

February 24, 2009

SEC Petition  
Office of Compensation Analysis and Support  
NIOSH  
4676 Columbia Parkway, MS-C-47  
Cincinnati, OH 45226

Re:

Dear Sir or Madam:

Enclosed please find a special exposure court petition that we are submitting on behalf of our client/petitione

In support of this petition we enclose items as follows:

- 1) Special exposure cohort petition-form B;
- 2) Petitioner authorization form designatin to serve as a petitioner on behalf of
- 3) Photocopy of affidavit by A
- 4) Photocopy of death certificate of
- 5) Photocopy of marriage certificate confirming marriage o and petitioner
- 6) Employment records of l including identification badge, Ross Aviation Inc. letter of recommendation dated June 30, 1994, resume, and letter of recommendation by Fernandez Co. LTD ;
- 7) Employment records verification by Ross Aviation and
- 8) U.S. Department of Labor Employment Standards Administration letter of July 25, 2003 documenting the existence of a contract between the Department of Energy and Ross Aviation.

Petitioner contends that contracted pancreatic cancer and that exposure to radiation and radioactive substances during her employment at Hangar 481 with Ross Aviation Inc. was a significant factor in causing the on set of that cancer which lead to her death on September 22, 2000. Petitioner also contends that a special exposure cohort should be recognized for Hangar 481 during the term of covered employment because radiation exposures and radiation doses potentially incurred by members of the proposed class were not monitored, either through

SEC Petition  
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personal monitoring or through area monitoring or to the best of the knowledge information and belief of the petitioner.

If you have any questions or need additional information please let us know.

Attachement 1

**Special Exposure Cohort Petition — Form B**

**Use of this form and disclosure of Social Security Number are voluntary. Failure to use this form or disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled.**

**General Instructions on Completing this Form** (*complete instructions are available in a separate packet*):

Except for signatures, please **PRINT** all information clearly and neatly on the form.

Please read each of Parts A — G in this form and complete the parts appropriate to you. If there is more than one petitioner, then each petitioner should complete those sections of parts A – C of the form that apply to them. Additional copies of the first two pages of this form are provided at the end of the form for this purpose. A maximum of three petitioners is allowed.

If you need more space to provide additional information, use the continuation page provided at the end of the form and attach the completed continuation page(s) to Form B.

If you have questions about the use of this form, please call the following NIOSH toll-free phone number and request to speak to someone in the Office of Compensation Analysis and Support about an SEC petition: 1-877-222-8570.

<b>If you are:</b>	<input type="checkbox"/> A Labor Organization,	Start at D	on Page 3
	<input type="checkbox"/> An Energy Employee (current or former),	Start at C	on Page 2
	<input checked="" type="checkbox"/> A Survivor (of a former Energy Employee),	Start at B	on Page 2
	<input type="checkbox"/> A Representative (of a current or former Energy Employee),	Start at A	on Page 1

**A Representative Information — Complete Section A if you are authorized by an Employee or Survivor(s) to petition on behalf of a class.**

A.1 **Are you a contact person for an organization?**  Yes (Go to A.2)  No (Go to A.3)

A.2 **Organization Information:**

\_\_\_\_\_  
 Name of Organization

\_\_\_\_\_  
 Position of Contact Person

A.3 **Name of Petition Representative:**

\_\_\_\_\_  
Mr./Mrs./Ms. First Name Middle Initial Last Name

A.4 **Address:**

\_\_\_\_\_  
 Street Apt # P.O. Box

\_\_\_\_\_  
 City State Zip Code

A.5 **Telephone Number:** ( ) \_\_\_\_\_

A.6 **Email Address:** \_\_\_\_\_

A.7  Check the box at left to indicate you have attached to the back of this form written authorization to petition by the survivor(s) or employee(s) indicated in Parts B or C of this form. An authorization

**If you are representing a Survivor, go to Part B; if you are representing an Employee, go to Part C.**

Name or Social Security Number of First Petitioner \_\_\_\_\_

Special Exposure Cohort Petition — Form B

**B Survivor Information — Complete Section B if you are a Survivor or representing a Survivor.**

B.1 Name of Survivor:

Mr./Mrs./Ms. First Name Middle Initial Last Name

B.2 Social Security Number of Survivor:

B.3 Address of Survivor:

Street Apt # P.O. Box

City State Zip Code

B.4 Telephone Number of Survivor:

B.5 Email Address of Survivor:

B.6 Relationship to Employee:

Spouse

Grandparent

Son/Daughter

Grandchild

Parent

Go to Part C.

