

ORC

01-17172-01E
03012304

VOID SHEET

TO: License Fee Management Branch
FROM: Susan L. Greene
SUBJECT: VOIDED APPLICATION

Control Number: 021839
Applicant: ICN Biomedicals, Inc.
Date Voided: 12/12/96
Reason for Void: Application abandoned by
applicant after license review.

Susan L. Greene
Signature Date
NMSS/IMNS/IMAB

Attachment:
Official Record Copy of
Voided Action

310114

FOR LFMB USE ONLY

Final Review of VOID Completed:

- ☐ Refund Authorized and processed
☒ No Refund Due
☐ Fee Exempt or Fee Not Required

Comments: _____

Log completed ☒
Processed by: _____

01/ ML ad
cust Reg II

M. Williams

-2-

We have forwarded a copy of this letter to the State of Alabama and our Region II office for follow-up. If you have any questions concerning this action, please contact me at (301) 415-7843.

Sincerely,

ORIGINAL SIGNED BY

Susan L. Greene
Medical, Academic, and Commercial
Use Safety Branch
Division of Industrial and
Medical Nuclear Safety
Office of Nuclear Material Safety
and Safeguards

Docket No. 030-12304

cc: Kirksey E. Whatley, Director
Division of Radiation Control
State Department of Public Health
State Office Building
434 Monroe Street
Montgomery, AL 36130-1701

NRC-Region II Office
Atlanta, GA

DISTRIBUTION:

License File 01-17172-01E

IMAB r/f

SBaggett

JPotter, RII

DOCUMENT NAME: G:\ICNBIO.slg

To receive a copy of this document, indicate in the box: "C" = Copy without enclosures "E" = Copy with enclosures "N" = No copy

OFFICE	NMSS: IMAB									
NAME	SLGreene:cfb									
DATE	12/17/96									

OFFICIAL RECORD COPY

December 12, 1996

Alston & Bird
ATTN: Michelle A. Williams
One Atlantic Center
1201 West Peachtree Street
Atlanta, Georgia 30309-3424

Dear Ms. Williams:

This refers to your letter dated May 24, 1996, requesting an amendment of NRC License No. 01-17172-01E for a change of ownership from ICN Biomedicals to Titertek Instruments, Inc., and our telephone conversation of June 14, 1996, at which time I notified you that additional information was necessary in order to complete your licensing request. Specifically, I requested a copy of the amended possession and use license from the State of Alabama. On September 16, 1996, and October 4, 1996, I spoke with you and informed you that I had not yet received this requested information and I was assured that the information would be forthcoming.

As of the date of this letter, this additional information still has not been received. Therefore, NRC considers your application as having been abandoned by you and has voided the active control for your amendment request. This action is without prejudice to the resubmission of an application. Should you decide to resubmit your application within 1 year of the date of this notice, with the necessary additional information and provided there are no changes to your request, an additional fee will not be required. If you do decide to resubmit, you should reference your earlier submissions, note the fact that you included an application fee with your earlier submission, and reference Mail Control No. 021839.

You should note that Section 30.34(b) of 10 CFR Part 30 states that: "No license issued or granted to the regulations in this part, and Parts 31 through 36, and 39, nor any right under a license shall be transferred, assigned, or in any manner disposed of, either voluntarily or involuntarily, directly or indirectly, through transfer of control of an license to any person, unless the Commission shall, after securing full information, find that the transfer is in accordance with the provisions of the Act and shall give its consent in writing." The regulations are clear that control of licenses cannot be transferred without prior written permission from the Commission. You should be aware that cases where changes of ownership or control occur without prior written consent from NRC may be treated as noncompliance with the provisions in Section 30.46(b).

TELEPHONE LOG**CONTACT:** Michelle Williams**DATE:** October 4, 1996**TELEPHONE NO.:** (404) 881-7000**ORGANIZATION:** Alston & Bird**TYPE:** Visit Conference Telephone: In XX Out**SUBJECT:** Amendment request for ICN Biomedicals, Inc.**SUMMARY:**

I spoke to Ms. Williams, legal rep for ICN, again about the May 24, 1996, change of ownership request from ICN and the fact that I had still not received a copy of the amended possession and use license. Ms. Williams said that she had requested that a copy be sent to me and she assured me that she would contact the licensee again and that I should receive a copy by Monday morning, October 7, 1996.

