

Mail Control Number: 649312 Docket Number : 3038781 License Number : 49-35184-01 Licensee Name : HiViz, LLC

Received 8/14/25

620 S Adams Street Laramie, WY 82070 Phone: 307-223-2785 Fax: 970-416-1208

Email: Info@HIVIZsights.com

www.HIVIZSights.com

Date: August 13, 2025

U.S. Nuclear Regulatory Commission, Region IV Materials Licensing Branch Division Of Radiological Safety and Security 1600 E. Lamar Boulevard Arlington, TX 76011-4511

RE: Transfer of Ownership and name change

Dear Sir or Miss,

Please be advised that HiViz, LLC, currently owned by PZM, is being purchased by Chris Rucinski and Phil Howe. The information relating to the change of ownership is listed below.

If you have questions regarding this information, please contact me at 307-223-2785 or brad@hivizsights.com.

Regards,

Brad Smith

Bad Som

RSO

Cc: US NRC

Washington, DC 20555-0001



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TRANSFER OF OWNERSHIP

Item 1.
Mr. Rucinski and Mr. Howe have agreed to purchase HiViz, LLC through an Asset Purchase Agreement from PZM.
Mr. Rucinski and Mr. Howe will be co-owners. Mr. Rucinski will serve as the CEO of HiViz Group, Inc. Mr. Howe will serve as President.
Board of Directors will remain in place, and the board members will be:
Chris Rucinski
Phil Howe
Rene Hernandez
HiViz, LLC, will also be undergoing a name change; it will be incorporated as HiViz Group, Inc. A copy of the new Certificate of Good Standing for HiViz Group, Inc. is included as Attachment A.
Item 2.
There will be no change in personnel related to the Radiation Safety Program.
Item 3.



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There will be no changes in the following:

- Locations
- Facilities
- Equipment
- Radiation safety program
- Use and possession of tritium
- Waste management

Item 4:

HiViz LLC has an excellent program to ensure that removable contamination is kept below regulatory limits. Areas where tritium is used very frequently, are wipe tested and decontaminated on a weekly basis. Areas where tritium is expected less frequently are wiped and decontaminated on a monthly basis. And areas where tritium is used least frequently are wiped on a quarterly basis. Records show that contamination levels are kept below regulatory limits. Wipe tests are analyzed on a Hidex LSC. The calibration and maintenance on this instrument are maintained and current as of this writing.

An example of the wipe tests results is included with this document as Attachment B.

There have been no violations found during recent inspections conducted in 2021; inspection reports are included as Attachment C.

There will be no changes to the facilities, equipment, and radiation safety program. Records related to the radiation safety program will continue to be maintained at the local facilities. These records will be shared with the new ownership.

Item 5.

There is no requirement for decommissioning fund plans.

Item 6.

All records pertaining to the radiation safety program will be maintained at the licensee's site and shared with the new owner (transferee).



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Both parties agree to the transfer of control of licensed material. (Attachment D.)

Item 8.

The Purchaser (transferee) agrees to abide by the constraints of the licenses and tie-down letters. (Attachment D.)

Item 9.

Not applicable.

Enc.:

- A. Certificate of Good Standing
- B. Wipe Test Results
- C. NRC Inspection Reports from 2021

Agreement to transfer of licensed material and Agreement to abode by licens

From: Bradley Smith

To: R4 Licensing Action Submittals

 Cc:
 Booma Venkataraman; ext Timothy Brandon; Phil Howe

 Subject:
 [External_Sender] HIVIZ Transfer of Ownership 2025

Date: Thursday, August 14, 2025 3:47:37 PM

Attachments: image001.png

CertOfGoodStanding-2.pdf

HIVIZ Transfer of Control of Licensed Material.pdf

03038781-2021001.NRC 591M.pdf HIVIZ Transfer of Ownership 2025.pdf

Wipe test results for TOO.pdf

Greetings,

Please review the attached documents pertaining to the transfer of ownership of HIVIZ.

Thanks, Bradley R. Smith

Director of Engineering/RSO



HIVIZ Shooting Systems

620 S. Adams Street | Laramie, WY 82070

Phone 307.223.2785 | Toll Free: 800.589.4315

brad@hivizsights.com | www.HiVizSights.com

Facebook | Instagram | Twitter | YouTube



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Date: August 11, 2025

NRC Required Document for Transfer of Control of Licensed Material - HIVIZ

The Seller agrees to transfer control of the radioactive materials possessed under license #49-35184-01 to the Purchaser. The Purchaser agrees to take control of the same materials.

Seller:	Purchaser:
	Charles
Signature	Signature
Joey Turbeville	Christopher Rucinski
Printed Name	Printed Name
CEO	CEO
Title	Title

The Purchaser confirms that the Seller has disclosed that there are currently no open inspection items regarding the licenses and registration.

Purchaser

The Purchaser agrees to abide by the conditions of current possession license (#49-35184-01), exempt distribution license (49-3521-01E), and sealed source and device registration (#NR-1382-D-101-E).

