## ACCEPTANCE REVIEW MEMO (ARM)

| Licensee:             | Big Sky Laser Technologies, Inc. | License No.: 25-27639-01           |
|-----------------------|----------------------------------|------------------------------------|
| Docket No.:           | 030-35151                        | Mail Control No.: 471780           |
| Type of Action:       | Amend                            | Date of Requested Action: 04-10-08 |
| Reviewer<br>Assigned: |                                  | ARM reviewer(s): Torres            |

| Response | Deficiencies Noted During Acceptance Review  |
|----------|--|
|          | <ul> <li>Open ended possession limits. Submit inventory. Limit possession.</li> <li>Submit copies of latest leak test results.</li> <li>Add IC L.C./Fingerprint LC, add SUNSI markings to license.</li> <li>Confirm with licensee if they have NARM material.</li> </ul> |
|          | [ ] Confirm with licensee if they have NARM material.  |

| Reviewer's Initia | als: Date:  |
|-------------------|---|
| □Yes □No          | Request for unrestricted release Group 2 or >. Consult with Bravo Branch.   |
| □Yes □No          | Termination request < 90 days from date of expiration   |
| □Yes □No          | Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other) |
| □Yes □No          | TAR needed to complete action.  |
| Branch Chief's    | and/or HP's Initials: Date:   |

| SUNSI Screening according to RIS 2005-31  |  |  |  |
|---|--|--|--|
| □Yes 🖉No Sensitive and Non-Publicly Available if <u>any</u> item below is checked   |  |  |  |
| General guidance:   |  |  |  |
| RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule   |  |  |  |
| Exact location of RAM (whether = or > than Category 3 or not)   |  |  |  |
| Design of structure and/or equipment (site specific)  |  |  |  |
| Information on nearby facilities  |  |  |  |
| Detailed design drawings and/or performance information   |  |  |  |
| Emergency planning and/or fire protection systems   |  |  |  |
| Specific guidance for medical, industrial and academic (above Category 3):<br>RAM quantities and inventory<br>Manufacturer's name and model number of sealed sources & devices<br>Site drawings with exact location of RAM, description of facility<br>RAM security program information (locks, alarms, etc.)<br>Emergency Plan specifics (routes to/from RAM, response to security events)<br>Vulnerability/security assessment/accident-safety analysis/risk assess<br>Mailing lists related to security response |  |  |  |
| MAY 7 2008  |  |  |  |
| Branch Chief's and/or HP's Initials: Date:  |  |  |  |



RECEIVED APR 1 6 2008 DNMS

April 10, 2008

Mr. Jack Whitten Nuclear Materials Licensing Section U.S. Nuclear Regulatory Commission 611 Ryan Plaza Drive Arlington, TX 76011-8064

Dear Jack,



DNMS

Big Sky Laser Technologies, Inc., hereby requests to amend Materials License #25-27639-01 to reflect the following changes in the titling and administration of the license:

- 1. Update the Licensee Name to Quantel USA.
  - a. Big Sky Laser has officially changed its name to Quantel USA in 2008.
- 2. Remove the following personnel as an authorized user for reason of termination of employment with Quantel USA.
  - a. Mr. Lucas Zemlicka

Should you or your staff have any question regarding this materials license amendment, please feel free to contact Mr. Jason Yager at the following:

Mr. Jason Yager Radiation Safety Officer (406) 586-0131-156 jyager@quantelusa.com

Sincerely,

Mr. Jasoh Yager, Systems Integration Manager/RSO Quantel USA

QUANTEL USA PO Box 8100 Bozeman, MT 59715 Tel. +1 406 586 0131 Fax +1 406 586 2924 www.guantel-laser.com

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QUANTEL USA PO Box 8100 Bozeman, MT 59715 Tel. +1 406 586 0131 Fax +1 406 586 2924 www.guantel-laser.com

## Na 471780

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 (ie., 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.

Description a complete description of the transaction: Big Sky Laser Tech., a division of Quantel since 1998, has changed HS HAME to Quantel USA Α. to better reflect the relationship between the groups the market place.

uantel New name of licensed organization:

C. 1 No change in contact

[] No name change

Ж В.

| [] New contact: |  |  |
|-----------------|--|--|
|                 |  |  |
|                 |  |  |
|                 |  |  |

| [] New telephone number: | <br>• |
|--------------------------|-------|
|                          |       |

- 2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.
  - [X] No changes in personnel having control over licensed activities. Α.

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

Β. Who changes in personnel named in the license.

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

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 (e.g., 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: Current
  - 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
[] NRC for license ter

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. (Complete one of the following three items.)

| A |                      | will abide by all constraints, conditions, |
|---|----------------------|--|
|   | (transferee company) | • · · ·                                    |

requirements and commitments of

(transferor company)

Signature Title Transferee Official Signature Title Transferor Official

Date

Date

OR

OR

B. [] Description of proposed licensed program from transferee with signature, attached.

× Not applicable (name change only) Signature TAGE 2 1 ASON Certifying Officer - Typed name and title

4/16/08

This is to acknowledge the receipt of your letter/application dated  $\underline{4 - 10 - 08}$ , and to inform you that the initial processing, which includes an administrative review, has been performed.

| 4 | - |  |
|---|---|--|
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| 7 | 7 |  |
|   | ` |  |

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** <u>47/780</u> When calling to inquire about this action, please refer to this mail control number. You may call me at 817-860-8103.

Sincerely, Collien Murnshan

NRC FORM 532 (RIV) (10-2006)

Licensing Assistant

| BETWEEN:   | : (FOR LFMS USE)<br>: INFORMATION FROM LTS   |
|--|--|
| License Fee Management Branch, ARM<br>and<br>Regional Licensing Sections | Program Code: 03620<br>Status Code: 0<br>Fee Category: 3M<br>Exp. Date: 20090930<br>Fee Comments:<br>Decom Fin Assur Reqd: N |

## LICENSE FEE TRANSMITTAL

A. REGION

| 1. | APPLICATION ATTACHED |               |               |      |
|----|----------------------|---------------|---------------|------|
|    | Applicant/Licensee:  | BIG SKY LASER | TECHNOLOGIES, | INC. |
|    | Received Date:       | 20080416      |               |      |
|    | Docket No:           | 3035151       |               |      |
|    | Control No.:         | 471780        |               |      |
|    | License No.:         | 25-27639-01   |               |      |
|    | Action Type:         | Amendment     |               |      |
|    |                      |               |               |      |

- 2. FEE ATTACHED Amount: Check No.:
- 3. COMMENTS

Junahan Signed Date 4-24

- B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone O3 is entered /\_\_/)
- 1. Fee Category and Amount: \_\_\_\_
- 2. Correct Fee Paid. Application may be processed for: Amendment Renewal License
- 3. OTHER

Signed Date