

# Hill, Carol

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**From:** Jim F. Herrold [Herrold@uwyo.edu]  
**Sent:** Wednesday, August 17, 2011 10:00 AM  
**To:** Hill, Carol  
**Subject:** FW: address change

RECEIVED

AUG 17 2011

Hi Carol,

DNMS

The main offices of the University of Wyoming Environmental Health and Safety Department have moved. Our NRC license number 49-09955-10. Our new mailing address is:

University of Wyoming  
Environmental Health and Safety  
Dept 4305  
Wyoming Hall  
1000 E University Avenue  
Laramie WY, 82071

ATTN: Jim F. Herrold  
Radiation Safety Officer

The office room number will be a temporary one, until we move to a permanent one in the same building (Wyoming Hall)The "Dept" number is a mail box from which we will pick up our mail.

*Jim F. Herrold*

Radiation Safety Officer  
Environmental Health & Safety  
University of Wyoming  
[herrold@uwyo.edu](mailto:herrold@uwyo.edu)

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**From:** Torres, RobertoJ [<mailto:RobertoJ.Torres@nrc.gov>]  
**Sent:** Thursday, July 28, 2011 1:20 PM  
**To:** Jim F. Herrold  
**Subject:** RE: address change

If it is a mailing address change only (not a change in location or area where radioactive material is stored) then all you have to do is send a letter notifying that it is a "mailing address change only". We will update the records to reflect the change.

Send the notification to [carol.hill@nrc.gov](mailto:carol.hill@nrc.gov) (licensing assistant)

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**From:** Jim F. Herrold [Herrold@uwyo.edu]  
**Sent:** Thursday, July 28, 2011 12:16 PM  
**To:** Torres, RobertoJ  
**Subject:** address change

Roberto,

We have been told that our EHS office will possibly be moving to another building within the next month (maybe as soon as next week). The problem is, the main EHS office will move into a temporary space, then move again in another 6 months. We will also get a new department number (i.e., post office box), but we don't know what that will be yet.

What does the NRC need from me as far as a mailing address change, and how soon do I need to let you know? We will also need to notify our radionuclide vendors of the change in mailing address on the license.

Thank you.

*Jim F. Herrold*  
Radiation Safety Officer  
Environmental Health & Safety  
University of Wyoming  
[herrold@uwyo.edu](mailto:herrold@uwyo.edu)

AUG 18 2011

DATE

This is to acknowledge the receipt of your letter/application dated AUG 17 2011, and to inform you that the initial processing, which includes an administrative review, has been performed.

☒ There were no administrative omissions. Your application will be 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:

The action you requested is normally processed within 90 days.

☐ 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** 15 57581.8.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,

  
Licensing Assistant

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM LTS

Program Code: 01100  
Status Code: Pending Amendment  
Fee Category: 1D 3L  
Exp. Date:  
Fee Comments: 170.11(A)(4) 8/17/93 MEMC  
Decom Fin Assur Req'd: Y

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: WYOMING, UNIVERSITY OF  
Received Date: 08/17/2011  
Docket Number: 3001176  
Mail Control Number: 575818  
License Number: 49-09955-10  
Action Type: Notifications

#### 2. FEE ATTACHED

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

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

#### 3. COMMENTS

Signed: \_\_\_\_\_

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: \_\_\_\_\_