



Received July 6, 2023

Mail Control Number: 636247
Docket Number : 3033898
License Number : 25-27524-01
Licensee Name : Pioneer Technical Services, Inc.

June 30, 2023

RECEIVED
JUL 06 2023

DNMS

Licensing Attendant
U.S. Nuclear Regulatory Commission – Region IV
Nuclear Materials Safety Branch B
1600 Lamar Boulevard
Arlington, Texas 76011-4511

Dear Licensing Attendant:

Pioneer would like to request an amendment to Radioactive Material License No. 25-27524-0, Docket No. 030-33898. We have moved into a new building and would like to change the 1309 Cole Avenue, Helena, MT 59601 storage location (Section 10, line B) to 3241 Colonial Drive, Helena, MT 59601.

Please let me know if I can provide any additional information or if you have any questions. My contact number is 406-497-8026 and email address is tschleeman@pioneer-technical.com.

Sincerely,

Tara N. Schleeman, CSP, CIT, RSO
Safety and Health/Human Resource Manager



1101 S. MONTANA ST. | PO BOX 3445 BUTTE, MT 59702

RECEIVED
JUN 06 2023

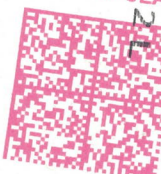
DNMS

76011-451199

Melvin Attendert
U.S. Nuclear Regulatory Commission
Nuclear Materials Safety Branch B
1000 Lamar Boulevard
Oklahoma TX 76011-4511

BILLINGS MT 591
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\$ 000.60
JUN 30 2023



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Tara N. Schleeman, CSP, CIT
Health and Safety Manager/
Radiation Safety Officer
Pioneer Technical Services, Inc.
1101 S. Montana St
Butte, MT 59701

Date

07/17/2023

License Number(s)

25-27524-01

Mail Control Number(s)

636247

Licensing and/or Technical Reviewer or Branch

Giavanna Muffelletto

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 06/30/2023

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

Accounts Receivable/Payable and Regional Licensing Branches

Program Code: 03121
Status Code: Pending Amendment
Fee Category: 3P
Exp. Date: 05/31/2036
Fee Comments:
Decom Fin Assur Req: N

A. REGION

Applicant/Licensee: Pioneer Technical Services, Inc.
Received Date: 07/06/2023
Docket Number: 3033898
Mail Control Number: 636247
License Number: 25-27524-01
Action Type: Amendment

Check No.: N/A

Date: July 17, 2023

1. Fee Category and Amount: _____

License: _____

Date: _____

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3033898	LICENSE NUMBER: 25-27524-01	STATUS: Pending Amendment
MAIL CONTROL NUMBER: 636247	RECEIPT DATE: 07/06/2023	ACTION TYPE: Amendment
DUE DATE: 10/04/2023	INST. CODE: 27524	LICENSE REGION: Region 4
LICENSE TYPE: 30	ENTITY TYPE: C	LICENSE GROUP: Industrial
ISSUE DATE:	ORIGINAL DATE: 08/29/1995	EXPIRATION DATE: 05/31/2036
DECOMMISSIONING CATEGORY: Group 1	LAST ISSUE DATE:	
LICENSEE NAME: Pioneer Technical Services, Inc.	DECOM FIN ASSUR REQD: N SUBM: N	
MAILING ADDRESS LINE1: 1101 South Montana Street	CONT PLAN REQD: N	APPRV: N
MAILING ADDRESS LINE 2:		
CITY: Butte	STATE: MT	ZIP: 59701
CONTACT PERSON: PREFIX:	FIRST NAME: Tara	MIDDLE INITIAL: N.
LAST NAME: Schleeman	SUFFIX: CSP	
JOB TITLE: Safety and Health Manager/Radiation Safety Officer	PHONE: 406-782-5177	FAX: 406-782-5866
EMAIL: TSchleeman@pioneer-technical.com		
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: 03121	SECONDARY PGM CODE:	
INSPECTION REGION: Region 4	PRIORITY: 5	
RSO: PREFIX:	FIRST NAME: Tara	MIDDLE INITIAL: N. LAST NAME Schleeman
SUFFIX: CSP, CIT	RSO JOB TITLE: Safety and Health Manager/Radiation Safety Officer	
RSO PHONE: 406-782-5177	RSO FAX: 406-782-5866	RSO EMAIL: TSchleeman@pioneer-technical.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):		