

ACCEPTANCE REVIEW MEMO

Licensee: Sanjel Corporation
License No.: 54-27692-01 **Docket No.:** 030-35652
Mail Control No.: 470785
Type of Action: Amend **Date of Requested Action:** 12-06-05
Reviewer Assigned: **Date Assigned to Reviewer:** 12-14-05
Reviewer(s) Who Performed Review: Gaines

| 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: AOG **Date:** 12/14/05



Sanjel (USA) Inc. 630 17th St, Suite 2000 South Denver, CO 80702-5402 F 303.571.9775 F 303.571.9776
Corporate Head Office 200, 505 2nd St SW Calgary, AB T2P 1N8 F 403.289.1420 F 403.289.1433

December 6, 2005

United States Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

Dear Sir or Madam:

I am requesting an amendment to our License #54-27692-01, Docket # 030-35652.
I wish to add Michael E. Moore to the list of technicians capable of doing initial radiation surveys, installations, alignment, relocation and removal from service our sealed sources. I would also like to remove the names of Todd Richer, Dave Prefontaine from this list, as these persons are no longer in the employ of Sanjel. Thank you.

Michael E. Moore
Radiation Safety Officer
Sanjel USA, Inc.

470785

Certificate of Completion

is hereby granted to:

Michael Moore

to certify that he has completed to satisfaction

Factory Authorized

SGDO Training

Granted: December 1, 2005

Thermo
ELECTRON CORPORATION

Danny Mayfield *Technical Support Specialist*
{name, title}



FAX TRANSMITTAL COVER SHEET

PLEASE DELIVER THE FOLLOWING MESSAGE TO:

COMPANY: USARC

NAME: Tony Gaines FAX NO.: 817-860-8263, 8188

FROM: Michael E. Moore RSO DATE: 12-6-05

RE: Amendment Request.

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 3

Should any pages be missing or illegible, please contact this office for a re-transmittal.

TELEPHONE NUMBER: (406) 232-9800
 FAX NUMBER: (406) 232-9909

12-14-05

DATE

This is to acknowledge the receipt of your letter/application dated 12-6-05, 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 470785.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murrah
Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LEMS USE)

INFORMATION FROM LTS

Program Code: 03120
Status Code: 0
Fee Category: 3P
Exp. Date: 20110531

Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SANTEL CORPORATION
Received Date: 20051206
Docket No: 3035652
Control No.: 470785
License No.: 54-27692-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed
Date

Valerie Munnahan
12/13/05

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