ACTION REQUIRED: If the requested info is not received, void the application as having been abandoned by the licensee.

PERSON DOCUMENTING CONVERSATION: *John L. Greene***DISTRIBUTION:** License file

ALSTON & BIRD

One Atlantic Center
1201 West Peachtree Street
Atlanta, Georgia 30309-3424

1996 OCT 22 AM 10:22

404-881-7000
Fax 404-881-7777

Michelle A. Williams

Internet: michelle_williams@alston.com

Direct Dial: 404-881-7594

September 30, 1996

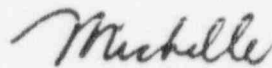
Ms. Sandra Kimberly T-9E10
License Fee and Debt Collection Branch
Division of Accounting and Finance
Office of the Controller
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

Re: License No. 01-17172-O1E
Control No. 021829

Dear Ms. Kimberly:

This letter will simply confirm our discussion today that I have forwarded the U.S. Nuclear Regulatory Commission's NRC Form 577 (Request for a License Fee) due for the amendment of License No. 01-17172-O1E to its proper contact, Mr. James R. Haines, Titertek Instruments, Inc., 330 Wynn Drive, Huntsville, Alabama, 35805, (205) 859-8600. All contact regarding this license should be properly made to Mr. Haines not to me, and I understand from our discussion today, you will correct your files accordingly. Additionally, as requested, I have marked out my name and address on the Form 577. Thank you for your attention to this matter.

Very truly yours,



Michelle A. Williams

MAW:ngc

cc: Mr. James R. Haines (w/enclosure)

TELEPHONE LOG**CONTACT:** Michelle Williams**DATE:** September 16, 1996**TELEPHONE NO.:** (404) 881-7000**ORGANIZATION:** Alston & Bird**TYPE:** Visit Conference Telephone: In XX Out**SUBJECT:** Amendment request for ICN Biomedicals, Inc.**SUMMARY:**

I spoke to Ms. Williams, legal rep for ICN, about the May 24, 1996, change of ownership request from ICN and our June 14, 1996, discussion at which time I requested a copy of their amended possession and use license and she said it would be sent to me. I informed Ms. Williams again that our review could not be completed until we received a copy of the amended State license and she assured me that she would have the licensee send me a copy of the license by the end of the week (06/20/96).

ACTION REQUIRED: Complete review and issue amended license upon receipt of the amended State license.**PERSON DOCUMENTING CONVERSATION:***Susan Greene***DISTRIBUTION:** License file

LICENSE FEE REQUIREMENTS

Attn: S. Kimberley T-9E10
LICENSE FEE AND DEBT COLLECTION BRANCH
DIVISION OF ACCOUNTING AND FINANCE
OFFICE OF THE CONTROLLER
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001
301-4156096ALSTON & BIRD
ATTN: Michelle A. Williams
1201 West Peachtree Street
Atlanta, GA 30309-3424

FOR: ICN BIOMEDICALS, INC.

Mr. James R. Barnes
Litentek Instruments, Inc.
330 Wynn Dr.
Duntsville, AL
35805

TYPE OF ACTION

- ☐
- NEW LICENSE
-
- ☐
- RENEWAL OF LICENSE
-
- ☒
- AMENDMENT TO LICENSE

REQUESTED DATE

5/24/96

LICENSE NUMBER

01-17112-01E

CONTROL NUMBER

021829

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
31	\$	\$	\$ 840
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(S) DUE	\$ 840
PAYMENT RECEIVED	\$ -0-
AMOUNT DUE	\$ 840

☒ Your request was received without the prescribed application fee.☐ We received your Check No. _____ in the amount of \$ _____. Payment of the additional fee noted above is required.☐ Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).☐ Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