Purchaser

Wipe Test Results

Results in pCi

Weekly

Date	A01	A02	A03	A04	A05	A06
6/20/25	0	8	10	12	35	36
(dpm equivalent)	0	18	22	27	78	80

Date	A01	A02	A03	A04	A05	A06
5/30/25	0	2	85	26	19	3
(dpm equivalent)	0	4	189	58	42	7

A07	A08	A09	A10	A11	A12	B01
22	21	6	15	5	12	66
49	47	13	33	11	27	147

				Quarterly	Quarterly
A07	A08	A09	A10	A11	A12
14	179	90	9	2	13
31	397	200	20	4	29

B02	B03	B04	B05	B06
20	8	5	54	63
44	18	11	120	140

NRC FORM 591M U.S. NUCLEAR REGULATORY COMMISSION 10 CFR 2.201					
	SAFETY INS	PECTION REPORT	AND COMPLIANCE IN	ISPECTION	
1. LICENSEE/LOCATION INSPECTED: HiViz, LLC 620 & 630 South Adams Street Laramie, WY 82070		NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region IV, 1600 East Lamar Blvd.			
REPORT NO.: 20210			Arlington, Texas 760		
3. DOCKET NUMBER		4. LICENSE NUMBER		5. DATE(S) O	F INSPECTION
030	38781	49-3	35184-01	April 29,	2021 and August 5, 2021
LICENSEE: The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:					isted of selective examinations on findings are as follows: because they were self-c Enforcement Policy, to
		Statement of C	Corrective Actions		
I hereby state that, within 30 days, the actions described by me to the Inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.					
TITLE	PRINTE	NAME	SIGNATURE		DATE
LICENSEE'S REPRESENTATIVE	Jason	Webb			
NRC INSPECTOR	Leonardo \	Wardrobe	_eonardo F. Ward		lly signed by Leonardo F. Wardrobe 2021.08.05 14:06:07 -05'00'
BRANCH CHIEF	Lizette Rol	dan-Otero, Ph.D.			

NRC FORM 591M 10 CFR 2.201		U	.S. NUCLEAR REGULATORY COMMISSION	
	SPECTION REPORT	AND COMPLIANCE I	NSPECTION	
LICENSEE/LOCATION INSPECTED: HiViz, LLC 620 & 630 South Adams Street Laramie, WY 82070		NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region IV, 1600 East Lamar Blvd		
REPORT NO.: 2021001		Arlington, Texas 76	6011-4511	
3. DOCKET NUMBER 03038781	B. DOCKET NUMBER 4. LICENSE NUMBER		5. DATE(S) OF INSPECTION April 29, 2021 and May xx, 2021	
	CON	TINUED		

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

HiViz Group, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **June 16, 2025**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2025-001700086**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 16th day of July, 2025 at 4:32 AM. This certificate is assigned ID Number 087091934.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.





ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

″*******						
Name and Address of Applicant and/or Licensee	Date					
	08/18/2025					
	License Number(s)					
HiViz, LLC	49-35184-01					
Bradley Smith, RSO	Mail Control Number(s)					
620 South Adams Street Laramie, WY 82070	649312					
Laranne, WT 02070	Licensing and/or Technical Reviewer or Branch					
	Giavanna Muffelletto					
This is to acknowledge receipt of your: ✓ Letter and	d/or Application Dated: 08/13/2025					
The initial processing, which included an administrative	review, has been performed.					
✓ Amendment	New License Renewal					
There were no administrative omissions identified	during our initial review.					
This is to acknowledge receipt of your application above. Your application is deemed timely filed, and action has been taken by this office.	` '					
Your application for a new NRC license did not incl complete and submit NRC Form 531, Request for T following link: http://www.nrc.gov/reading-rm/do Follow the instructions on the form for submission	axpayer Identification Number, located at the c-collections/forms/nrc531.pdf					
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:						
Select a location (Use keyboard arrows	to select)					

BETWEEN: [FOR ARPB USE] INFORMATION FROM WBL Accounts Receivable/Payable and Program Code: 03214 Regional Licensing Branches Status Code: Pending Amendment Fee Category:3B 3M Exp. Date: 02/29/2040 Fee Comments: Decom Fin Assur Reqd: N License Fee Worksheet - License Fee Transmittal A. REGION 1. APPLICATION ATTACHED Applicant/Licensee: HiViz, LLC Received Date: 08/18/2025 Docket Number: 3038781 Mail Control Number: 649312 License Number: 49-35184-01 Action Type: Change of Control 2. FEE ATTACHED N/A Amount: Check No.: N/A 3. COMMENTS Giavanna Muffelletto Signed: 08/18/2025 Date: 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:

R1201021

Web-Based Licensing System

DATE: 08/18/2025

Agency: NRC

DOCKET NUMBER: 3038781

WBL WORKSHEET

LICENSE NUMBER: 49-35184-01

STATUS: Pending Amendment

MAIL CONTROL NUMBER: 649312 **ACTION TYPE: Change of Control** RECEIPT DATE: 08/18/2025

DUE DATE: 02/14/2026 INST. CODE: 35184 LICENSE REGION: Region 4

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

ISSUE DATE: ORIGINAL DATE: 12/18/2014 EXPIRATION DATE: 02/29/2040

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: HiViz, LLC DECOM FIN ASSUR REQD: N

SUBM: N

MAILING ADDRESS LINE1: 620 South Adams Street CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Laramie STATE: WY ZIP: 82070

CONTACT PERSON: PREFIX: FIRST NAME: Jason MIDDLE INITIAL: D.

SUFFIX: LAST NAME: Webb

JOB TITLE: Engineer/Assistant Radiation S PHONE: (307) 223-2785FAX: 970-416-1208 EMAIL: jason@hivizsights.com

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Wyoming ZIP:

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

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 03214 SECONDARY PGM CODE: 03620

INSPECTION REGION: Region 4 PRIORITY: 5

MIDDLE INITIAL: LAST NAME Smith RSO: PREFIX: FIRST NAME: Bradley

RSO JOB TITLE: Radiation Safety Officer SUFFIX:

RSO PHONE: 507-254-9959 RSO FAX: RSO EMAIL: brad@hivizsights.com

0- ALL LISTED STATES STATES WHERE USE IS AUTHORIZED:

1- SAME AS STATE IN ADDRESS

2- ALL STATES

3- NON-AGREEMENT-STATES

AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):