



Mid Continent Testing Labs, Inc  
2381 S Plaza Dr  
Rapid City, SD 57702



Alliance Technical Group  
255 Grant St SE Ste 600  
Decatur, AL 35601

Date: 6-22-2026

U.S. NRC Region IV  
1600 E. Lamar Blvd  
Arlington, TX 76011

Mail Control Number: 659694  
Docket Number : 3037799  
License Number : 40-29306-01  
Licensee Name : Mid Continent Testing Laboratories, Inc

**Subject: Request for License Amendment and Notification of Change of Control**

License No.: 40-29306-01  
Docket No.: 030-37799

Dear Sir or Madam,

Pursuant to 10 CFR requirements and NRC guidance, this letter formally notifies the NRC of a change of control involving Mid Continent Testing Laboratories, Inc. (MCT). Effective December 31, 2025, MCT was acquired by Alliance Technical Group, LLC (ATG).

This transaction results in a transfer of ownership and control of licensed activities to Alliance Technical Group, LLC. Operations, personnel, and radiation safety program elements will remain substantially unchanged unless otherwise noted below.

**1. Transaction Description:**

MCT has been acquired by ATG. The organization remains privately held and will continue operations under ATG ownership.

**2. Personnel Changes:**

Dean Aurand is no longer employed by ATG or MCT; however, he will continue to support the ATG in a consulting capacity. For purposes of the NRC license and continuity of the radiation safety program, Mr. Aurand will remain associated with the license at this time. No other changes to key licensed personnel or the Radiation Safety Officer are proposed.

**3. Licensed Program Changes:**

No changes to locations, facilities, equipment, licensed material, or radiation safety program are proposed.

**4. Status of Facilities:**

All required surveillances, calibrations, and records are current. No new contamination conditions are known.



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5. Financial Assurance:

Financial assurance instruments will remain in place or be updated to reflect ATG as required.

6. Decommissioning Records:

All records required for decommissioning will be transferred or maintained in accordance with NRC requirements.

7. Agreement of Parties:

Both transferor and transferee agree to the transfer and acknowledge all compliance obligations.

8. Transferee Commitments:

ATG agrees to comply with all existing license conditions and commitments.

We respectfully request NRC review and approval of this change of control and issuance of an amended license reflecting the new ownership.

If additional information is required, please contact the undersigned.

Sincerely,

Sign: Dean Aurand Date: 6/22/26

Dean Aurand, President  
Mid Continent Testing Laboratories, Inc.

Sign: James W. Herr /cld

Date: June 22, 2026

Jim Herr, Chief Administrative Officer  
Alliance Technical Group, LLC



**ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE**

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

Jason Pojorlie  
Radiation Safety Officer  
2381 S Plaza Dr  
Rapid City, SD 57702

**Date**

06/24/2026

**License Number(s)**

40-29306-01

**Mail Control Number(s)**

659694

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

S. Collins

This is to acknowledge receipt of your:  Letter and/or  Application Dated: 06/22/2026

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  
MLB  
1600 E. Lamar Boulevard  
Arlington, TX 76011-4511**

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 03225  
Status Code: Pending Amendment  
Fee Category: 3N  
Exp. Date: 11/30/2033  
Fee Comments:  
Decom Fin Assur Reqd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Mid Continent Testing Laboratories, Inc.  
Received Date: 06/22/2026  
Docket Number: 3037799  
Mail Control Number: 659694  
License Number: 40-29306-01  
Action Type: Change of Control

#### 2. FEE ATTACHED

Amount:     N/A    

Check No.:     N/A    

#### 3. COMMENTS

Signed:     S. Collins    

Date:     06/24/2026    

### 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: 3037799 LICENSE NUMBER: 40-29306-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 659694 RECEIPT DATE: 06/22/2026 ACTION TYPE: Change of Control

DUE DATE: 12/19/2026 INST. CODE: 29306 LICENSE REGION: Region 4

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

ISSUE DATE: ORIGINAL DATE: 10/01/2008 EXPIRATION DATE: 11/30/2033

DECOMMISSIONING CATEGORY: Group 2 LAST ISSUE DATE:

LICENSEE NAME: Mid Continent Testing Laboratories, Inc. DECOM FIN ASSUR REQD: N  
SUBM: N

MAILING ADDRESS LINE1: P.O. Box 3388 CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Rapid City STATE: SD ZIP: 57702

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

LAST NAME: Aurand SUFFIX:

JOB TITLE: PHONE: 605-348-0111 FAX: EMAIL: dean@thechemistrylab

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: South Dakota ZIP:

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

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 03225 SECONDARY PGM CODE:

INSPECTION REGION: Region 4 PRIORITY: 5

RSO: PREFIX: FIRST NAME: Jason MIDDLE INITIAL: LAST NAME Pojorlie

SUFFIX: RSO JOB TITLE:

RSO PHONE: 605-348-0111 RSO FAX: RSO EMAIL: Jason@TheChemistryLab.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):