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SEP 15 2009

DNMS

**SINCLAIR WYOMING REFINING COMPANY
SAFETY DEPARTMENT
100 LINCOLN AVE.
SINCLAIR WYOMING 82334**

FAX

To: Roberto Torres

From: Terry B. Patterson

Company: U.S. Nuclear Regulatory Commission

Ph #: 307-328-3535

Fax: 817-860-8263

Date: 9-15-2009

Ph #: _____

Pages: (including cover) 2

RE: _____

COMMENTS:

CONFIDENTIALITY NOTICE:

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AUG 27 2009

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8/21/2009

U.S. Nuclear Regulatory Commission
Attn: Colleen Murnahan
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-4005

Dear Colleen Murnahan,

Sinclair Wyoming Refining Company's License No. 49-29255-01, currently lists me Terry Patterson, as the RSO. A new RSO has been appointed at that plant. Mandy Safford, recently completed a Radiation Safety Course designed for RSO's. Attached is a copy of Mandy Safford's completion certificate.

It is requested that our license No. 49-29255-01 be amended to show Mandy Safford as the new RSO.

If you have any questions, please call me at 1(307)328-3535 or e-mail at tpatterson@sinclairoil.com.

Thank You


Terry B. Patterson
Safety & Fire Protection Specialist
Sinclair Wyoming Refining Co.

Sinclair Oil Corporation

P.O. BOX 277, SINCLAIR, WYOMING 82334
AREA CODE (307)324-3404

No 472394

SEP 15 2009 7:02PM HP LASERJET FAX

Torres, RobertoJ

From: Torres, RobertoJ
Sent: Tuesday, September 15, 2009 12:15 PM
To: 'tpatterson@sinclairoil.com'
Subject: Request for additional information
Attachments: SCAN4791.pdf

Mr. Patterson:

We have received your letter dated 8/21/09 requesting to change the radiation safety officer to Mandy Safford. Your letter dated 8/21 was not signed. Please sign the attached letter and resubmit by reply email (as a pdf file) or by facsimile (817-860-8263). Thank you.

Roberto J. Torres
Senior Health Physicist
U.S. Nuclear Regulatory Commission - Region IV
Division of Nuclear Materials Safety
Nuclear Materials Safety Branch B
612 East Lamar Boulevard, Suite 400
Arlington, Texas 76011-4125
Telephone 817-860-8189
Facsimile 817-860-8263
robertoj.torres@nrc.gov



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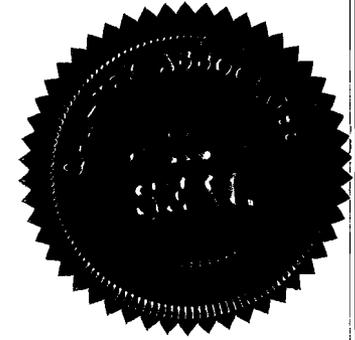
Terry B. Patterson
Safety & Fire Protection Specialist
Sinclair Wyoming Refining Co.

Sinclair Oil Corporation

P.O. BOX 277, SINCLAIR, WYOMING 82334
AREA CODE (307)324-3404

No 4 7 2 3 9 4

CERTIFICATE OF COMPLETION



PRESENTED BY
QAL-TEK ASSOCIATES, L.L.C.

TO

MANDI SAFFORD

FOR HAVING SUCCESSFULLY COMPLETED THE RADIATION SAFETY OFFICER TRAINING IN
ACCORDANCE WITH THE REQUIREMENTS OF NUREG 1556 VOL 4 APPENDIX G, AND 10 CFR PARTS
19 & 20.

PRESENTED

AUGUST 14, 2009

Signature of Trainer

/ DEE ARMSTRONG Location: AUSTIN, TX

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Sinclair Wyoming Refining Co. **License:** 49-29255-01
Docket: 030-37426 **Mail Control:** 472394
Type of Action: Amend **Date of Requested Action:** 8-21-09
Reviewer Assigned: TORRES **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. <input checked="" type="checkbox"/> Request licensee to sign letter.

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: _____ **Date:** SEP 15

9-15-09
DATE

This is to acknowledge the receipt of your letter/application dated 8-21-09, 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** 472394.
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: 03120
: Status Code: 0
: Fee Category: 3P
: Exp. Date: 20170331
: Fee Comments:
: Decom Fin Assur Reqd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: SINCLAIR WYOMING REFINING CO.
Received Date: 20090827
Docket No: 3037426
Control No.: 472394
License No.: 49-29255-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Murnahan
Date 9-10-09

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/)

1. Fee Category and Amount: _____

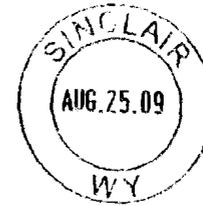
2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____



P.O. BOX 277
SINCLAIR, WYOMING 83304



U.S. Nuclear Regulatory Commission
Attn: Colleen Murnahan
Region I
611 Ryan Plaza Dr. Suite 400
Arlington TX 76011-4005

7790000000

SOC 7004

76011#4005 C024

