UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-4005

April 1, 2003

Colorado State University
ATTN: James Abraham
Radiation Safety Officer
Environmental Health Services
General Services Building, Rm 133
Ft. Collins, CO 80523-6021

SUBJECT: INITIAL NRC FORM 241 FOR CALENDAR YEAR 2003

Mr. Abraham:

This acknowledges receipt of your initial NRC Form 241, dated March 18, 2003, for proposed work activities in NRC jurisdiction under the authority of the general license pursuant to 10 CFR 150.20.

Your Agreement State license is recognized as valid for the proposed use of licensed material at the location listed on your NRC Form 241. Please be aware that working under reciprocity in NRC jurisdiction requires you to comply with NRC regulations, as described in 10 CFR 150.20.

The calendar year 2003 RTS Reference number for your proposed location of work is as follows. Please refer to this RTS Reference number in any future communications.

RTS Reference Number	Proposed Location of Work
584	Naval Research Laboratory; Monterey, CA

You must submit an NRC Form 241 clarification report when you propose to add locations of work, add or delete dates of work, change work site contacts, use different radioactive materials, or elect to perform additional work activities within NRC jurisdiction, and subsequently provide those changes to this office. Please note, all notifications or clarifications of work activities or changes to the information submitted on the initial NRC Form 241 must include as a minimum, the following information: licensee name, agreement state license number, location of work, dates of work, and the signature of the RSO or designee.

Information submitted on NRC Form 241 must be specific regarding the location and dates of use. The regulations require you to notify this office three days prior to any of the proposed generally licensed activities. However, given the nature of your licensed activities, the time requirement specified in 10 CFR 150.20(b)(1) for filing an NRC Form 241 clarification report and any subsequent notifications has been waived, provided that you:

A. Inform this office by telephone or facsimile of work activities or changes to the information submitted on the initial NRC Form 241, and

B. Receive oral or written authorization for the activities from this office, and

C. Submit written confirmation within 3 days after the notification.

Enclosed is an NRC signature copy of your NRC Form 241. We appreciate your cooperation. If you have questions concerning this letter or other aspects of working in NRC jurisdiction under reciprocity, please contact me at 817-276-6552.

Please use one of the following FAX numbers for submitting NRC Form 241 clarifications.
817-860-8263
817-860-8188

In accordance with 10 CFR 2.790 of the NRC's "Rules of Practice," a copy of this letter, its enclosure, and your response, if you provide one, will be made available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). ADAMS is accessible from the NRC Web site at http://www.nrc.gov/reading-rm/adams.html (the Public Electronic Reading Room).

Sincerely,

/RA/

Rachel S. Browder, Health Physicist
Nuclear Materials Licensing Branch

Enclosure: As stated

cc w/copy of NRC Form 241 and Materials License:
Colorado Radiation Control Program Director

UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-8064

April 1, 2003

MEMORANDUM TO: Shirley Crutchfield
License Fee and Accounts Receivable Branch (T9 E10)

FROM: Rachel S. Browder, Health Physicist **/RA/**
Nuclear Materials Licensing Branch, Region IV

SUBJECT: FEE TRANSMITTAL

A. Region IV

1. NRC FORM 241 ATTACHED:

Applicant/Licensee:	Colorado State University
NRC Form 241 Dated:	March 18, 2003
Agreement State License:	COLO 002-19
Program Code(s):	03620

2. FEE ATTACHED:

Amount: $1400 — Not applicable - the institution has requested exemption because they are non-profit educational institution. Please see attached email.

3. COMMENTS:

B. LICENSE FEE AND ACCOUNTS RECEIVABLE BRANCH

1. Fee Category and Amount:_____

2. Correct Fee Paid. Submittal may be processed for:

General License _____

Signed_____ Date:_____