



**RECEIVED**  
**MAY 8, 2020**

**Mail Control Number: 618847**  
**Docket Number : 3035371**  
**License Number : 50-27667-01**  
**Licensee Name : Kakivik Asset Management, LLC**  
**ML20132A081**

May 8, 2020  
Carol L. Hill  
U.S.N.R.C.  
Nuclear Materials Safety

RE: License form 313 extension request for Materials License no. 50-27667-01, Docket no. 030-35371

We would like to request an extension on the license renewal due to the pandemic we were not able to get all the documentation and items put together. Our office has been closed and we have had to work remotely. So I would like to request an extension on the timeframe to get the renewal completed and submitted.

If you have any questions please email or call me at the numbers listed below

Sincerely,

A handwritten signature in blue ink, appearing to read "David Torres", is written over a horizontal line.

David Torres  
Radiation Safety Officer  
(907) 770-9421  
Lic. # 50-27667-01



**ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE**

<b>Name and Address of Applicant and/or Licensee</b>  David Torres Radiation Safety Officer Kakivik Asset Management, LLC 5020 Fairbanks Street Anchorage, AK 99503	<b>Date</b> 05/11/2020
	<b>License Number(s)</b> 50-27667-01
	<b>Mail Control Number(s)</b> 618847
	<b>Licensing and/or Technical Reviewer or Branch</b> C. Hill

This is to acknowledge receipt of your:  Letter and/or  Application Dated: 05/08/2020

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) 200-1103 or (817) 200-1140**



Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3035371 LICENSE NUMBER: 50-27667-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 618847 RECEIPT DATE: 05/08/2020 ACTION TYPE: Amendment

DUE DATE: 08/06/2020 INST. CODE: 27667 LICENSE REGION: Region 4

LICENSE TYPE: 30 ENTITY TYPE: C LICENSE GROUP: Industrial

ISSUE DATE: ORIGINAL DATE: 06/28/2000 EXPIRATION DATE: 08/31/2020

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Kakivik Asset Management, LLC DECOM FIN ASSUR REQD: N  
SUBM: N

MAILING ADDRESS LINE1: 5020 Fairbanks Street CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Anchorage STATE: AK ZIP: 99503

CONTACT PERSON: PREFIX: FIRST NAME: David MIDDLE INITIAL:

LAST NAME: Torres SUFFIX: Radiation Safety Officer

JOB TITLE: PHONE: 907-770-9421 FAX: 907-770-9450 EMAIL: dtorres@kakivik.com

BILLING ADDRESS LINE 1: 5015 BUSINESS PARK BLVD

BILLING ADDRESS LINE 2: SUITE 4000

CITY: ANCHORAGE STATE: Alaska ZIP: 99503

BILLING CONTACT PERSON: FIRST NAME: MIDDLE INITIAL: LAST NAME:

PHONE: 907-263-7014 EMAIL: PeakAP@PeakAlaska.com FAX: 907-770-9450

PRIMARY PGM CODE: 03320 SECONDARY PGM CODE:

INSPECTION REGION: Region 4 PRIORITY: 1

RSO: PREFIX: FIRST NAME: David MIDDLE INITIAL: LAST NAME Torres

SUFFIX: RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 907-770-9421 RSO FAX: 907-770-9450 RSO EMAIL: dtorres@kakivik.com

STATES WHERE USE IS AUTHORIZED: 3  
0- ALL LISTED STATES  
1- SAME AS STATE IN ADDRESS  
2- ALL STATES  
3- NON-AGREEMENT-STATES

AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):