

TRANSMISSION VERIFICATION REPORT

TIME : 09/06/2012 19:04
NAME : USNRC REGION3 DNMS
FAX : 6305151259
TEL :
SER.# : 000A7J925770

DATE, TIME	09/06 19:01
FAX NO./NAME	12698339400
DURATION	00:02:55
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, ILLINOIS 60532-4352

TELEFAX TRANSMITTAL

DATE September 7, 2012

NUMBER OF PAGES 3

SEND TO Timothy L. Popp, Radiation Safety Officer

LOCATION Pfizer, Inc., Environ., Health & Safety, NRC License 21-00182-03

FAX NUMBER (269) 833-9400

VERIFY BY CALLING
Rec'd 9/7/12 - CONFIRM Popp

FROM: Bill Reichhold
(Sender)

TELEPHONE NUMBER (630) 829-9839

FAX NUMBER (630) 515-1078

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE See accompanying documents.



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, ILLINOIS 60532-4352

TELEFAX TRANSMITTAL

DATE September 7, 2012

NUMBER OF PAGES 3

SEND TO Timothy L. Popp, Radiation Safety Officer

LOCATION Pfizer, Inc., Environ., Health & Safety, NRC License 21-00182-03

FAX NUMBER (269) 833-9400

VERIFY BY CALLING

FROM: Bill Reichhold
(Sender)

TELEPHONE NUMBER (630) 829-9839

FAX NUMBER (630) 515-1078

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE See accompanying documents.

NOTICE

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you received this communication in error, please notify the sender immediately by telephone and return the original to the above address, by U.S. Mail. Thank You.

As we discussed by telephone, the following additional information is needed to review your request to change control/ownership. The following is the typical information we request. You may need to submit additional information depending upon your specific circumstances. From our phone discussion it appears that the NRC licensed activities under Pharmacia & Upjohn Company, LLC will transfer ownership/control to PAH P&U LLC. Also, you may find NUREG-1556, Volume 15 helpful which can be found on the NRC website at <http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v15/>.

Change of Control Information

Control: Control of a license is in the hands of the person or persons who are empowered to decide when and how that license will be used. That control is to be found in the person or persons who, because of ownership or authority explicitly delegated by the owners, possess the power to determine corporate policy and thus the direction of the activities under the license.

Transferee: A transferee is an entity that proposes to purchase or otherwise gain control of an NRC-licensed operation.

Transferor: A transferor is an NRC licensee selling or otherwise giving up control of a licensed operation.

Licensees must provide full information and obtain NRC's **prior written consent** before transferring control of the license. Provide the following information concerning changes of control by the applicant (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

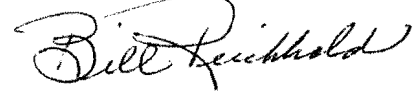
1. Provide a complete description of the transaction (transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.
2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.
3. Describe any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

4. Describe the status of the surveillance program (surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.
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.
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.
7. Provide documentation that the transferor and transferee agree to the change in ownership or control of the licensed material and activity, and the conditions of transfer; and the transferee is made aware of all open inspection items and its responsibility for possible resulting enforcement actions.

Please send a facsimile (630- 515-1078) of your response to the above within days 7 and refer to control 578145. Please call me at 630-829-9839 if you have any questions.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this facsimile and the attached documents will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). The NRC's document system is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

From the desk of:


Bill Reichhold