

FAX COVER SHEET

JL&SONS TOROMONT ENERGY SYSTEMS

PHONE # 307-237-7118

FAX # 307-234-8303

DATE: 4-29-08

TO: Attn: Jacqueline Cook

FROM: Kevin Hightower

FAX NUMBER: 1-817-860-8263

NO. OF COPIES INCLUDING COVER SHEET: 7

**COMMENT: PLEASE CONFIRM RECEIPT OF
FAXED PURCHASE ORDER BY INITIALIZING THIS
COVER SHEET AND FAXING BACK TO
PURCHASING DEPARTMENT. THANK YOU.**

INITIALS OF RECIEPIENT: _____

**NOTE: PLEASE ADVISE IF YOU DO NOT RECEIVE THE PROPER AMOUNT
OF COPIES. PLEASE CONTACT 307-237-7118**

Toromont Energy Systems
2289 Renauna Ave
Casper WY 82604
(307)237-7118

Doc 3

Page 1 of 4
Docket# 030-37416

License# 49-29253-01

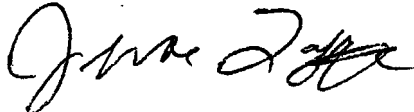
ATTI: Jacqueline Cook

Subject: License Amendment

This is a letter to submit a request for a change of Radiation Safty Officer
(amendment to or License)
Removing Gary C Franklin. And Replaceing him with Kevin James Hightower.

Inclosed are our Organization Form, Confrmation of work history, and RSO
certifacations. If we could
please Expidite this as quickly as posible we would be very thank full.

Sincerly



JESSE Lafferty (General Manager)

New Text Document (2)

Page 2 of 4
Toromont Energy Systems
2289 Renauna Ave
Casper WY 82604
(307)237-7118

Docket# 030-37416

License# 49-29253-01

Organization Chart

General Manager Toromont Energy Systems Casper Divi.

Jessie Lafferty

QC Manager and Industrial Radiography Supervisor

John R Lafferty

Designee For Radiation Safety Officer

Kevin J Hightower

Doc 3

Page 3 of 4

Docket#030-37416

License# 49-29253-01

The proposed RSO will be Kevin James Hightower.

Doc 3

Page 4 of 4

Docket# 030-37416

License# 49-29253-01

Subject: Qualifacations

Kevin j Hightower has worked in the radiography industry since May 2003 to Jan 2004 for High Mtn Insp
Then for H&G Insp. from Jan 2004 to June 2004. Apon which time he returned to High Mtn Insp. June 2004
to Nov 2004. With an average of 50+ Hrs a week. Kevin Mac Manus is the Rso for High Mtn Insp. and can
Verify his time on the job. You can contact him at (307)266-0105

Kevin has worked for Toromont Energy Systems since April 4 2006 to present. He has been in the Radiography
Department since Jan 2007 to present. Since Dec 2007 Kevin has been acting as an asistant RSO to Gary c
Franklin. With an average of 50 Hrs a week. John R Lafferty the QC manager can verify his hours. John can
be reached at (307)237-7118

Attached is a copy of his classroom time and certifications from Spec for completion of the RSO training
program.

Certificate of Attendance

awarded to:

Kevin Hightower

in recognition of having attended an educational course on the subject of

Industrial Radiography

RADIATION SAFETY OFFICER

(24 Hours)

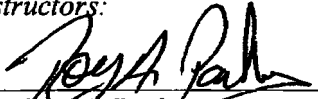
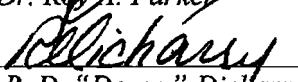
in accordance with 10 CFR 34.42(a)(3)

Date Completed:

April 17, 2008



Instructors:


Dr. Roy A. Parker

R. D. "Donny" Dickarry

Source Production & Equipment Co., Inc. , 113 Teal Street, St. Rose, LA 70087

Certificate of Attendance

awarded to:

Kevin Hightower

in recognition of having attended an educational course on the subject of

Industrial Radiography

EMERGENCY SOURCE RETRIEVAL

(8 Hours)

in accordance with 10 CFR 34.45(a)(12)

Date Completed:

April 18, 2008



Instructor:

R. D. "Donny" Dicharry
R. D. "Donny" Dicharry

Source Production & Equipment Co., Inc. , 113 Teal Street, St. Rose, LA 70087

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Toromont Energy Systems (WY) Inc **License No.:** 49-29253-01

Docket No.: 030-37416

Mail Control No.: 471801

Type of Action: Amend

Date of Requested Action: 04-29-08

**Reviewer
Assigned:**

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none">[] Open ended possession limits. Submit inventory. Limit possession.[] Submit copies of latest leak test results.[] Add IC L.C./Fingerprint LC, add SUNSI markings to license.[] Confirm with licensee if they have NARM material.

Reviewer's Initials: _____

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 any 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):

- _____ RAM quantities and inventory
- _____ Manufacturer's name and model number of sealed sources & devices
- _____ Site drawings with exact location of RAM, description of facility
- _____ RAM security program information (locks, alarms, etc.)
- _____ Emergency Plan specifics (routes to/from RAM, response to security events)
- _____ Vulnerability/security assessment/accident-safety analysis/risk assess
- _____ Mailing lists related to security response

Branch Chief's and/or HP's Initials: RTZ

Date: _____

MAY 19 2008

MAY 20 2008

This is to acknowledge the receipt of your letter/application dated
4-29-08, and to inform you that the initial processing,
which includes an administrative review, has been performed.

DATE

☒ 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** 471801.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Coleen Murahan

Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 03320
: Status Code: 0
: Fee Category: 30
: Exp. Date: 20170531
: Fee Comments:
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: TOROMONT ENERGY SYSTEMS (WY) INC
Received Date: 20080429
Docket No: 3037416
Control No.: 471801
License No.: 49-29253-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Munahan
Date 5-14-08

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 _____