

ACCEPTANCE REVIEW MEMO

Licensee: Reliance Testing and Inspection

License No.: 11-27658-01

Docket No.: 030-35327

Mail Control No.: 470644

Type of Action: Amend **Date of Requested Action:** 07-28-05

Reviewer Assigned: **Date Assigned to Reviewer:** 08-05-05

Reviewer(s) Who Performed Review: Torres

| Response Received | Deficiencies Noted During Acceptance Review |
|-------------------|---|
| | 1. |
| | 2. |
| | 3. |
| | 4. |

Reviewer's Initials: _____

Date: _____

Branch Chief's and/or SR. HP's Initials: _____

Date: _____

| | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Action - decommissioning notification should be issued within 30 days. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Termination request < 90 days from date of expiration |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Action to be expedited |
| | _____ Medical emergency |
| | _____ Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license) |
| | _____ National Security |
| | _____ Other (_____) |

Branch Chief's and/or Sr. HP's Initials: _____ **Date:** _____

| SISP Review | |
|---|---|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Non-Publicly Available, Sensitive if <u>any</u> item below is checked |
| | _____ Radionuclides, forms, and quantities |
| | _____ Location of RAM |
| | _____ Building drawings with locations of RAM |
| | _____ Security of RAM (locks, alarms, etc.) |
| | _____ SS&D Catalog information |
| | _____ Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.) |
| | _____ Safeguards Information |

Branch Chief's and/or Sr. HP's Initials: RTI **Date:** 8/8/05

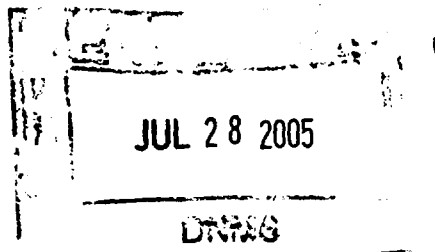


RELIANCE TESTING & INSPECTION

Full Service Construction
Materials Testing & Inspection
Geotechnical Services

July 28, 2005

Nuclear Regulatory Commission
Attn: Colleen Murnahan
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-4005



Dear Colleen:

RE: License Amendment due to change of address

Colleen, Reliance Testing & Inspection, Inc. has changed physical location and mailing address to 2031 Heyrend Way, Idaho Falls, Idaho 83402. Reliance Testing & Inspection, Inc. is notifying the NRC of this change of address as stated in our materials license. Docket or Reference # 030-35327 on page 2 of 4, part 10 section "A" from 2085 West Omni Drive Idaho Falls, 83402 to 2031 Heyrend Way Idaho Falls, 83402.

If you should have any questions please feel free to call at 552-6240.

Respectfully Submitted,
Reliance Testing and Inspection

Jon D. Kishiyama
General Manager

APR 10 2005

DATE

This is to acknowledge the receipt of your letter/application dated 7/28/05, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be 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:

The action you requested is normally processed within 90 days.

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 470644.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Munnahan
Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LEMS USE)

INFORMATION FROM LTS

Program Code: 03121
Status Code: 0
Fee Category: 3P
Exp. Date: 20100331
Fee Comments:
Decom Fin Assur Regd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED RELIANCE TESTING AND INSPECTION

Applicant/Licensee: 20050728
Received Date: 3035327
Docket No.: 470644
Control No.: 11-27658-01
License No.:
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

Signed *William Spivey*
Date 8-05-05

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / __/)

- 1. Fee Category and Amount: _____
- 2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____
- 3. OTHER _____

Signed _____
Date _____