Foerster Testing LTD.

1511 Doral Drive - Brookings, SD 57006 - (605) 690-8419 E-mail: foerstertest@brookings.net

RECEIVED

February 5, 2014

FEB 0 5 2014

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

I am writing this letter in request to change one of the storage location in conditions 2 and 10.B. of my License. Current License # is 40-29268-01 My last NRC Audit date was 5/21/2013. The old address that I will no longer be using is:

22 North Kline Aberdeen, SD 57401

The new address is:

2807 8th Ave. NE Aberdeen, SD 57401

I will still be using the 2nd storage address:

1511 Doral Drive Brookings, SD 57006

Please email or call with any questions you may have:

605-690-8419 foerstertest@brookings.net

Respectfully submitted:

Cory Foerster

Cory Foist

FOERSTER TESTING LTD.

PUBLIC Immediate Release Normal Release

NON-PUBLIC

A.3 Sensitive-Security Related

A.7 Sensitive Internal

Other:

Date: 2/24/14 Reviewer:

Hill, Carol

From: Sent: To: Subject: Attachments: Torres, RobertoJ Wednesday, February 05, 2014 9:51 AM Hill, Carol; Murnahan, Colleen FW: Address Change Nuke address.pdf

Please set up as an amendment.

From: Cory Foerster [foerstertest@brookings.net] Sent: Wednesday, February 05, 2014 9:05 AM To: Torres, RobertoJ Subject: Address Change

Mr. Torres

I have attached a form to request an amendment to my current license for gauge storage. I am now renting a new location for my business.

Thank you,

Foerster Testing Cory Foerster 1511 Doral Drive Brookings, SD 57006

605-690-8419

No 583110

| C FORM 532 2012) | U. S. NUCLEAR REGULATORY COMM |
|--|--|
| WCLEAR REGULAND | DATE |
| STATES | 02/19/2014 |
| 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| ME AND ADDRESS OF APPLICANT AND/OR L | CENSEE LICENSE NUMBER |
| Foerster Testing, LTD | 40-29268-01 |
| ATTN: Cory Foerster | MAIL CONTROL NUMBER |
| Radiation Safety Officer 1511 Doral Drive | 583110 |
| Brookings, South Dakota 57006 | LICENSING AND/OR TECHNICAL REVIEWER |
| | ch |
| This is to acknowledge the rece | ipt of your: |
| ✓ LETTER and/o | APPLICATION DATED: 02/05/2014 |
| The initial processing, which inc | luded an administrative review, has been performed. |
| AMENDMENT | ERMINATION NEW LICENSE RENEWAL |
| There were no administrative | omissions identified during our initial review. |
| | of your application for renewal of the material(s) license identified med timely filed, and accordingly, the license will not expire until this office. |
| Your application for a new NRO Please fill out NRC Form 531, | C license did not include your taxpayer identification number. located at the following link: |
| http://www.r | nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf |
| Send the completed NRC For | m 531, by facsimile, to the following number: (301) 415-5387 |
| | n emailed to our License Fee and Accounts Receivable Branch, in kville, MD. You will be contacted separately if there is a fee issue |
| calling to inquire about this act been forwarded to a technical normally completed within 180 may identify additional omissio | igned the above listed MAIL CONTROL NUMBER. When ion, please refer to this control number. Your application has reviewer. Please note that the technical review, which is days for a renewal application (90 days for all other requests), ons or require additional information. If you have any questions your application, our contact information is listed below: |
| DNMS/NM 1600 E. La Arlington, | ear Regulatory Commission ISB - B amar Boulevard TX 76011-4511 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: 08/31/2017 Fee Comments: Decom Fin Assur Reqd: N

)

License Fee Worksheet - License Fee Transmittal

A. REGION

| 1. APPLICATION ATTAC Applicant/Licensee: Received Date: Docket Number: Mail Control Number: License Number: Action Type: | HED FOERSTER TE 02/05/2014 3037498 583110 40-29268-01 Amendment | STING, LTD | | |
|--|---|--------------------|---------------------|-----|
| 2. FEE ATTACHED | | | | |
| Amount: | | | | |
| Check No.: | / | | | |
| 3. COMMENTS | | | 4 | |
| | Signed: | Canl | 2 fice | 2 |
| | Date: | | 2/19/14 | |
| B. LICENSE FEE MANAG | GEMENT BRANC | H (Check when mile | stone 03 is entered | 1 1 |
| 1. Fee Category and An | nount: | | | |
| 2. Correct Fee Paid. App | lication may be n | ocessed for | | |
| | iloadon may be pi | 0003300 101. | | |
| Amendment: | | | | |