



NEW MEXICO ENVIRONMENT DEPARTMENT



MICHELLE LUJAN GRISHAM Governor

HOWIE MORALES Lieutenant Governor

1100 St. Francis Drive Suite 2022 Post Office Box 5469 Santa Fe, NM 87502-5469 Phone (505) 476-8600 Fax (505) 476-8654 www.nmenv.state.nm.us

JAMES KENNEY Cabinet Secretary

JENNIFER J. PRUETT Deputy Secretary

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). Please indicate items not applicable.

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 whom 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 Registrant Bureau for Registrant 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