

Simmons, Michelle

From: Bill.Whitaker@kiewit.com
Sent: Friday, January 22, 2016 4:01 PM
To: Simmons, Michelle
Subject: [External_Sender] Kiewit Corporation: Name change
Attachments: Signed Name and Address Change 1-22-16.pdf

Michelle,

Please find attached our completed and signed documents for our Name Change and mailing address change. Our main office moved in late April after receiving our renewal notice. All of our equipment is still stored and used in the same locations as they were prior to the main office relocation and I am still the Radiation Safety Officer in charge of records, calibrations, leak tests, inventories, authorized users, etc.. If you have any questions or need any additional information, please let me know.

Thank you,

Bill Whitaker, P.E.
Kiewit Infrastructure Co.
(719) 393-0026 Office
(719) 391-5751 Direct Line
(615) 517-0168 Cell
Bill.Whitaker@kiewit.com

From: Simmons, Michelle [mailto:Michelle.Simmons@nrc.gov]
Sent: Thursday, January 21, 2016 1:47 PM
To: Bill.Whitaker
Subject: Kiewit Corporation: Name change

Mr. Whitaker,

Please complete the attached document and email it back to me. Once I have received and reviewed the document, I will complete your renewal process. Please submit the information by **January 28, 2016**.

Thank you.

Michelle Simmons
Health Physicist
US NRC
1600 East Lamar Blvd.
Arlington, Texas 76011
817-200-1590

PUBLIC

- Immediate Release
- Normal Release

NON-PUBLIC

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

Reviewer: MRS Date: 1/27/16

Information Required for Change of Control and/or Change of Ownership
(to include a name change)

Source: NUREG-1556, Volume 15

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. 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: *THIS IS FOR A NAME AND ADDRESS CHANGE ONLY. THERE HAS NOT BEEN ANY CHANGE IN THE EQUIPMENT, PERSONNEL OR SURVEILLANCE, THE ADDRESS WAS EFFECTIVE IN APRIL 2015 DURING THE RENEWAL APPLICATION PERIOD.*

B. No name change

New name of licensed organization: KIEWIT INFRASTRUCTURE COMPANY

C. 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. No changes in personnel having control over licensed activities.

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

B. No changes in personnel named in the license.

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

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

Organization:

Equipment:

Location:

*KIEWIT INFRASTRUCTURE CO.
160 INVERNESS DRIVE WEST, SUITE 110
ENGLEWOOD, CO 80112*

Procedures:

Facility: 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 program:
N/A, THERE IS NO TRANSFER.

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

Yes No (explain) *N/A*

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.

Records transferred to:

New licensee NRC for license termination Not applicable

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.

_____ will abide by all constraints, conditions,
(transferee company)
requirements and commitments of _____
(transferor company)

Signature/Title
Transferee Official

Signature/Title
Transferor Official

date

date

OR

Description of proposed licensed program from transferee attached (with signature)

OR

Not applicable (name change only)


Certifying Officer - Signature

1/22/16
Date

MARK P. CAMPBELL ASST. SECRETARY
Certifying Officer - Typed name and title

