

License: 11-35414-01
Docket: 030-39035



Name: Jacob Christensen

Docket: 030-39035
Control: 593166

Organization: Allied Testing and Inspection, LLC

Phone: 208-970-6237

E-mail Address: jacob@alliedtandi.com

From: Jacob P. Christensen

Date: 01/04/2018

Subject: Application dated March 7, 2017 for New License and Response to Deficiency Letter in Application dated March 17, 2017

Pages: 12

Ms. Cook:

Per your request dated December 28, 2017, I have addressed the items and deficiencies which required a response.

Thank you for your help.

A handwritten signature in black ink, appearing to read 'JC' followed by a stylized flourish.

Jacob Christensen
Owner/ RSO

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: Jpc **Date:** 1/5/18

No. 602183

1. Although Item 10.B. of your license authorizes storage and use at temporary jobsites, Item 7 of your response to my request for additional information dated March 17, 2017, stated that gauges will not be stored or used at temporary job sites without prior approval of the NRC.

RESPONSE – Gauges are authorized for use on temporary jobsites anywhere in the U.S. where the NRC maintains jurisdiction.

2. Please note that for Item 10.8 of your new license application dated March 7, 2017, you stated that non-routine maintenance will not be performed by Allied Testing and Inspection personnel.

RESPONSE - The gauge manufacturer, or other person licensed by the NRC or an Agreement State will perform nonroutine maintenance or repair operations that require detaching the source or source rod from the gauge.



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Mr. Jacob Christensen
Owner and Radiation Safety Officer
Allied Testing and Inspection, LLC
338 Oaktrail Drive
Rexburg, ID 8344

Date

01/19/2018

License Number(s)

11-35414-01

Mail Control Number(s)

602183

Licensing and/or Technical Reviewer or Branch

CHill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 01/04/2018

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 complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
Follow the instructions on the form for submission.

☐ The following administrative omissions have been identified:

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) 200-1209 or (817) 200-1140

✓ 1/19/18

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: 07/31/2027
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Allied Testing and Inspection, LLC
Received Date: 01/04/2018
Docket Number: 3039035
Mail Control Number: 602183
License Number: 11-35414-01
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: _____