



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION IV  
612 EAST LAMAR BLVD., SUITE 400  
ARLINGTON, TEXAS 76011-4125

FACSIMILE



**Name:** Roger Spillmann, CEO  
**Organization:** HiEnergy Technologies, Inc. License Number: 04-29234-01  
Docket Number: 030-02404  
Control Number: 471970  
**Fax Number:** 951-278-2032  
**Phone:** 951-278-3520  
**From:** Jacqueline D. Cook (fax # 817-860-8263 or email address  
[Jackie.Cook@nrc.gov](mailto:Jackie.Cook@nrc.gov))  
**Date:** December 9, 2009  
**Subject:** Facsimile dated September 30, 2008 for License Amendment  
**Pages:** 6

Mr. Spillmann:

Per your facsimile dated September 30, 2008, the items on the next page are deficiencies which require your response. **Please note that I will be out of the office Thursday, December 10-Friday, December 18, 2009, returning to the office on Monday, December 21, 2009. Therefore, please respond to this fax by Monday, December 21, 2009.** Our fax number is (817) 860-8263. You may respond by email if you'd like in pdf format. My e-mail address is [Jackie.Cook@nrc.gov](mailto:Jackie.Cook@nrc.gov). If you have any questions regarding this fax, please call me at (817) 860-8132. When responding to this fax, please include the license, docket and control numbers located at the top of this page.

Thanking you in advance for your cooperation, assistance, and prompt response in this matter.

*/RA/*

Jacqueline D. Cook  
Senior Health Physicist

We are still trying to determine NRC's approval of a change of control and/or change of ownership in accordance with 10 CFR 30.34(b). We are still reviewing your completed "Information Required for Change of Control and/or Change of Ownership" signed and dated September 28, 2008; however, we have additional questions regarding this form and proposed change of control and/or change of ownership. Until approval of this change of control and/or change of ownership, we cannot approve your amendment request to include a name change of the licensed legal entity.

1. Please note that on May 14, 2007, we received a Chapter 7 bankruptcy notification for HiEnergy Technologies, Inc.

Please clarify if HiEnergy Technologies, Inc. is still in Chapter 7 bankruptcy.

2. Please confirm if HiEnergy Technologies, Inc. is using any radioactive material, specifically hydrogen-3, in NRC jurisdiction.

If so, please specify the locations where radioactive material is being used.

3. A. Item 3 of the "Information Required for Change of Control and/or Change of Ownership" states, in part, that assets were purchased by Hiet Acquisition, LLC.

Please clarify who Hiet Acquisition, LLC is and their relationship to HiEnergy Technologies, Inc.

- B. In order to determine what changes have been made and to better clarify who was in control of the license prior to the change of control and/or change of ownership as opposed to who is in control now, please submit an organizational chart outlining the former organization and the present organization.

4. A. Please submit a copy of the approval by the State of California (i.e., amended radioactive materials license) indicating their approval of the change of control and/or change of ownership.

- B. Please provide a copy of the registration with the State of California's State Department that allows your company to conduct business in California.

5. Although you indicated "not applicable" for item 5 of the "Information for the Change of Control and/or Change of Ownership", please explain because you are also requesting a mailing address change from Irvine, California to Corona, California.

6. If needed, on the next page, you will find information required for a change of control and/or change of ownership.

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: Nov. 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