



*Handwritten initials*

September 5, 2012

U.S. NRC Region IV  
612 E. Lamar Blvd., Suite 400  
Arlington, TX 76011-4125

RECEIVED

SEP 5 2012

To Whom It May Concern:

DNMS

Front Range Nuclear Services (FRNS) would like to request an amendment to our NRC Radioactive Materials License #49-27531-01. Please delete the following Authorized User on FRNS' Radioactive Materials License:

<u>Authorized User</u>	<u>Material and Use(s):</u>
David W. McNaul, MD	35.100; 35.200
Larry James Hattel, MD	35.200

Feel free to contact me at (307) 631-1570 or by email at [valerie.johnson@frnsinc.com](mailto:valerie.johnson@frnsinc.com) should you have any questions on this matter.

Sincerely,

Valerie Johnson CNMT, RT(R)(N)  
Radiation Safety Officer

PUBLIC

- Immediate Release
- Normal Release

NON-PUBLIC

- A.3 Sensitive-Security Related
- A.7 Sensitive Internal
- Other: \_\_\_\_\_

Reviewer: *WJC* Date: 9-19-12

# Front Range Nuclear Services

**To:** Whom It May Concern **Fax:** (817) 200-1188

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**From:** Valerie Johnson **Date:** 9/5/12

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**Re:** Delete AUs **Pages:** 2

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**CC:**

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Urgent     For Review     Please Comment     Please Reply     Please Recycle



**Phone:** (307) 637-4199    **Fax:** (307) 637-2335    **Email Address:** valerie.johnson@frnsinc.com

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DATE  
09/17/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Front Range Nuclear Services  
ATTN: Valerie Johnson  
Radiation Safety Officer  
213 South Avenue C-1  
Cheyenne, Wyoming 82007

LICENSE NUMBER

49-27531-01

MAIL CONTROL NUMBER

579105

LICENSING AND/OR TECHNICAL REVIEWER

ch

This is to acknowledge the receipt of your:

LETTER and/or  APPLICATION      DATED: 09/05/2012

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 fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

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

*✓ e-mail  
9/17/12*

BETWEEN:

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Accounts Receivable/Payable  
and  
Regional Licensing Branches

Program Code: 02220  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 06/30/2011  
Fee Comments:  
Decom Fin Assur Req: N

### License Fee Worksheet - License Fee Transmittal

#### A. REGION

##### 1. APPLICATION ATTACHED

Applicant/Licensee: Front Range Nuclear Services  
Received Date: 09/05/2012  
Docket Number: 3033968  
Mail Control Number: 579105  
License Number: 49-27531-01  
Action Type: Amendment

##### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

##### 3. COMMENTS

Signed: Carol S. Huie  
Date: 9/12/12

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