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FACSIMILE TRANSMITTAL SHEET

TO: Jacqueline Cook FROM: Kurt Gasso
COMPANY: _____ DATE: 9/26
FAX NUMBER: _____ TOTAL OF PAGES INCLUDING COVER: 4
PHONE NUMBER: _____ SENDER'S REFERENCE NUMBER: _____
RE: _____ YOUR REFERENCE NUMBER: _____

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

Special Instructions:

If you do not receive all the pages, or if any are illegible, please call us as soon as possible.

Sep. 26. 2008 9:48AM

817 HKM Engineering

USNRC RIV

No. 1403

P. 2

PAGE 01/03



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-8064

FACSIMILE FORM

DATE: September 24, 2008

MESSAGE TO: Kurt Grabow
HKM Engineering, Inc.

Docket: 030-12845
License: 25-17492-01

MESSAGE FROM: Jacqueline D. Cook, Senior Health Physicist
Nuclear Materials Licensing Branch

Telephone number 817-860-8132
Facsimile number 817-860-8263

NUMBER OF PAGES: 3

FACSIMILE NUMBER: 406-869-6396 VERIFICATION NUMBER: 406-869-6375

Kurt Grabow:

10 CFR 30.34(b) states that "no license issued or granted pursuant to the regulations...nor any right under a license shall be transferred, assigned or in any manner disposed of, either voluntarily or involuntarily, directly or indirectly, through transfer of control of any license to any person, unless the Commission shall...find that the transfer is in accordance with the provisions of the Act and shall give its consent in writing. Although not specifically addressed by 10 CFR 30.34, licensees undergoing a name change may also be affected by this regulation.

Control over licensed activities can be construed as the authority to decide when and how a license (licensed material and/or activities) will be used. A change of ownership may be an example of a change of control. The central issue is whether the authority over the license has changed. In all cases, determining whether a change of control has taken place or whether a change is in name only is the Commission's responsibility.

Licensees must notify the Commission when they are undergoing a possible change of control and/or a change of name. While this notification is not required within a certain time frame, NRC needs adequate time to review the submittal to ensure that the transfer is in accordance with the regulations.

In order to process your request for a change of control/ownership and/or a name change, the information on the following pages is required. Our fax number is (817) 860-8263. If you have any questions regarding our discussion or this fax, please contact me. When responding to this fax, please include the license and docket numbers, located at the top of this page as well as the following pages. Thank you.

Jacqueline D. Cook, Senior Health Physicist

No 471974

Docket 030-12845

SEP 26 2008

LICENSE 25-17492-01

DNMS

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

source: Appendix F of NUREG-1656, 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:

This is a merger of HKM Engineering Inc. and Dowl Engineers from Alaska. The merged company is now owned by the combined shareholders of both companies.

B. ☐ No name change

DOWL LLC ~~and~~ operating as

☒ New name of licensed organization:

Dowl HKM

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:

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

☐ Organization:

None

☐ Equipment:

None

☐ Location:

None

☐ Procedures:

None

☐ Facility:

None

☐ Not applicable

None

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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:

☒ IN Compliance { No Change

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

(Sealed Source)

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

KURT GRABOW (RSD) Dow HKM will abide by all constraints, conditions, requirements and commitments of KAREN Fagg (President) HKM Engineering Inc

[Signature]

Signature/Title
Transferee

9/24/2008
date

[Signature]

Signature/Title
Transferor

9-25-08
date

OR

☐ Not applicable (name change only)

[Signature]
Certifying Officer - Signature

Kurt Grabow - RSD
Certifying Officer - Typed name and title

9/24/2008
Date

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: HKM Engineering, A Division of Dowl, LLC **License No.:** 25-17492-01
Docket No.: 030-12845 **Mail Control No.:** 471974
Type of Action: Amend **Date of Requested Action:** 09-04-08
Reviewer Assigned: **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession. <input type="checkbox"/> Submit copies of latest leak test results. <input type="checkbox"/> Add IC L.C./Fingerprint LC, add SUNSI markings to license. <input type="checkbox"/> 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

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Branch Chief's and/or HP's Initials: RAC **Date:** _____

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DATE

This is to acknowledge the receipt of your letter/application dated
9-26-08, 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 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** 471974.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan

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: 20130930
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HKM ENGINEERING INC.
Received Date: 20080926
Docket No.: 3012845
Control No.: 471974
License No.: 25-17492-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed
Date

Colleen Murnahan
10-30-08

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

