

**Hill, Carol**

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**From:** Steven Cowden <Steve.Cowden@tronox.com>  
**Sent:** Friday, August 28, 2015 1:44 PM  
**To:** Hill, Carol  
**Subject:** [External\_Sender] License Admendment  
**Attachments:** 201508281428.pdf

Ms. Hill

Attached is our request for amending our license.  
License # 49-04295-01  
Docket # 030-06794

If there are any questions, please contact me.

Thank you

Steven W Cowden, RSO,CRCM  
Tronox Corp.  
B: (307) 872-2298  
C: (307) 747-7957

**PUBLIC**

- ☐ Immediate Release  
☒ Normal Release

**NON-PUBLIC**

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

Reviewer: RTZ Date: 9-15-15

## Facsimile Cover Sheet

Send To: CAROL L. HILL	From: STEVEN COWDEN
Company: NRC	Tronox Maintenance Department
Fax No: 817-860-8188	Phone No.: (307) 872-2298
Date: 8/28/15	Fax No.: (307) 872-2530

Total pages, including cover sheet: 4

Comments: License Amendment.

# TRONOX

Date: August 28, 2015

United States Nuclear Commission  
Region IV  
Division of Nuclear Materials Safety  
1600 East Lamar Boulevard  
Arlington, TX 76011-4511  
PH: 817-860-8103

Subject: Amendment to change designated Radiation Safety Officer

Reference: Docket #: 030-06794  
Licence #: 49-04295-01

Dear Ms. Hill

## REQUESTED AMENDMENT

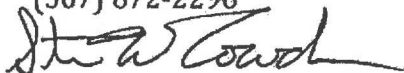
TRONOX Alkali Corporation is hereby submitting this request to amend our license as listed below:

Section 11 (Authorized Users): Add Michael Oswald as an authorized user on this license. Training documentation attached.

Section 12A (Nuclear Material License): Change the Radiation Safety Officer (RSO) for this license to John James.

This request is to accommodate the retirement of Tronox's active Radiation Safety Officer, Steven Cowden. If there are any questions, please contact me at (307) 872-2298 or by e-mail at [steven.cowden@tronox.com](mailto:steven.cowden@tronox.com).

Thank You  
Steven W Cowden, RSO  
Associate Engineer  
Tronox Alkali Corporation  
P.O. Box 872  
Green River, Wyoming 82935  
(307) 872-2298



# Certificate of Training

Awarded To

*Michael Oswald*

Recognizing completion of 5 days of specialized instruction in

**Radiation Safety Officer with  
DOT Certification**

**April 11, 2008**

Presented By

***Radiation Safety Academy***

A Division of Dade Moeller & Associates  
481 North Frederick Avenue, Suite 302  
Gaithersburg, Maryland 20877

ABIH has awarded this course 5.0 CM Points, CM Approval # 08-260



Ray Johnson, MS, PE, FHPS, CHP  
Vice President, Training Programs



# Certificate of Training

This Certifies That

***Michael Oswald***

has been trained, tested and successfully completed specialized instruction in

## **DOT & NRC Requirements for Shipping and Receiving Radioactive Materials**

**April 11, 2008**

**Presented By: Sean M. Austin, Instructor**

***Radiation Safety Academy***

**A Division of Dade Moeller & Associates**


**481 North Frederick Avenue, Suite 302, Gaithersburg, Maryland 20877**

**www.RadiationSafetyAcademy.com -- 301-990-6006**

**Presented For: Dynegy North East Generation**

**Presented At: Gaithersburg, MD**

This certifies that the employee named on this certificate has been trained and tested in accordance with the training requirements of 49 CFR 172, Subpart H.

  
Employer's Signature

This certificate is valid for 24 months for ICAO/IATA and for three years for U.S. Department of Transportation and U.S. Nuclear Regulatory Commission or Agreement State Agencies.



**Sean Austin, MS, RSO, CHP  
Senior Health Physicist**





DATE  
09/14/2015

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Mr. Steven Cowden  
Radiation Safety Officer  
Tronox Alkali Corporation  
P.O. Box 872  
Green River, WY 82935

LICENSE NUMBER

49-04295-01

MAIL CONTROL NUMBER

588791

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION DATED: 08/28/2015

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

*09/14*

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 03120  
Status Code: Pending Amendment  
Fee Category: 3P  
Exp. Date: 03/31/2010  
Fee Comments:  
Decom Fin Assur Reqd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Tronox Alkali Corporation  
Received Date: 08/28/2015  
Docket Number: 3006794  
Mail Control Number: 588791  
License Number: 49-04295-01  
Action Type: Amendment

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