



2300 West Reagan St.
Palestine, Texas 75801
Phone: 903-723-1196
Fax: 903-723-2560

RECEIVED

2009

DNMS

Fax

To: NRC Radioactive Material Licensing	From: Bert Montee RSO
Fax: 817-860-8263	Date: 10/7/09
Phone: 817-860-8100	Pages: 02
Re: License Amendment	CC:

Urgent For Review Please Comment Please Reply Please Recycle

•Comments:

Please amend TechCorr USA, LLC Radioactive Material License 42-29261-01 to reflect a new mailing address. If you have any questions, please contact my assistant Jeff Spearman at: 903-723-1196 or 903-948-4740.

Thanks,

Bert



RECEIVED

OCT 7 - 2009

DNMS

6 October 2009

U.S. NRC Region IV
Texas Health Resources Tower
612 E. Lamar Blvd., Suite 400
Arlington, TX 76011-4125

Amendment: License No. 42-29261-01

1. We would like to amend our Radioactive Materials License Condition #2 to reflect the following:

2300 W. Reagan Street
Palestine, TX 75801

Sincerely,

A handwritten signature in black ink, appearing to read "Bert Montee", written over a light blue horizontal line.

Bert Montee
RSO

TECHCORR USA, LLC
2300 W. REAGAN ST., PALESTINE, TX 75801
PHONE: 903-723-1196 FAX: 903-723-2560

No. 4 7 2 4 3 7

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: TECHCORR USA **License:** 42-29261-01
Docket: 030-37457 **Mail Control:** 472437
Type of Action: Notify **Date of Requested Action:** 10/07/09
Reviewer Assigned: **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	<p><input type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession.</p> <p><input type="checkbox"/> Submit copies of latest leak test results.</p> <p><input type="checkbox"/> Add IC L.C./Fingerprint LC, add SUNSI markings to license.</p> <p><input type="checkbox"/> Confirm with licensee if they have NARM material.</p> <p><input type="checkbox"/> Change of contact information (RSO), send request to update IC database.</p>

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: *ATZ* **Date:** OCT 23 2009

OCT 30

DATE

This is to acknowledge the receipt of your letter/application dated 10-06-09, 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 — 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** 472437.
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: 03320
: Status Code: 0
: Fee Category: 30
: Exp. Date: 20170531
: Fee Comments:
: Decom Fin Assur Reqd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: TECHCORR USA
Received Date: 20091007
Docket No: 3037457
Control No.: 472437
License No.: 42-29261-01
Action Type: Amendment

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

3. COMMENTS
Signed Colleen Murrachan
Date 10-13-09

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 _____