



Print - Close Window

Date: Thu, 2 Oct 2008 11:27:02 -0700 (PDT)
From: "Nuclear Testing Services" <nucleartestingservices@yahoo.com>
Subject: Fwd: Amendment to license
To: latischa.hanson@nrc.gov

Note: forwarded message attached.

Forwarded Message

Date: Thu, 18 Sep 2008 09:34:17 -0700 (PDT)
From: "Nuclear Testing Services" <nucleartestingservices@yahoo.com>
Subject: Amendment to license
To: jack.whitten@ncr.gov

HTML Attachment

Please amend our address on our Materials License (43-17936-01).
New address:
583 West Billinis Road #2
Salt Lake City, Utah 84115
Thank You,
Cassidy Pollock
Nuclear Testing Services

*Nuclear
Testing
Services
43-17936
Direct po.
030-13675*

817 860 8188

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Nuclear Testing Services, LLC **License No.:** 43-17936-01
Docket No.: 030-13675 **Mail Control No.:** 471972
Type of Action: Notify **Date of Requested Action:** 10-02-08
Reviewer Assigned: **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	[] 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 [suite #, bldg. #, location different from mailing address] (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: RITZ **Date:** OCT - 8 2008

OCT - 8 2006

DATE

This is to acknowledge the receipt of your letter/application dated 10-02-08, 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 — 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** 471972.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,



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: 20150831
: Fee Comments:
: Decom Fin Assur Req: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: NUCLEAR TESTING SERVICES, LLC
Received Date: 20081002
Docket No: 3013675
Control No.: 471972
License No.: 43-17936-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Murnahan
Date 10-08-08

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 _____