SIGNATURE -- LICENSE FEE ANALYST

LFDCB

LFDCB

Distribution:

OK 10/11/96 S/F (LF-32.2)

CC: S. Kimberley T-9E10

DATE

7/24/96

TELEPHONE LOG**CONTACT:** Michelle Williams**DATE:** June 14, 1996**TELEPHONE NO.:** (404) 881-7000**ORGANIZATION:** Alston & Bird**TYPE:** Visit Conference Telephone: In XX Out**SUBJECT:** Amendment request for ICN Biomedicals, Inc.**SUMMARY:**

I spoke to Ms. Williams, legal rep for ICN, about the May 24, 1996, change of ownership request from ICN. We discussed the information required in IN 89-25 concerning changes of ownership. She confirmed the information that there are no changes to the manufacturing and distribution program or location and that the RSO for the purchaser will be the contact for the distribution license. I faxed her a copy of IN 89-25 for her reference.

I informed Ms. Williams that we would need a copy of the amended possession and use license from the State of Alabama in order to complete our review of their request. She informed me that a copy would be sent.

ACTION REQUIRED: Complete review and issue amended license upon receipt of the amended State license.

PERSON DOCUMENTING CONVERSATION:**DISTRIBUTION:**

030-12304

ALSTON & BIRD

One Atlantic Center
1201 West Peachtree Street
Atlanta, Georgia 30309-3424

404-881-7000
Fax: 404-881-7777

Michelle A. Williams

Internet: michelle_williams@alston.com

Direct Dial: 404-881-7594

May 24, 1996

U.S. Nuclear Regulatory Commission
Attn: Ms. Susan Green
Mail Stop TF5
Washington, D.C. 20555
[Fax No. (301) 415-5369]

*Via Facsimile & Certified Mail
Return Receipt Requested*

Re: License No.: 01-17172-01E
Docket No.: 030-12304
Expiration: November 30, 1997

Dear Ms. Green:

We are writing in accordance with Nuclear Regulatory Commission ("NRC") regulations to inform you of a change in company ownership affecting the attached U.S. Nuclear Regulatory Commission Materials License and to request such license be amended to reflect this change. Effective March 29, 1996, Titertek Instruments, Inc., an Alabama corporation ("Purchaser"), acquired the Instruments Division of ICN Biomedicals, Inc., a Delaware corporation. The acquisition affects the following registered facility:

ICN Micromedic Systems
ICN Biomedicals, Inc.
P.O. Box 1799
Huntsville, Alabama 35807

The name and the address of the Purchaser's Radiation Safety Officer to whom you may address any inquiries regarding the above facility is as follows:

Mr. James R. Haines
Titertek Instruments, Inc.
330 Wynn Drive
Huntsville, Alabama 35805

Please note that the location, personnel, administration, device production and use of radioactive materials of the licensed facility shall remain the same.

021837

U.S. Nuclear Regulatory Commission

May 24, 1996

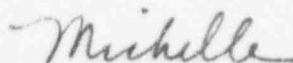
Page 2

Please also note further that the Company has notified the Alabama Department of Public Health of this transaction.

If there is any other information which you require or anything else which must be done by the Purchaser to process this change of ownership, please let me know.

Thank you for your attention to this matter.

Cordially,



Michelle A. Williams

MAW:ah

Enclosure (U.S. NRC Materials License)

cc: Mr. James R. Haines

George Maxwell, Esq.

[AC960960.177]

R1201021

LICENSING TRACKING SYSTEM

DATE: 960606

PAGE: 1

LTS WORKSHEET

DOCKET NO : 03012304 LICENSE NO : 01-17172-01E STATUS: 0
MAIL CONTROL: 021839 RECEIPT DATE : 960604 ACTION TYPE: 4
DUE DATE : 960902
FED. GOVT : C INST. CODE : 17172 LICENSE REGION: 0
ISSUE DATE: 921103 ORIGINAL DATE: 761119 EXPIRATION DATE: 20021130
NAME : ICN BIOMEDICALS, INC. DECOM FIN ASSUR REQD: N
SUBM: -
DEPT/BUREAU: DIAGNOSTIC DIVISION CONT PLAN REQD: N APPRV: -
BUILDING : MICROMEDIC SYSTEMS
STREET : P. O. BOX 1799
CITY : HUNTSVILLE STATE: AL ZIP: 35807
CONTACT PERSON: EDGAR G. JOHNSON PHONE: 205-859-8600

