alternate suppliers, depending on cost and service factors.

We trust this request to develop alternate N.R.C. approved suppliers is agreeable. We will wait for your comments on this matter as well as our pending license renewal approval.

Sincerely,

*G. P. Neumann*

G. P. Neumann  
Met. Eng., Mgr. Q.C.  
Foundry Division

GPN/wlh

RECEIVED

JUL 19 1984

REGION III

DUPE

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