Hill, Carol

25-26814-01

From: Jill Boettcher <jboettcher@greatwesteng.com>
Sent: Friday, December 23, 2016 1:51 PM
To: Hill, Carol
Cc: Jill Boettcher
Subject: [External_Sender] Letter
Attachments: ATT00001.txt

Here is the letter about our Billings address change.

Merry Christmas!

Jill Boettcher | Office Assistant

Great West Engineering, Inc.
PO Box 4817
2501 Belt View Drive
Helena, MT 59604

DIRECT: 406-449-8627
FAX: 406-449-8631
OFFICE: 406-449-8627

www.greatwesteng.com

PUBLIC
- ☐ Immediate Release
- ☑ Normal Release

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

Reviewer:_____ Date:_____

№ 592676

HELENA
PO Box 4817 ▪ 2501 Belt View Drive
Helena, MT 59604
406.449.8627 ▪ Fax 406.449.8631
www.greatwesteng.com

GreatWest engineering

Great West Engineering is moving
the Office in Billings to

6780 Tradecenter Ave
Billings MT 59101

Same phone #

Thank-you

Jill Boettcher
12-23-16

BILLINGS
6780 Trade Center Ave.
Billings, MT 59101
406.652.5000
Fax 406.248.1363

BOISE
3363 N. Lakeharbor Ln
Boise, ID 83703
208.576.6646

MISSOULA
112 W. Front Street
Missoula, MT 59802
406.493.0312

№ 592676

NRC FORM 532
(05-2016)

U.S. NUCLEAR REGULATORY COMMISSION

ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee	
Jill Boettcher, Radiation Safety Officer Great West Engineering, Inc. P. O. Box 4817 Helena, Montana 59604	**Date**: 12/29/2016 **License Number(s)**: 25-26814-01 **Mail Control Number(s)**: 592676 **Licensing and/or Technical Reviewer or Branch**: CHill

This is to acknowledge receipt of your: ☑ **Letter and/or** ☐ **Application** **Dated:** 12/23/2016

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 complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link:** http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf

Follow the instructions on the form for submission.

☐ **The following administrative omissions have been identified:**

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) 200-1209 or (817) 200-1140

✓12/29/16

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: 07/31/2011
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee:	Great West Engineering, Inc.
Received Date:	12/23/2016
Docket Number:	3020347
Mail Control Number:	592676
License Number:	25-26814-01
Action Type:	Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Carol R Hice

Date: 12/29/16

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: _____