PRIMARY PGM CODE : 03253 SECONDARY PGM CODES: _____

INSPECTION REGION: 2 PRIORITY CODE: 5 INSPECTION CATEGORY: E2

RADIATION SAFETY OFFICER: EDGAR G. JOHNSON

STATES WHERE USE IS AUTHORIZED: 1 0 - ALL LISTED STATES
1 - SAME AS STATE IN ADDRESS
2 - ALL STATES
3 - NON-AGREEMENT STATES
AUTHORIZED STATES: _____ (USE ONLY IF ABOVE IS ZERO)

REPORTING IDENTIFICATION SYMBOL: _____

APPROVAL FOR: REDISTRIBUTION: N STORAGE ONLY: N
TEMPORARY JOB SITES: N INCINERATION: N
BURIAL: N

EXEMPTIONS: (1) _____ (2) _____

12/12/96
VOID
Abandoned by
Applicant

POSSESSION LIMIT INFORMATION

PAGE: 2

MATERIAL TYPE : NPA FORM CODE: NPA AGGREGATE CODE: NPA
MODEL NUMBER : _____
DESCRIPTION : _____
TOTAL QUANTITY : 0000000.000000000 UNIT: _____
OTHER : _____ # SOURCES: _____

MATERIAL TYPE : _____ FORM CODE: _____ AGGREGATE CODE: _____
MODEL NUMBER : _____
DESCRIPTION : _____
TOTAL QUANTITY : _____ UNIT: _____
OTHER : _____ # SOURCES: _____

MATERIAL TYPE : _____ FORM CODE: _____ AGGREGATE CODE: _____
MODEL NUMBER : _____
DESCRIPTION : _____
TOTAL QUANTITY : _____ UNIT: _____
OTHER : _____ # SOURCES: _____

MATERIAL TYPE : _____ FORM CODE: _____ AGGREGATE CODE: _____
MODEL NUMBER : _____
DESCRIPTION : _____
TOTAL QUANTITY : _____ UNIT: _____
OTHER : _____ # SOURCES: _____

MATERIAL TYPE : _____ FORM CODE: _____ AGGREGATE CODE: _____
MODEL NUMBER : _____
DESCRIPTION : _____
TOTAL QUANTITY : _____ UNIT: _____
OTHER : _____ # SOURCES: _____

MATERIAL TYPE : _____ FORM CODE: _____ AGGREGATE CODE: _____
MODEL NUMBER : _____
DESCRIPTION : _____
TOTAL QUANTITY : _____ UNIT: _____
OTHER : _____ # SOURCES: _____

MATERIAL TYPE : _____ FORM CODE: _____ AGGREGATE CODE: _____
MODEL NUMBER : _____
DESCRIPTION : _____
TOTAL QUANTITY : _____ UNIT: _____
OTHER : _____ # SOURCES: _____

NAME

AUTHORIZATION

ADDRESS WHERE MATERIAL IS USED OR POSSESSED

BUILDING: LICENSEE'S FACILITY

ROOM: 330 WYNN DRIVE
STREET: HUNTSVILLE
CITY: AL
STATE:

BUILDING:
ROOM:
STREET:
CITY:
STATE:

BUILDING:
ROOM:
STREET:
CITY:
STATE:

BUILDING:
ROOM:
STREET:
CITY:
STATE:

BUILDING:
ROOM:
STREET:
CITY:
STATE:

BUILDING:
ROOM:
STREET:
CITY:
STATE:

BUILDING:
ROOM:
STREET:
CITY:
STATE:

BUILDING:
ROOM:
STREET:
CITY:
STATE:

DOCKET: 03012304 LIC: 01-17172-01E NAME: ICN BIOMEDICALS, INC.

