

**From:** [Mitchell, John](#)  
**To:** [Hill, Carol](#)  
**Subject:** [External\_Sender] NRC License amendment request  
**Date:** Monday, January 3, 2022 3:58:58 PM  
**Attachments:** [Delegation Letter Signed.pdf](#)

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Good Afternoon,

I am contacting you in regards to amending the University of Montana's license with my name as the Radiation Safety Officer. Attached is a letter of designation from the University. License # 25-01706-03. If anything needs to be added or if this is not the correct process please let me know. Thank you.

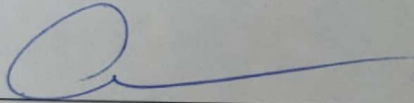
John Mitchell  
Radiation Safety Officer / HazMat Technician  
Office of Risk Management  
University of Montana  
Office: 406-243-4508  
Mobile: 616-401-2333

Delegation of Authority for Radiation Safety Officer

Memo To: John Mitchell  
From: Scott Wittenburg  
Subject: Delegation of Authority

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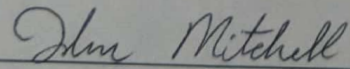
You, John Mitchell , have been appointed radiation safety officer and are responsible for ensuring the safe and secure use of radiation. You are responsible for managing the Radiation Protection Program, identifying radiation protection problems, initiating, recommending, or providing corrective actions, verifying implementation of corrective actions, stopping unsafe activities, and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations, when justified, to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the U.S. Nuclear Regulatory Commission at any time. It is estimated that you will spend 20 hours per week conducting radiation protection activities.

  
\_\_\_\_\_  
Scott Wittenburg

12/15/21  
Date

Vice President for Research and Creative Scholarship

I accept the above responsibilities,

  
\_\_\_\_\_  
John Mitchell  
Radiation Safety Officer

12/20/21  
Date



**ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE**

**Name and Address of Applicant and/or Licensee**

Zach Scott, Ph.D., JD, Director  
Research Compliance & Technology Transfer  
The University of Montana  
32 Campus Dr, University Hall 315  
Missoula, MT 59812-4104

**Date**

01/26/2022

**License Number(s)**

25-01706-03

**Mail Control Number(s)**

629892

**Licensing and/or Technical Reviewer or Branch**

C. Hill

This is to acknowledge receipt of your:  Letter and/or  Application Dated: 12/15/2021

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:

[Empty box for administrative omissions]

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**

BETWEEN:  
Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 01100  
Status Code: Pending Amendment  
Fee Category: 3L  
Exp. Date: 03/31/2026  
Fee Comments: 170.11(A)(4)  
Decom Fin Assur Reqd: Y

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## License Fee Worksheet - License Fee Transmittal

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### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: The University of Montana  
Received Date: 01/03/2022  
Docket Number: 3000872  
Mail Control Number: 629892  
License Number: 25-01706-03  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: N/A

Check No.: N/A

#### 3. COMMENTS

Signed: Carol L. Hill

Date: 01/26/2021

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

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3000872 LICENSE NUMBER: 25-01706-03 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 629892 RECEIPT DATE: 01/03/2022 ACTION TYPE: Amendment

DUE DATE: 04/03/2022 INST. CODE: 1706 LICENSE REGION: Region 4

LICENSE TYPE: 30 ENTITY TYPE: S LICENSE GROUP: Academic

ISSUE DATE: ORIGINAL DATE: 06/23/1988 EXPIRATION DATE: 03/31/2026

DECOMMISSIONING CATEGORY: Group 2 LAST ISSUE DATE:

LICENSEE NAME: The University of Montana DECOM FIN ASSUR REQD: Y  
SUBM: Y

MAILING ADDRESS LINE1: Environmental Health CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2: Building 32

CITY: Missoula STATE: MT ZIP: 59812-9144

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

LAST NAME: Scott SUFFIX: Ph.D., JD

JOB TITLE: Director, Research Compliance PHONE: (406) 243-4755 FAX: 406-243-6330 EMAIL: zach.scott@umontana.

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Montana ZIP:

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

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 01100 SECONDARY PGM CODE:

INSPECTION REGION: Region 4 PRIORITY: 3

RSO: PREFIX: FIRST NAME: Dan MIDDLE INITIAL: LAST NAME Dugan

SUFFIX: MS, DABR RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 503-620-6617 office RSO FAX: 503-684-5548 RSO EMAIL: dan@hpnw.com

STATES WHERE USE IS AUTHORIZED: 1  
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):