Simmons, Michelle

From: Sent: To: Subject: Attachments:	Number: 04-29353-01;	AM s Name Change Docket Number: 030-38058; License pdf; may 2013 Change of Control Form.pdf
also attached the form th	53-01 0036 February 15, 2013 request for name nat was attached in your e mail.	e change with a completed change of control form. I have please contact me by e mail or cell phone.
Јау		
800 Oak Ridge Turnpike,	Manager; Corporate RSO ITSI Gilba Suite 700A Oak Ridge, TN 37830 865-389-8048 <u>www.itsigilbane.co</u>	
Sent: Tuesday, May 07, 2 To: Jay Pride	nnical Solutions Name Change 8058 9353-01	Normal Release Normal Release NON-PUBLIC A.3 Sensitive-Security Related A.7 Sensitive Internal Other: Reviewer: MRS Date: 5/5//15
Th: '. '		0

This is in reference to your letter dated February 15, 2013, requesting a name change for Nuclear Regulatory Commission License No. 04-29353-01. In order to continue our review, we need the following additional information.

Please complete the attached document detailing that your request is a name change only.

Please submit your response by May 10, 2013. If you are unable to respond by this due date, please don't hesitate to contact me so we can discuss an extension to the date. You may submit your response to this letter by email or facsimile. Our fax number is (817) 200-1263. You may respond by email in the pdf format. If you have any questions regarding this email, please call me at 817-200-1590. When responding to this email, please include the license, docket and control numbers located at the top of this page.

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Thanking you in advance for your cooperation, assistance, and prompt response in this matter.

Sincerely,

Michelle Simmons, Health Physicist

Simmons, Michelle

From:	Jay Pride [JPride@itsi.com]
Sent:	Wednesday, May 08, 2013 10: <mark>3</mark> 6 AM
To:	Simmons, Michelle
Subject:	RE: Innovative Technical Solutions Name Change Docket Number: 030-38058; License Number: 04-29353-01;
Attachments:	NRC Feb 15 2013 name change .pdf; may 2013 Change of Control Form.pdf

Docket Number: 030-38058 License Number: 04-29353-01 Mail Control Number: 580036

Attached is ITSI Gilbane's February 15, 2013 request for name change with a completed change of control form. I have also attached the form that was attached in your e mail.

Thank you for your consideration. If you have any questions, please contact me by e mail or cell phone.

Jay

Jay Pride | DOE Program Manager; Corporate RSO | ITSI Gilbane Company 800 Oak Ridge Turnpike, Suite 700A | Oak Ridge, TN 37830 ph: 865-483-5200 | cell: 865-389-8048 | www.itsigilbane.com

From: Simmons, Michelle [mailto:Michelle.Simmons@nrc.gov] Sent: Tuesday, May 07, 2013 7:31 AM To: Jay Pride Subject: Innovative Technical Solutions Name Change

Docket Number: 030-38058 License Number: 04-29353-01 Mail Control Number: 580036

Immediate Release Normal Release NON-PUBLIC A.3 Sensitive-Security Related A.7 Sensitive Internal Other: MRS 5/8/13

PUBLIC

Reviewer:

Mr. Pride,

This is in reference to your letter dated February 15, 2013, requesting a name change for Nuclear Regulatory Commission License No. 04-29353-01. In order to continue our review. we need the following additional information.

1. Please complete the attached document detailing that your request is a name change only.

Please submit your response by May 10, 2013. If you are unable to respond by this due date, please don't hesitate to contact me so we can discuss an extension to the date. You may submit your response to this letter by email or facsimile. Our fax number is (817) 200-1263. You may respond by email in the pdf format. If you have any questions regarding this email, please call me at 817-200-1590. When responding to this email, please include the license, docket and control numbers located at the top of this page.

Thanking you in advance for your cooperation, assistance, and prompt response in this matter.

Sincerely.

Michelle Simmons, Health Physicist

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Michelle Simmons | Health Physicist | U.S. Nuclear Regulatory Commission



February 15, 2013

Nuclear Materials Licensing Branch Attn: Jacqueline Cook Senior Health Physicist U. S. Nuclear Regulatory Commission, Region IV 612 E. Lamar Boulevard, Suite 400 Arlington, Tx 76011-4125

Subject: Potential Amendment to NRC license 04-29353-01; Docket 030-38058; Control 472291/472414 --- request a name change from Innovative Technical Solutions to ITSI Gilbane Company

Dear Ms. Cook:

Previously in 2010 we had submitted a completed Form F notifying the NRC that on July 30, 2010, Gilbane Building Company ("Gilbane") purchased 100% of the capital stock of Innovative Technical Solutions, Inc. ("ITSI"). ITSI holds the NRC license 04-29353-01 with the NRC. As a result of this change, the NRC issued amendment 1 to our license.

In 2012, ITSI started using the name ITSI Gilbane Company (ITSI Gilbane). On October 23, 2012, you requested that we complete a new revised Form F so our name can be amendment to the license. A completed form is attached.

The name change has not changed our licensed operations, personnel resources, systems or other capability required for performance under this license. Our management remains the same at the highest corporate levels, and the same personnel will be working on ITSI Gilbane's licensed projects in the future.

Sincerely,

Jay Pride Bitaly signed by Jay Pride DN: cn=Jay Pride, o=1751 Gilbane, ou=RSO: Nuclear, email=pride@tisi.com, c=US Date: 2013.02.15 16:58:00 -05'00'

Jay Pride ITSI Gilbane Radiation Safety Officer



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

E-MAIL FORM

DATE: October 23, 2012 MESSAGE TO: Jay Pride Innovative Technical Solutions, Inc. MESSAGE FROM: Jacqueline D. Cook, Senior Health Physicist Nuclear Materials Licensing Branch Telephone number 817-200-1132 Facsimile number 817-200-1263

NUMBER OF PAGES: 3

E-MAIL ADDRESS: JPride@itsi.com

Mr. Pride:

10 CFR 30.34(b) states that Ano 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 on the following pages is required. Our fax number is (817) 200-1263. If you have any questions regarding our discussion or this fax, please contact me. When responding to this fax, please include the license and docket numbers, located at the top of this page as well as the following pages. Thank you.

/RA/ Jacqueline D. Cook, Senior Health Physicist

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.

- 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:
 - B. [] No name change
 - [x] New name of licensed organization: ITSI Gilbane
 - C. [X] 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. [X] No changes in personnel having control over licensed activities.

[] Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B. [X] No changes in personnel named in the license.

[] Changes in personnel named in the license (e.g. RSO, AUs) - including training, experience and responsibilities:

 Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

]] Organization:	[] Equipment:
[] Location:	[] Procedures:
[] Facility:	X] Not applicable

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 programs: No effect on the status as change was for name only.

- B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer
 All records on temporary projects are current and at end of task order, have been transferred to the client.
 [x] Yes
 [] No (explain)
- 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 [X]Not applicable
- 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.

(transferee) requirements and commitments of	OR	wil	abide by all cons (transferor)	traints, conditions,
Signature/Title Transferee	-		Signature/Title Transferor	
date		date		
	OR			
[X] Not applicable (name change only)				
Jay Pride DN: cn=Jay Pride, o=ITSI Gilbane, ou=RSO; Nuclear, email=jpride@itsi.com, c=US Date: 2013.02.15 16:57:41 -05'00'				
Certifying Officer - Signature			Date	_
James (Jay) Pride Radiation Safety Officer				

[] Description of proposed licensed program attached

Medical X-Ray Center, P.C.

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Certifying Officer - Typed name and title