

# LICENSE STATUS CHANGE CONTROL

(For Terminated, Expired & Retired Licenses)

License No.	<u>20-20825-02</u>	Docket No.	<u>03034373</u>
Licensee:	<u>Haley &amp; Aldrich, Inc.</u>	Expiration Date:	<u>20150831</u>
Address:	<u>465 Medford Street</u> <u>Suite 2200</u> <u>Boston, MA 02129-1400</u>	Mail Control No.	<u>138043</u>
Licensee Contact:	<u>Thomas Benedict</u>	Date of Contact:	<u>11/28/2005</u>
Title of Contact:	<u>Manager Corporate Health &amp; Safety</u>	Telephone No.	<u>860-282-9400</u>

Basis for termination or retirement:

Licensed materials no longer in NRC jurisdiction. Site to be picked up under 06-28529-01

Verification:

(1) Form 314 or Equivalent	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
(2) L/N <u>MA 20-8251</u> has received material and is authorized for it	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
(3) Close-out survey by licensee required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
(4) Close-out survey by NRC required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
(5) NRC Close-out survey performed and approved by Branch Chief	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Action to be taken:

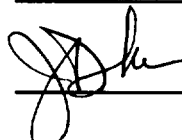
(1) Retire/Terminate license	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
(2) Change to Status "4" in LTS	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(3) Remove from the Materials Docket room after _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(4) L/N _____ replaced/supersedes L/N _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

/ RA /

License Reviewer Approval & Date:

David J. Collins  
01/04/2006

Branch Chief Approval & Date:

 1/9/2006

LAT Initials & Date entered into LTS:

dmg1, 1/9/2006

*dmg1*

✓ Box if  
Status "4"  
Verified

x

cc: Expired License No. \_\_\_\_\_

New License No. \_\_\_\_\_

S.Villar, RI