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MAY 04 2009

DNMS



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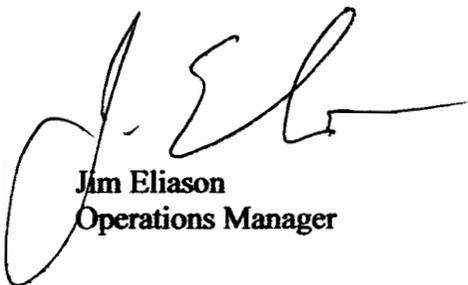
April 21, 2009

Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region IV
Texas Health Resources Tower
612 E. Lamar Blvd., Suite 400
Arlington, TX 76011-4125

To whom it may concern,

Secon Inc. is submitting this application to amend our materials license #50-29231-01. Our current RSO, Jason Bartschi will be replaced by Zachary Worrell. Mr. Worrell has successfully completed training in accordance with policies set forth by the following rules and regulations governing portable nuclear moisture/density gauges and transportation requirements: NUREG 1556 and 49CFR subpart H and IATA 1.5.2

Thank you for your attention to this matter,



Jim Eliason
Operations Manager

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Colaska DBA Secon SW Alaska **License No.:** 50-29231-01
Docket No.: 030-37206 **Mail Control No.:** 472241
Type of Action: Amend **Date of Requested Action:** 4/21/09
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: Request copy of training documentation.

Reviewer's Initials: _____ **Date:** _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
<input type="checkbox"/> Yes	<input type="checkbox"/> 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: *NIR* **Date:** 5-20-09

5-26-09
DATE

This is to acknowledge the receipt of your letter/application dated 4-21-09, 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 other 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** 472241.
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: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 03121
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 3P
 : Exp. Date: 20160630
 : Fee Comments:
 : Decom Fin Assur Req'd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: COLASKA DBA SECON SOUTHWEST ALASKA
 Received Date: 20090504
 Docket No: 3037206
 Control No.: 472241
 License No.: 50-29231-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount:
 Check No.: /

3. COMMENTS

Signed Colleen Murashan
 Date 5-12-09

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 _____



SECON

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Juneau, AK 99803



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