

December 17, 2015

RECEIVED
DEC 21 2015

DNMS

U.S. Nuclear Regulatory Commission, Region IV
Nuclear Materials Licensing Branch
1600 E. Lamar Boulevard
Arlington, TX 76011-4511

RE: Change of Mailing Address, License # 49-29307-01

Dear Licensing Department,

I am writing to request a change in mailing address for our current license.

We would like to change our mailing address *from*:

PO Box 338
Cody, WY

to:

502 33rd Street
Cody, WY 82414

This new mailing address is also our storage facility, as indicated on our license.

Please contact me if additional information is necessary to process this change of address.

Sincerely,
GDA Engineers



Christopher J. Roberts
Radiation Safety Officer

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: KIR

Date: 12/21/15

CODY, WYOMING
502 33rd Street
Cody, WY 82414
PH: 307.587.3411

HEBER CITY, UTAH
2211 W. 3000 S., Suite B
Heber City, UT 84032
PH: 435.315.3168

gdaengineers.com

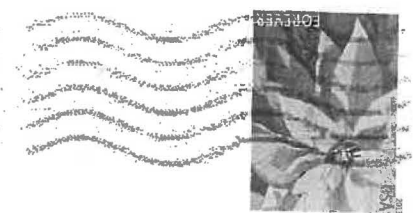
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502 33rd Street • Cody, WY 82414

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Nuclear Materials Licensing Branch
1600 E. Lamar Boulevard
Arlington, TX 76011-4511

760114587



899688



DATE

12/21/2015

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Christopher Roberts
Radiation Safety Officer
Graham, Dietz & Associates
dba GDA Engineers
P.O. Box 338
Cody, Wyoming 82414

LICENSE NUMBER

49-29307-01

MAIL CONTROL NUMBER

589668

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:

☒ LETTER and/or☒ APPLICATION

DATED: 12/17/2015

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:

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

✓ 12/21/15

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: 08/31/2018
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: GRAHAM, DIETZ & ASSOCIATES
Received Date: 12/21/2015
Docket Number: 3037815
Mail Control Number: 589668
License Number: 49-29307-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carl L. Hise
12/21/15

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: _____