



Principals:
Kyle A. Cook, P.L.S.
Brent L. Sanders, P.E.

April 10, 2013

RECEIVED

APR 15 2013

DNMS

To: US NRC Region IV
ATTN: DNMS Licensing Assistant
1600 East Lamar Boulevard
Arlington, TX 76011-4511

To whom it may concern:

We, Cook-Sanders Associates, Inc. are requesting to increase the possession limit of License No. 49-29437-01 to authorize a total of 4 Troxler gauges, Model 3400 series portable gauging devices. Increasing our gauges will increase our Cesium-137 limit from 9 millicuries per source and 9 millicuries total to 9 millicuries per source and 36 millicuries total and our Americium-241:Be from 44 millicuries per source and 44 millicuries total to 44 millicuries per source and 176 millicuries. All other conditions of our license will be adhered to.

Thank you for your consideration.

Respectfully,

David Peterson
RSO, Cook-Sanders Associates, Inc.

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

- ☐ A.3 Sensitive-Security Related
☐ A.7 Sensitive Internal
☐ Other:

Reviewer: PRZ Date: 5-1-2013

580419

COOK-SANDERS ASSOCIATES, INC.

331 SOUTH RIO GRANDE AVENUE, SUITE 120
SALT LAKE CITY, UTAH 84101
PHONE: 801-364-4051 FAX: 801-364-4053

105 YELLOW CREEK ROAD
P.O. Box 1048
EVANSTON, WYOMING 82930
PHONE: 307-444-4051 FAX: 307-444-4053

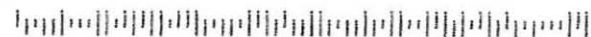
Cook-Sanders Associates
PO Box 1048
Evanston, WY 82931

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APR 15 2013
DNMS

US NRC Region IV
Attn: DNMS Licensing Assistant
1600 East Lamar Blvd
Arlington, TX 76011-4511



76011\$4511 0002



580419



DATE

04/19/2013

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Cook-Sanders Associates, Inc.
ATTN: David Peterson
Radiation Safety Officer
P.O. Box 10048
Evanston, WY 82931

LICENSE NUMBER

49-29437-01

MAIL CONTROL NUMBER

580419

LICENSING AND/OR TECHNICAL REVIEWER

cmurnahan

CM

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION

DATED: 04/10/2013

The initial processing, which included an administrative review, has been performed.

☒ AMENDMENT ☐ TERMINATION ☐ NEW LICENSE ☐ RENEWAL

- ☒ There were no administrative omissions identified during our initial review.
- ☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- ☐ Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

final action has been taken by this office

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Blvd.
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 03121
Status Code: Pending Amendment
Fee Category: 3P
Exp. Date: 03/31/2022
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Cook-Sanders Associates, Inc.
Received Date: 04/15/2013
Docket Number: 3038515
Mail Control Number: 580419
License Number: 49-29437-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Colleen Murnahan

Date: _____

4-16-13

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: _____