



**DEKALB Genetics Corporation**  
62 Maritime Drive, Mystic, CT 06355-1958  
860/572-5200 FAX 860/572-5240

December 8, 2004

Licensing Assistance Section  
US Nuclear Regulatory Commission  
Region 1  
475 Allendale Road  
King of Prussia, PA 19406-1415

04 DEC 10 P2:17

RECEIVED  
REGION 1

03032126

**Subject: Amendment Number 9 to License No. 06-28624-01**

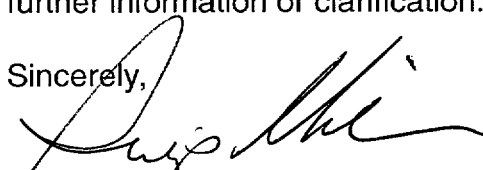
Dear Sir or Madam,

Enclosed is a USNRC Form 313 and associated materials in support of an amendment to the DEKALB Genetics Corporation materials license, number 06-28624-01. This amendment pertains only to a change in the Radiation Safety Officer for the facility.

Our previous RSO, Dr. Michael Luethy, has accepted a position at Company Headquarters, and is currently transitioning into that new role. We are proposing Dr. Kristine Hardeman as his successor, and have enclosed a brief C.V. of Dr. Hardeman's radiation safety training and experience for your review. Dr. Hardeman has extensive experience using radioisotopes in a research setting, and she has recently completed approximately 40 hours of formal RSO training. Her Certificate of Completion for this training is enclosed.

This license amendment request is signed by Ms. Nancy E. Hamilton, Secretary of DEKALB Genetics Corporation. The original document and one copy are provided for your convenience. Please contact me at (860) 572-5200 for any further information or clarification.

Sincerely,

  
Philip W. Miller, Ph.D.  
Mystic Site Lead  
DEKALB Genetics Corporation

Enclosures: NRC Form 313  
Kristine Hardeman CV  
Kristine Hardeman Certificate of Completion, RSO Training

136111

<b>NRC FORM 313</b> (4-2004) 10 CFR 30, 32, 33, 34, 35, 36, 39, and 40		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>  <b>APPROVED BY OMB: NO. 3150-0120</b> Estimated burden per response to comply with this mandatory collection request: 7 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to <a href="mailto:infocollects@nrc.gov">infocollects@nrc.gov</a> , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.			
<b>APPLICATION FOR MATERIAL LICENSE</b>					
<b>INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.</b>					
<b>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</b>  DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001		<b>IF YOU ARE LOCATED IN:</b>  ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:  MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352			
<b>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</b>  <b>IF YOU ARE LOCATED IN:</b>  ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:  LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415		ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:  NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 76011-4005			
PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.					
1. THIS IS AN APPLICATION FOR (Check appropriate item)  <input type="checkbox"/> A. NEW LICENSE <input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>06-28624-01</u> <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____		2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)  <b>DEKALB Genetics Corporation</b> <b>Mystic Research Center</b> <b>62 Maritime Drive</b> <b>Mystic, CT 06355</b>			
3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED  <b>DEKALB Genetics Corporation</b> <b>Mystic Research Center</b> <b>62 Maritime Drive</b> <b>Mystic, CT 06355</b>		4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION  <b>Philip W. Miller, Ph.D.</b>  TELEPHONE NUMBER <b>(860) 572-5200</b>			
SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.					
5. RADIOACTIVE MATERIAL a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.		6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.			
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.		8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.			
9. FACILITIES AND EQUIPMENT.		10. RADIATION SAFETY PROGRAM.			
11. WASTE MANAGEMENT.		12. LICENSE FEES (See 10 CFR 170 and Section 170.31) <table style="width: 100%; border: none;"> <tr> <td style="border: none;">FEE CATEGORY</td> <td style="border: none; text-align: right;">AMOUNT ENCLOSED \$</td> </tr> </table>		FEE CATEGORY	AMOUNT ENCLOSED \$
FEE CATEGORY	AMOUNT ENCLOSED \$				
13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.  THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.  WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.					
CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE <b>Nancy E. Hamilton, Secretary</b>		SIGNATURE <i>Nancy E. Hamilton</i> DATE <b>12/2/2004</b>			
<b>FOR NRC USE ONLY</b>					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED \$	CHECK NUMBER	COMMENTS
APPROVED BY				DATE	136111

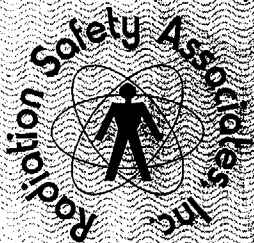
# CERTIFICATE OF ACHIEVEMENT

This is to Certify that

**KRISTINE J. HARDEMAN**

Has Completed 40 Hours of  
Radiation Safety Officer Training

November 15-19, 2004



  
K. Paul Steinmeyer, ERPT  
Radiation Safety Associates, Inc.

## RADIOACTIVITY TRAINING AND EXPERIENCE

**Name:** Kristine J. Hardeman, Ph.D.

**Education:** B.S. 1985 University of Iowa  
 Ph.D. 1992 University of Oregon  
 Postdoctoral Fellow 1993 University of North Carolina, Chapel Hill  
 Postdoctoral Fellow 1994-1998 Oregon State University

### Radiation Training

Type of Training	Where Trained	Duration of Training	On the Job	Formal Course
Practical Applications in safe use of Radioisotopes in Biological Sciences	U of Oregon	6 years	Yes	No
	UNC-CH	1.5 years	Yes	Yes
	OSU	4 years	Yes	Yes
	Monsanto	6 years	Yes	Yes
Coursework on Radioactivity and Radioisotopes	Radiation Safety Associates, Inc.	40 hours	No	Yes

### Experience with Radioisotopes (hands-on use)

Isotope	Maximum Amount Used	Where Experience was Obtained	Duration of Experience	Type of Use
S-35	1 mCi	University of Oregon	4 years	DNA sequencing
P-32	1 mCi	University of Oregon	6 years	DNA labeling
		UNC Chapel Hill	1.5 years	
		Oregon State University	4 years	
		Monsanto	2 years	

This is to acknowledge the receipt of your letter/application dated

12/2/2004, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AKCWS. 06-28624-01  
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 136111.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 License Fee Management Branch, ARM : Program Code: 03620  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 3M  
 : Exp. Date: 20120531  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Req'd: N  
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
Applicant/Licensee: DEKALB GENETICS CORPORATION  
Received Date: 20041210  
Docket No: 3032126  
Control No.: 136111  
License No.: 06-28624-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

3. COMMENTS  
  
Signed M.A. Perkins  
Date 12/13/2004

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 \_\_\_\_\_