

Form NRC-313R
(7-77)
10 CFR 34

U.S. NUCLEAR REGULATORY COMMISSION
APPLICATION FOR BYPRODUCT MATERIAL LICENSE—
USE OF SEALED SOURCES IN RADIOGRAPHY

Approved by GAO
B-180255(R0335)

(SEE ATTACHED FORM NRC-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 Otho G. Jones d/b/a Tumbleweed X-Ray Company P. O. Box 1592, Weatherford, OK 1(b) TELEPHONE NO.: Area Code (405) 772-3704 73096		2. THIS IS AN APPLICATION FOR: (Check appropriate item) A. <input checked="" type="checkbox"/> NEW LICENSE B. <input type="checkbox"/> AMENDMENT TO LICENSE NO. _____ C. <input type="checkbox"/> RENEWAL OF LICENSE NO. _____
1(c) APPLICANT IS: An individual <input checked="" type="checkbox"/> A partnership <input type="checkbox"/> A Corporation <input 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.) ALL STATES

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. SEE ATTACHED SUPPLEMENT 1	A. SUPPLEMENT 1	A.	A.	A.
B.	B.	B.	B.	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. SEE ATTACHED SUPPLEMENT 2	A.
B.	B.
C.	C.

5(b) RADIOGRAPHIC SOURCE CHANGERS (Attach supplementary pages, if necessary)

MODEL NUMBER	NAME OF MANUFACTURER (Include description if custom made)
A. SEE ATTACHED SUPPLEMENT 3	A.
B.	B.
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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/> ON _____ (DATE)
(c) Instrument calibration procedures (Instruction 6-c)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> ON _____ (DATE)
(d) Personnel monitoring equipment (Instruction 6-d)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> ON _____ (DATE)
(e) Operating and emergency procedures (Instruction 6-e)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> ON _____ (DATE)
(f) Training program (Instruction 6-f)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> ON _____ (DATE)
(g) Internal inspection system or other management control (Instruction 6-g)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> ON _____ (DATE)
(h) Overall organizational structure (Instruction 6-h)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> ON _____ (DATE)
(i) Leak testing procedures (Instruction 6-i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> ON _____ (DATE)

CERTIFICATE (This item must be completed by applicant)

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 \$ 460.00

BY:

Otho G. Jones
(Signature)

Otho G. Jones

(Type or print name of certifying official)

Owner

(Title of certifying official)

DATE July 19, 1983

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.

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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.