



**Technical Safety
Office**

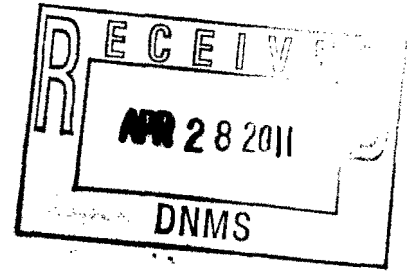
Campus Box 8106
Pocatello, Idaho
83209-8106
USA

Phone: (208) 282-2310
(208) 282-2311
Fax: (208) 282-4649

Richard R. Brey
Director

Phone: (208) 282-2667
Fax: (208) 282-4649

*Radiation Safety and
Hazardous Waste
Biological and
Infectious Waste
Management*



11-27380-01
030-32322

Date: 30 March, 2011

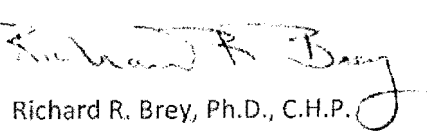
Subject: Resignation as Director of the technical Safety Office

To: Pam Crowell, Ph.D., VPR, Arthur Vailas, Ph.D. President, Idaho State University

From: Richard R. Brey, Ph.D., C.H.P.

Effective immediately, I hereby resign the Directorship of the Idaho State University Technical Safety Office and as the University Radiation Safety Officer. A letter of immediate resignation as the Idaho State University RSO to the United States Nuclear Regulatory Commission will be e-mailed under my signature promptly.

Signed:


Richard R. Brey, Ph.D., C.H.P.

28 April 2011

575040

MAY - 2 2011

DATE

This is to acknowledge the receipt of your letter/application dated 3/30/11, 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** 575040.
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:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 01100
Status Code: Pending Amendment
Fee Category: 1D 2C 3L 3P
Exp. Date:
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: IDAHO STATE UNIVERSITY
Received Date: 04/28/2011
Docket Number: 3032322
Mail Control Number: 575040
License Number: 11-27380-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Carl L. Hice

Date: _____

4/29/11

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: _____