

# Rocky Boy Health Board

RR1 Box 664 ♦ Box Elder, Montana 59521

AAAHC, JCAHO, COLA Accredited

CHIPPEWA CREE HEALTH CENTER (406) 395-4486, (406) 352-3003, 1-800-531-6407

WHITE SKY HOPE CENTER (406) 395-4818 ♦ Utilities Commission (406) 395-4344

Finance (406) 395-5008 ♦ Planning (406) 395-4064 ♦ Environmental Health (406) 395-4490



May 5, 2011

RECEIVED

MAY 11 2011

DNMS

Lizette Rold'an-Otero  
PHD Health Physicist  
612 E. Laram Blvd. Suite 400  
Arlington, Texas 76011  
ATTN: Nuclear Regulatory Comm.

To Whom It May Concern:

We are asking to change the current RSO duties and responsibilities from RSO Alfred J. Parker to Tim Rosette Jr. who has recently went to the training for RSO duties. All your help will be greatly appreciated in this matter.

Thank you for your time and consideration.

Sincerely;

Alfred J. Parker RSO  
Rocky Boy Health Board

Tim Rosette Sr.  
Public Works Director

Tim Rosette Jr.  
Incoming RSO

25-27800-01  
030-36841

575160

Tim Rosette, Jr.

*Has successfully completed the 40 hour technical short course entitled*

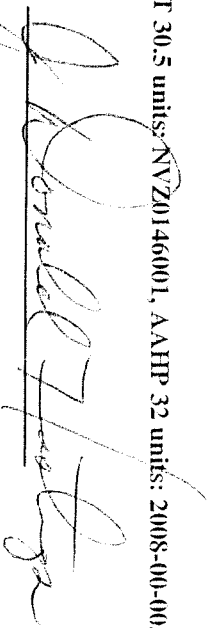
Radiation Safety Officer

April 11 – April 15, 2011

*This certificate originally presented in Denver, Colorado, April 15, 2011*

*By Nevada Technical Associates, Inc.*

Approval codes for C.E. units are: ASRT 30.5 units; NVZ0146001, AAHP 32 units; 2008-00-005, ABPH 4.5 units; 08-1362



*Dr. J. Donald Hastings*

Instructor

Certificate Number: 130250520

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM LTS

Program Code: 03121  
Status Code: Pending Amendment  
Fee Category: 3P  
Exp. Date:  
Fee Comments:  
Decom Fin Assur Reqd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: ROCKY BOY HEALTH BOARD  
Received Date: 05/11/2011  
Docket Number: 3036841  
Mail Control Number: 575160  
License Number: 25-27800-01  
Action Type: Amendment

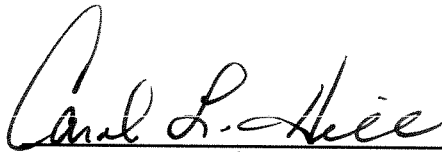
#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_



Date: \_\_\_\_\_

5/18/11

### 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: \_\_\_\_\_

MAY 19 2011

DATE

This is to acknowledge the receipt of your letter/application dated 5/5/11, 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:


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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.

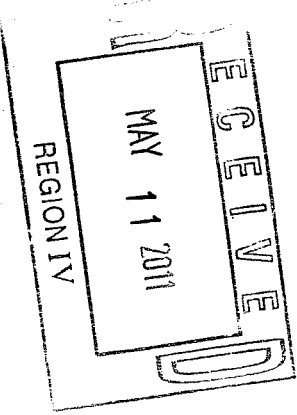
Your action has been assigned **Mail Control Number** 575160.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at (817) 860-8103.

Sincerely,



Licensing Assistant

CHIPPEWA CREE HEALTH CENTER  
UTILITIES DEPARTMENT  
RRI BOX 664  
BOX ELDER, MT 59521



Lizette Roid'an-Otero  
PHD Health Physicist  
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