

Hill, Carol

22-27593-01

**From:** Hammond, Michelle  
**Sent:** Thursday, March 24, 2016 4:26 PM  
**To:** Hill, Carol  
**Subject:** Acuren Inspection Inc \_ Renewal \_ Change in State Code

Hi Carol :) Welcome Back and I hope you had a relaxing vacation.

I'm working on Acuren's Renewal and it appears that they will be changing the address in Section 2 of the License from Texas to Minnesota. We will eventually transfer this license to Region III.

We will have to "terminate" the Texas License # and "issue" the Minnesota license # concurrently with the renewal, but use the same institution code. Not sure if it will be a -02 or not. Let me know if that's not correct.

Can you please set this up and provide me with the new license and docket number for the license ?? The action is due Saturday March 26, so it will go over (Vivian is aware), but if you can find some time to set it up, it would be super.

Thanks so much :)  
Michelle Hammond

**PUBLIC**  
 Immediate Release  
 Normal Release  
**NON-PUBLIC**  
 A.3 Sensitive-Security Related  
 A.7 Sensitive Internal  
 Other: \_\_\_\_\_  
Reviewer: MT Date: 4/5/16

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code:  
Status Code: Pending New  
Fee Category: 30  
Exp. Date:  
Fee Comments:  
Decom Fin Assur Reqd:

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Acuren Inspection, Inc.  
Received Date: 03/24/2016  
Docket Number: 3038913  
Mail Control Number: 590524  
License Number: 22-27593-01  
Action Type: New License, existing licensee

**Administrative change  
to change license number  
from TX to MN -  
NO FEES DUE**

*CHill*

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_

*Carol R. Hill*

Date: \_\_\_\_\_

*3/31/16*

### 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: \_\_\_\_\_