



JL & Sons

Fax

To: Jackie Cook From: John Lafferty

Fax: 1-817-860-8263 Pages: 5 pages including cover page

Date: 2-10-2010 Re: Name Change

*Comments:

P.O. Box 51150 Casper, WY 82605
2289 Renauna Ave. Casper, WY 82601
307-237-7118
307-234-8303 fax



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

FACSIMILE



Name: J. R. Lafferty
Organization: Toromont Energy Services (Wyoming), Inc. License No. 49-29253-01
Docket No. 030-37416
E-mail Address: JRLafferty@toromontsystems.com /RA/ (actually emailed on 2/10/10)
Phone: 307-797-1907
From: Jacqueline D. Cook
Date: February 10, 2010
Subject: Telephone Conversation on February 10, 2010 Discussing Required Documentation for Name Change
Pages: 4

Mr. Lafferty:

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: Name change

B. No name change

New name of licensed organization: Enerflex Energy Systems (Wyoming Inc.)

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

Toromont Energy Services (Wyoming), Inc. -3-

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: Program is satisfactory to all requirements and will remain unchanged at time of transfer.

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

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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

____Enerflex Energy Systems (Wyoming Inc.) will abide by all constraints, conditions,
(transferee)
requirements and commitments of __Toromont Energy Systems (Wyoming Inc.)__.
(transferor)

Jim Zappal General Mgr.
Signature/Title
Transferee

Jim Zappal General Mgr.
Signature/Title
Transferor

2/10/10
date

2/10/10
date

OR

Not applicable (name change only)

Certifying Officer - Signature

Date

Certifying Officer - Typed name and title

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Toromont Energy

License: 49-29253-01

Docket: 030-37416

Mail Control: 472576

Type of Action: Amend

Date of Requested Action: 2/10/10

Reviewer Assigned:

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
<p><i>Note to Reviewer →</i></p>	<p><input checked="" type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession. OPEN ENDED</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: Ritz

Date: 2-25-10

FEB 26 2010

DATE

This is to acknowledge the receipt of your letter/application dated 2-10-2010, 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 additional 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** 472576.
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: 03320
: Status Code: 0
: Fee Category: 30
: Exp. Date: 20170531
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: TOROMONT ENERGY SYSTEMS (WY) INC
Received Date: 20100210
Docket No: 3037416
Control No.: 472576
License No.: 49-29253-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Murnahan
Date 2-23-2010

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 _____