PARTY ISSUING MECHANISM: ASSUR TYPE : (C=CERT D=DFP)
NAME : MECH TYPE :
ADDR1 : MECH AMOUNT :
ADDR2 : APPROVED? DATE :
CITY : EXPIRES ? DATE :
STATE : ZIP :

PARTY ISSUING MECHANISM: ASSUR TYPE : (C=CERT D=DFP)
NAME : MECH TYPE :
ADDR1 : MECH AMOUNT :
ADDR2 : APPROVED? DATE :
CITY : EXPIRES ? DATE :
STATE : ZIP :

PARTY ISSUING MECHANISM: ASSUR TYPE : (C=CERT D=DFP)
NAME : MECH TYPE :
ADDR1 : MECH AMOUNT :
ADDR2 : APPROVED? DATE :
CITY : EXPIRES ? DATE :
STATE : ZIP :

PARTY ISSUING MECHANISM: ASSUR TYPE : (C=CERT D=DFP)
NAME : MECH TYPE :
ADDR1 : MECH AMOUNT :
ADDR2 : APPROVED? DATE :
CITY : EXPIRES ? DATE :
STATE : ZIP :

PARTY ISSUING MECHANISM: ASSUR TYPE : (C=CERT D=DFP)
NAME : MECH TYPE :
ADDR1 : MECH AMOUNT :
ADDR2 : APPROVED? DATE :
CITY : EXPIRES ? DATE :
STATE : ZIP :

PARTY ISSUING MECHANISM: ASSUR TYPE : (C=CERT D=DFP)
NAME : MECH TYPE :
ADDR1 : MECH AMOUNT :
ADDR2 : APPROVED? DATE :
CITY : EXPIRES ? DATE :
STATE : ZIP :

PARTY ISSUING MECHANISM: ASSUR TYPE : (C=CERT D=DFP)
NAME : MECH TYPE :
ADDR1 : MECH AMOUNT :
ADDR2 : APPROVED? DATE :
CITY : EXPIRES ? DATE :
STATE : ZIP :

LICENSE DATA, CONTINUED

PAGE: 5

=====

DOCKET NO: 03012304 LICENSE NUMBER 01-17172-01E

NAME : ICN BIOMEDICALS, INC.

=====

MEDICAL QUALITY MANAGEMENT PROGRAM REQUIRED: N RECEIVED: _ APPROVED: _

DECOMMISSIONING FINANCIAL ASSURANCE REQUIRED: N SUBMITTED: _

CONTINGENCY PLAN REQUIRED: N APPROVED: _

DECAY-IN-STORAGE APPROVED: N HOLDING FOR < 10 HALF-LIVES APPROVED: _

T 1/2 > 65 DAYS, ISOTOPE(S): _ _ _

INTERIM STORAGE UP TO 1996: N

=====

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03253
Status Code: 0
Fee Category: 31
Exp. Date: 20021130
Fee Comments:
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION Haiti

1. APPLICATION ATTACHED
Applicant/Licensee: ICN BIOMEDICALS, INC.
Received Date: 960604
Docket No: 3012304
Control No.: 021839
License No.: 01-17172-01E
Action Type: Amendment

2. FEE ATTACHED
Amount: /
Check No.: /

3. COMMENTS

Signed C Bayle
Date 6/6/96

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /)

1. Fee Category and Amount: 31 \$840

2. Correct Fee Paid. Application may be processed for:
Amendment /
Renewal /
License /

3. OTHER /

Signed SA
Date 10/23/96

Log	<u>Jan-1195</u>
Remitter	<u>Intertek Instruments, Inc.</u>
Check No.	<u>11013</u>
Amount	<u>\$840</u>
Fee Category	<u>31</u>
Type of Fee	<u>AMD</u>
Date Check Rec'd.	<u>10/17/96</u>
Date Completed	<u>SA</u>
By:	

1996 JUN -7 AM 11:21