



June 25, 2012

Nuclear Regulatory Commission  
612 East Lamar Boulevard, Suite 400  
Arlington, Texas 76011-4125  
Attn: Licensing Assistant; Colleen Murnaham

FAX# 817-200-1188

Subject: Change of Radiation Safety Officers (RSO)

Dear Madam,

This fax is written to request the name of the RSO for license no. 53-23232-01 be changed:

From: Michael P. Mullen  
To: Josh Capello

Mr. Capello's Training Certificate is attached.

If there are any questions or comments, please feel free to contact me as follows.

Respectfully,

Dennis Rehkop  
Manager, Environmental, Safety and Health  
Tesoro Hawaii Corporation  
91-325 Komohana Street  
Kapolei, Hawaii 96707  
(808) 547-3828 work

**PUBLIC**

- ☐ Immediate Release  
☒ Normal Release

**NON-PUBLIC**

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

Reviewer: fxo Date: 06/27/12

577777

# *Certificate of Completion*

*awarded to*

***Josh Capello***

*for participation in*

**Radiation Safety Training – Las Vegas**

**February 2-4, 2010**



**ENGELHARDT & ASSOCIATES, INC.**

**RADIATION CONSULTANTS**

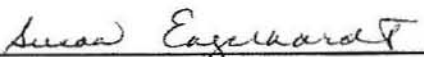
6400 Gisholt Dr., Suite, 111 Madison, WI 53713

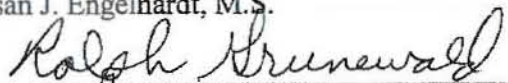
Phone: 800.525.3078

Fax: 608.224.0821


E-mail: engel@chorus.net


www.radexperts.com

  
Susan J. Engelhardt, M.S.

  
Ralph Grunewald, Ph.D.

  
Joshua Walkowicz, M.S., CHP

  
Judith Grunewald, R.N., M.S.

  
Michael T. Smith, A.S., EMT-P





DATE

06/27/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Tresoro Hawaii Corporation  
ATTN: Dennis Rehkop, Manager  
Environmental, Safety & Health  
91-325 Komohana Street  
Kapolei, HI 96707

LICENSE NUMBER

53-23232-01

MAIL CONTROL NUMBER

577777

LICENSING AND/OR TECHNICAL REVIEWER

cmurnahan

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION

DATED: 06/25/2012

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

*mailed to licensee  
6-27-12*

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM LTS

Program Code: 03120  
Status Code: Pending Amendment  
Fee Category: 3P  
Exp. Date: 03/31/2011  
Fee Comments:  
Decom Fin Assur Req: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: TESORO HAWAII CORPORATION  
Received Date: 06/27/2012  
Docket Number: 3020394  
Mail Control Number: 577777  
License Number: 53-23232-01  
Action Type: Amendment

#### 2. FEE ATTACHED

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

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

#### 3. COMMENTS

Signed: Colleen Murnahan

Date: 6-27-12

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