



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
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ARLINGTON, TEXAS 76011-4125

FACSIMILE



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From: Jacqueline D. Cook
Date: January 15, 2009
Subject: License Amendment dated October 6, 2008
Pages: 5

License No. 11-27384-01
Docket No. 030-32325
Control No. **472032**

Mr. Wang:

Please note the correct Mail Control No. above.

On the next page you will find a deficiency for you to respond to in order to approve the requested change of ownership. Please respond to this e-mail as soon as practical but no later than close of business Monday, February 2, 2009. Our fax number is (817) 860-8263. If you have any questions regarding this e-mail, please contact me at (817) 860-8132 or email me in pdf format or signed MicroSoft Word format at Jackie.Cook@nrc.gov. When responding to this e-mail, please include the license, docket, and numbers located at the top of this page.

Thank you for your cooperation and assistance in expediting this matter.

/RA/

Jacqueline D. Cook
Senior Health Physicist

1. Please note that it is the licensee's responsibility for applying for amendments to licenses and for keeping them up-to-date. Please note that representatives of the corporation or legal entity filing the amendment request should sign the amendment request. These representatives must be authorized to make binding commitments and to sign official documents on behalf of the applicant. An amendment request for a medical facility must be signed by the Radiation Safety Officer or licensee's management. Signing of the amendment request by licensee's management acknowledges management's commitment and responsibilities for the Radiation Protection Program. Management includes the chief executive officer or other individual having the authority to manage, direct, or administer the licensee's activities or those persons' delegate or delegates.

Therefore please note that Ms. Terri Sabella of the Rogaliner Law Offices cannot request a license amendment on Portneuf Medical Center's behalf unless given that authority by your management.

Please resubmit the amendment request signed by authorized representative of Portneuf Medical Center.

2. 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 below is required.

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:

B. No name change

New name of licensed organization: _____

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:

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:

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

- 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,
 (transferee)
 requirements and commitments of _____.
 (transferor)

 Signature/Title
 Transferee

 Signature/Title
 Transferor

 date

 date

OR

Not applicable (name change only)

 Certifying Officer - Signature

 Date

 Certifying Officer - Typed name and title