



SUSANA MARTINEZ
Governor

JOHN SANCHEZ
Lieutenant Governor

State of New Mexico
ENVIRONMENT DEPARTMENT

Environmental Health Division
Radiation Control Bureau
Marquez Building

525 Camino de los Marquez Suite 1
Post Office Box 5469

Santa Fe, New Mexico 87502-5469

Telephone (505) 476-8600

Fax (505) 476-8654

www.nmenv.state.nm.us/nmrbc/home.html



DAVE MARTIN
Secretary

BUTCH TONGATE
Deputy Secretary

MARY ROSE
Acting Director

Information Required for Change of Control or Change of Ownership or both (to include a name change).

Please provide the following information concerning changes of control (transferor and transferee). If any items are not applicable, so state.

1. Provide a complete description of the transaction (i.e. transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a **registrant** contact who the bureau may contact if more information is needed.

A. Description of the transaction:

B. No name change

New name of **registrant** organization _____

C. No change in contact

New contact: _____

New telephone number: _____

2. Describe any changes in personnel or duties that relate to the **registrant** program. Include training and experience for new personnel.

A. No changes in personnel having control over **registrant** activities.

Changes in personnel having control over **registrant** activities (e.g. officers of a Corporation):

B. No changes in personnel named in the **registrant**.

Changes in personnel named in the **registrant** (e.g. RSO, AUs) – include training, experience and responsibilities:

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

Organization:

Equipment:

Location:

Procedures:

Facility:

Not applicable:

4. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to transferee or, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

Records transferred to:

New licensee

Bureau for license termination

Not applicable

5. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed **registrant** program.

_____ will abide by all constraints, conditions,
(Transferee Company)

Signature/Title Transferee Official

Signature/Title Transferor Official

date

date