

(01-2020)
10 CFR 30, 32,
33, 34, 35, 36,
37, 39, and 40



APPLICATION FOR MATERIALS LICENSE

D757;H76
"!\$)!\$!\$#

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety.

INSTRUCTIONS: SEE THE CURRENT VOLUMES OF THE NUREG-1556 TECHNICAL REPORT SERIES ("CONSOLIDATED GUIDANCE ABOUT MATERIALS LICENSES") FOR DETAILED INSTRUCTIONS FOR COMPLETING THIS FORM: http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/ SEND TWO COPIES OF THE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

MATERIALS SAFETY LICENSING BRANCH
DIVISION OF MATERIAL SAFETY, STATE, TRIBAL AND RULEMAKING PROGRAMS
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,

SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
2100 RENAISSANCE BOULEVARD, SUITE 100
KING OF PRUSSIA, PA 19406-2713

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

IF YOU ARE LOCATED IN:

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING,

SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
1600 E. LAMAR BOULEVARD
ARLINGTON, TX 76011-4511

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PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)
A. NEW LICENSE
B. AMENDMENT TO LICENSE NUMBER
C. RENEWAL OF LICENSE NUMBER 11-27700-02

2. NAME AND MAILING ADDRESS OF APPLICANT (include zip code)
Idaho Equine Hospital
16080 Equine Dr.
Nampa. ID 83687

3. ADDRESS WHERE LICENSED MATERIALS WILL BE USED OR POSSESSED
16080 Equine Dr.
Nampa. ID 83687

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION
William Maupin, DVM
BUSINESS TELEPHONE NUMBER 208-466-4613
BUSINESS CELLULAR TELEPHONE NUMBER
BUSINESS E-MAIL ADDRESS eqrepair@gmail.com / kfranke@idahoequine.com

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL
a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.
8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.
10. RADIATION SAFETY PROGRAM.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.
9. FACILITIES AND EQUIPMENT.
11. WASTE MANAGEMENT.

12. LICENSE FEES (Fees required only for new applications, with few exceptions\*)
(See 10 CFR 170 and Section 170.31)
\*Amendments/Renewals that increase the scope of the existing license to a new or higher fee category will require a fee.
FEE CATEGORY AMOUNT ENCLOSED \$

PER THE DEBT COLLECTION IMPROVEMENT ACT OF 1996 (PUBLIC LAW 104-134), YOU ARE REQUIRED TO PROVIDE YOUR TAXPAYER IDENTIFICATION NUMBER. PROVIDE THIS INFORMATION BY COMPLETING NRC FORM 531: https://www.nrc.gov/reading-rm/doc-collections/forms/nrc531info.html.

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.
THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.
WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE: William S Maupin DVM
SIGNATURE: [Signature]
DATE: 8/26/21

FOR NRC USE ONLY
Table with columns: TYPE OF FEE, FEE LOG, FEE CATEGORY, AMOUNT RECEIVED, CHECK NUMBER, COMMENTS. Includes APPROVED BY and DATE fields.

**From:** [William Maupin](#)  
**To:** [Hill, Carol](#)  
**Cc:** [Kay Lynn Francke](#); [Aldredge, Casey](#)  
**Subject:** [External\_Sender] NRC Form 313-Idaho Equine  
**Date:** Thursday, August 26, 2021 5:51:21 PM  
**Attachments:** [scintigraphy.pdf](#)

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Dear Ms Hill,

We have attached form 313 for renewal of our RAM license # 11-27700-02. We understand we should have had this to you a month ago. We are working hard to get the paperwork done and all the attachments completed. We will get those to you as soon as possible. We will be following NUREG-1556, Volume 7, revision 1.

Sincerely,

William Maupin, DVM  
Idaho Equine Hospital

**From:** [Hill, Carol](#)  
**To:** [William Maupin](#); [KFrancke@idahoequine.com](mailto:KFrancke@idahoequine.com)  
**Subject:** Idaho Equine Hospital Request for Additional Information is attached.pdf  
**Date:** Monday, August 30, 2021 4:56:00 PM  
**Attachments:** [Idaho Equine Hospital Request for Additional Information is attached.pdf](#)  
[Appendix B - Suggested Format for Providing Information Requested in Items 5 through 11.pdf](#)

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Good Afternoon,

I received your submitted NRC Form 313 for renewal of your nuclear materials license, however, in order to begin a review of your application we must receive responses to Items 5-11 of the NRC Form 313. It is imperative that I receive this information before COB tomorrow, August 31, 2021.

To assist you, you can use the attached Appendix B – Suggested Format for Providing Information Requested in Items 5 through 11.

If you have any questions of need additional information, please feel free to contact me.

**Have a Great Day,**

**Stay safe and remember  
the best way to protect yourself  
is to wash your hands often  
and thoroughly.**



**Carol L. Hill, Licensing Assistant**

**Direct: 817-200-1140  
Toll Free: 1-800-952-9677  
Fax: 817-200-1083  
E-mail: [Carol.Hill@nrc.gov](mailto:Carol.Hill@nrc.gov)**

**US Nuclear Regulatory Commission  
1600 E. Lamar Blvd.  
Arlington, TX 76011-4511**



**ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE**

<b>Name and Address of Applicant and/or Licensee</b>  William J. Maupin, D.V.M. President/RSO Idaho Equine Hospital 16080 Equine Dr. Nampa, Idaho 83687	<b>Date</b> 08/30/2021
	<b>License Number(s)</b> 11-27700-02
	<b>Mail Control Number(s)</b> 628337
	<b>Licensing and/or Technical Reviewer or Branch</b> C. Hill

This is to acknowledge receipt of your:  Letter and/or  Application Dated: 08/26/2021

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:  
 Please submit responses to Items 5-11 to complete your renewal application. We cannot begin review of your renewal application until a complete application is received.

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: 3038466 LICENSE NUMBER: 11-27700-02 STATUS: Pending Renewal

MAIL CONTROL NUMBER: 628337 RECEIPT DATE: 08/27/2021 ACTION TYPE: Renewal

DUE DATE: 02/23/2022 INST. CODE: 27700 LICENSE REGION: Region 4

LICENSE TYPE: 30 ENTITY TYPE: C LICENSE GROUP: Medical

ISSUE DATE: ORIGINAL DATE: 08/19/2011 EXPIRATION DATE:

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Idaho Equine Hospital DECOM FIN ASSUR REQD: N  
SUBM: N

MAILING ADDRESS LINE1: 16080 Equine Drive CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Nampa STATE: ID ZIP: 83687

CONTACT PERSON: PREFIX: FIRST NAME: William MIDDLE INITIAL: J.

LAST NAME: Maupin SUFFIX: D.V.M.

JOB TITLE: Radiation Safety Officer PHONE: 208-466-4613 FAX: 205-466-7859 EMAIL: eqrepair@aol.com

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Idaho ZIP:

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

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 02400 SECONDARY PGM CODE:

INSPECTION REGION: Region 4 PRIORITY: 5

RSO: PREFIX: FIRST NAME: William MIDDLE INITIAL: J. LAST NAME Maupin

SUFFIX: D.V.M. RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 208-466-4613 RSO FAX: 208-466-7859 RSO EMAIL: eqrepair@aol.com

STATES WHERE USE IS AUTHORIZED: 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):