

ACCEPTANCE REVIEW MEMO

Licensee: McLane Testing
License No.: 50-21374-01 **Docket No.:** 030-02-575
Mail Control No.: 470879
Type of Action: Amend **Date of Requested Action:** 02-16-06
Reviewer Assigned: **Date Assigned to Reviewer:** 02-24-06
Reviewer(s) Who Performed Review: Cook

Response Received	Deficiencies Noted During Acceptance Review
JAC	1. Please confirm new name on Appendix F.
	2.
	3.
	4.

Reviewer's Initials: JAC **Date:** 3/15/06
Branch Chief's and/or SR. HP's Initials: RSC **Date:** 3/16/06

<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
	<input type="checkbox"/> Medical emergency <input type="checkbox"/> Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license) <input type="checkbox"/> National Security <input type="checkbox"/> 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 <input type="checkbox"/> Radionuclides, forms, and quantities <input type="checkbox"/> Location of RAM <input type="checkbox"/> Building drawings with locations of RAM <input type="checkbox"/> Security of RAM (locks, alarms, etc.) <input type="checkbox"/> SS&D Catalog information <input type="checkbox"/> Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.) <input type="checkbox"/> Safeguards Information
Branch Chief's and/or Sr. HP's Initials: <u>JAC</u> Date: <u>2/24/06</u>	



MCLANE CONSULTING, INC.

ACCOUNTING & FINANCE DIVISION
907-283-4218 ext 203 / Fax: 907-283-3407

FACSIMILE TRANSMITTAL SHEET

TO: Colleen Murnahan	FROM: Stan A. "Sam" McLane
COMPANY: U.S. Nuclear Regulatory Commission	DATE: 02/16/2006
FAX NUMBER: (817) 860-8263	TOTAL PAGES: 5
PHONE NUMBER:	SENDER'S EMAIL ADDRESS: samclane@mclanecg.com
RE: LICENSE TRANSFER INFORMATION	

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Colleen,

Attached is the signed, change request form.

If you have any questions please give me a call.

Thank You,

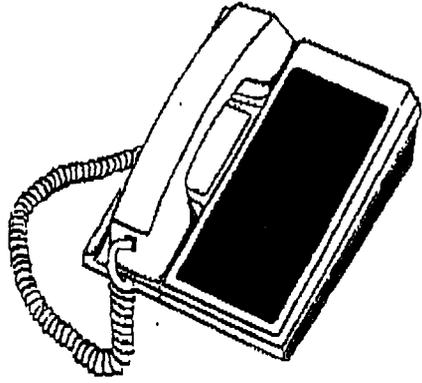
Sam

P.O. Box 468 Soldotna, Alaska 99669-0468

U.S. NUCLEAR REGULATORY COMMISSION
 Region IV
 611 Ryan Plaza Drive, Suite 400
 Arlington, Texas 76011
DIVISION OF NUCLEAR MATERIALS SAFETY

DATE/TIME: 2/16/06

PRIORITY:
 Immediately
 1 Hour _____
 2-4 Hours _____



MESSAGE TO: McLane Testing - Sam McLane
 MESSAGE FROM: Cullen Murahan, Licensing Assistant
 NUMBER OF PAGES: 3 PLUS TRANSMITTAL SHEET
 TELECOPY NUMBER: ~~907-283-2309~~ VERIFICATION NUMBER: _____
 CONTACT: Kim 907 283 3407

SPECIAL INSTRUCTIONS/ATTACHMENTS: 2/16/06

Mr. McLane, Please complete the information requested on the attached form "Appendix I" and return to my attention at 817-860-8263. Do not leave any blanks. If something does not apply please state (N/A). We appreciate your cooperation in this important matter. Cullen

Transmitted and Verified by: _____ **DISPOSITION:**
 Return to Originator: _____
 Place in Mail: _____
 Other: _____

NAME	DATE

Information Required for Change of Control and/or Change of Ownership
(to include a name change)

source: Appendix F of NUREG-1556, Volume 15 (Date Published: November 2000)

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

A. Description of the transaction:

Company name change

B. No name change

New name of licensed organization: 49-50

C. No change in contact

New contact: _____

New telephone number: _____

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

A. No changes in personnel having control over licensed activities.

Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B. No changes in personnel named in the license.

