



**Grubbs, Hoskyn,
Barton & Wyatt, INC.**
CONSULTING ENGINEERS

P.O. Box 30970
Little Rock, Arkansas 72260-0970
#1 Trigon Place 72209
(501) 455-2536
FAX (501) 455-4137

July 30, 2015

RECEIVED
AUG - 3 2015

DNMS

U.S. Nuclear Regulatory Commission, Region IV
1600 East Lamar Boulevard
Arlington, Texas 76011-4511

Attention: DNMS Licensing Assistant

**SUBJECT: LICENSE AMENDMENT
NRC LICENSE NO. 03-17243-01**

Gentlemen:

We have changed our mailing address from P.O. Box 55105 Little Rock, Arkansas 72215 to P.O. Box 30970 Little Rock, Arkansas 72260. Our physical address is No.1 Trigon Place Little Rock, Arkansas 72209. Please make the necessary changes to the above referenced license.

If you have any questions regarding the information submitted, please contact us.

Sincerely,

GRUBBS, HOSKYN, BARTON & WYATT, INC.


Julie Statler
Radiation Safety Officer

JS/aw

Copies Submitted: U.S. Nuclear Regulatory Commission, Region IV (1)
Attn: DNMS Licensing Assistant

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

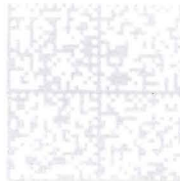
- ☐ A.3 Sensitive-Security Related
☐ A.7 Sensitive Internal
☐ Other: _____

Reviewer: 

Date: 



P.O. Box 30970
Little Rock, Arkansas 72260-0970



1451198
\$0.48

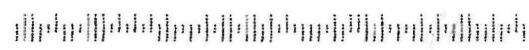
US POSTAGE

US NRC, Region IV
1600 E. Lamar Blvd.
Arlington, TX 76011-4511

Attn: DNMS Licensing Assistant

RECEIVED AUG - 3 2015

76011451198



1588450



DATE
08/04/2015

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Julie Statler
Radiation Safety Officer
Grubbs, Hoskyn, Barton & Wyatt, Inc.
P.O. Box 55105
Little Rock, Arkansas 72215

LICENSE NUMBER

03-17243-01

MAIL CONTROL NUMBER

588450

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION DATED: 07/30/2015

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

✓ 3/4

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 03121
Status Code: Pending Amendment
Fee Category: 3P
Exp. Date:
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: GRUBBS, HOSKYN, BARTON & WYATT, INC.
Received Date: 08/03/2015
Docket Number: 3012413
Mail Control Number: 588450
License Number: 03-17243-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol L. Hie
8/4/15

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: _____