Changes in personnel named in the license (e.g. RSO, AUs) - including training, experience and responsibilities:

-2-

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

Organization:

Equipment:

Location:

Procedures:

Facility:

Not applicable

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

A. Description of the status of all surveillance program:

*On-going. Leak testing required for 3
Trolox gauges, expect completion March 1, 2006.*

B. Surveillance items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

Yes No (explain)

5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

Records transferred to:

New licensee NRC for license termination Not applicable

(Name only)

-3-

6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

[] Description of proposed licensed program attached

OR

_____ will abide by all constraints, conditions, requirements and commitments of _____
(transferee) (transferor)

Signature/Title
Transferee

date

Signature/Title
Transferor

date

OR

Not applicable (name change only)

Stan A. McLane
Certifying Officer - Signature

12/16/06
Date

Stan A. McLane
Certifying Officer - Typed name and title

From: Jackie Cook
To: samclane@mclanecg.com
Date: 03/13/2006 4:40:56 PM
Subject: ACT: NAME CHANGE ONLY

Mr. McLane:

I am sending you this email to ask for clarification regarding the new name of your licensed organization as identified in Appendix F, Item 1.B. You identify the name of the new licensed organization as 49-50.

Please clarify the correct new legal entity for your organization by submitting documentation from where ever this company is registered that this is a legitimate licensee name. Please submit this information no later than Monday, March 20, 2006, either by fax at 817-860-8263 or via email at jdc1@nrc.gov.

If you have any questions regarding the above, please don't hesitate to contact me at your earliest convenience at the phone numbers or email address listed below.

Thanking you in advance for your prompt attention to this matter.

Sincerely,

Jacqueline "Jackie" D. Cook
Senior Health Physicist
Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011
817-860-8132 (voice); 817-860-8263 (fax)
email address: jdc1@nrc.gov

From: "Robert V. Knapp" <rvknapp@mclanecg.com>
To: <JDC1@nrc.gov>
Date: 03/15/2006 3:55:49 PM

Jackie,

Attached is a copy of the Business License for 49-50, per your request from Stan "Sam" McLane Consulting, Inc.

Robert V. Knapp
McLane Consulting, Inc.
rvknapp@mclanecg.com
(907) 283-4218
(907) 283-3407 - Fax

CC: <samclane@mclanecg.com>

Mail Envelope Properties (44188D53.0BD : 10 : 8381)

Subject:
Creation Date 03/15/2006 3:55:10 PM
From: "Robert V. Knapp" <rvknapp@mclanecg.com>
Created By: rvknapp@mclanecg.com

Recipients
nrc.gov
ARL_PO.ARL_DO
JDC1 (Jackie Cook)

mclanecg.com
samclane CC

Post Office
ARL_PO.ARL_DO

Route
nrc.gov
mclanecg.com

Files	Size	Date & Time
MESSAGE	239	03/15/2006 3:55:10 PM

470879

TEXT.htm 2948
49-50 Business License.pdf 21064
Mime.822 34088

Options

Expiration Date: None
Priority: Standard
ReplyRequested: No
Return Notification: None

Concealed Subject: No
Security: Standard

Junk Mail Handling Evaluation Results

Message is eligible for Junk Mail handling
This message was not classified as Junk Mail

Junk Mail settings when this message was delivered

Junk Mail handling disabled by User
Junk Mail handling disabled by Administrator
Junk List is not enabled
Junk Mail using personal address books is not enabled
Block List is not enabled

470579

Alaska Department of Commerce, Community, and Economic Development
P.O. Box 110806, Juneau, Alaska 99811-0806

ALASKA BUSINESS LICENSE

The licensee named below holds Alaska Business License Number 312618
covering the period of: December 5, 2005 through December 31, 2007
Line of Business: 54 Professional, Scientific and Technical Services

49 - 50

PO BOX 468, SOLDOTNA, AK 99669

Owner:

STAN A. MCLANE; CODY R. MCLANE

This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State of Alaska or of the United States.

*Alaska Department of Commerce, Community, and Economic Development
Commissioner: William C. Noll*

This license must be posted in a conspicuous place at the business location. It is not transferable or assignable.

628074

3-21-06
DATE

This is to acknowledge the receipt of your letter/application dated 2-16-06, 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 472879.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Carleen Muenahan

Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)

INFORMATION FROM LTS

: Program Code: 03121
: Status Code: 0
: Fee Category: 3P
: Exp. Date: 20131231
: Fee Comments:
: Decom Fin Assur Regd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED MCLANE TESTING
Applicant/Licensee: 20060216
Received Date: 3020575
Docket No: 470879
Control No.: 50-21374-01
License No.: 50-21374-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *Collette Purnakar*
Date 07/23/16

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 _____