**C Employee Information — Complete Section C UNLESS you are a labor organization.**

C.1 Name of Employee:

Mr./Mrs./Ms. First Name Middle Initial Last Name

C.2 Former Name of Employee (e.g., maiden name/legal name change/other):

Montano

Mr./Mrs./Ms. First Name Middle Initial Last Name

C.3 Social Security Number of Employee:

C.4 Address of Employee (if living):

Street Apt # P.O. Box

City State Zip Code

C.5 Telephone Number of Employee: ( ) - N/A

C.6 Email Address of Employee: N/A

C.7 Employment Information Related to Petition:

C.7a Employee Number (if known):

C.7b Dates of Employment: Start 1985 End 1994

C.7c Employer Name: Ross Aviation Inc.

C.7d Work Site Location: Hangar 481, KAFB, NM

Adjacent to Sandia National Laboratory

C.7e Supervisor's Name:

Go to Part E.

Name or Social Security Number of First Petitioner: \_\_\_\_\_

**Special Exposure Cohort Petition — Form B**

**D Labor Organization Information — Complete Section D ONLY if you are a labor organization.**

**D.1 Labor Organization Information:**

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Position of Contact Person

**D.2 Name of Petition Representative:**

\_\_\_\_\_

**D.3 Address of Petition Representative:**

\_\_\_\_\_  
Street Apt # P.O. Box

\_\_\_\_\_  
City State Zip Code

**D.4 Telephone Number of Petition Representative:** ( ) \_\_\_\_\_

**D.5 Email Address of Petition Representative:** \_\_\_\_\_

**D.6 Period during which labor organization represented employees covered by this petition**  
(please attach documentation): Start \_\_\_\_\_ End \_\_\_\_\_

**D.7 Identity of other labor organizations that may represent or have represented this class of**  
**employees (if known):**

\_\_\_\_\_

**Go to Part E.**



Special Exposure Cohort Petition — Form B

**F Basis for Proposing that Records and Information are Inadequate for Individual Dose —  
Complete Section F.**

Complete at least one of the following entries in this section by checking the appropriate box and providing the required information related to the selection. You are not required to complete more than one entry.

- F.1  I/We have attached either documents or statements provided by affidavit that indicate that radiation exposures and radiation doses potentially incurred by members of the proposed class, that relate to this petition, were not monitored, either through personal monitoring or through area monitoring.

(Attach documents and/or affidavits to the back of the petition form.)

Describe as completely as possible, to the extent it might be unclear, how the attached documentation and/or affidavit(s) indicate that potential radiation exposures were not monitored.

Employees of Ross Aviation, including

whose affidavit is attached, did not wear dose monitoring  
badges and to the best of my knowledge there was no monitoring of  
any kind at Hangar 481 or adjacent there to. Shipments of substances  
and items were delivered to the hangar in guarded shipments from  
Sandia National Labs and loaded into planes at Hangar 481 for  
further delivery by personnel wearing dose badges.

- F.2  I/We have attached either documents or statements provided by affidavit that indicate that radiation monitoring records for members of the proposed class have been lost, falsified, or destroyed; or that there is no information regarding monitoring, source, source term, or process from the site where the employees worked.

(Attach documents and/or affidavits to the back of the petition form.)

Describe as completely as possible, to the extent it might be unclear, how the attached documentation and/or affidavit(s) indicate that radiation monitoring records for members of the proposed class have been lost, altered illegally, or destroyed.

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Part F is continued on the following page.



Special Exposure Cohort Petition — Form B

F.3  I/We have attached a report from a health physicist or other individual with expertise in radiation dose reconstruction documenting the limitations of existing DOE or AWE records on radiation exposures at the facility, as relevant to the petition. The report specifies the basis for believing these documented limitations might prevent the completion of dose reconstructions for members of the class under 42 CFR Part 82 and related NIOSH technical implementation guidelines.

(Attach report to the back of the petition form.)

F.4  I/We have attached a scientific or technical report, issued by a government agency of the Executive Branch of Government or the General Accounting Office, the Nuclear Regulatory Commission, or the Defense Nuclear Facilities Safety Board, or published in a peer-reviewed journal, that identifies dosimetry and related information that are unavailable (due to either a lack of monitoring or the destruction or loss of records) for estimating the radiation doses of employees covered by the petition.

(Attach report to the back of the petition form.)

Go to Part G.

**G Signature of Person(s) Submitting this Petition — Complete Section G.**

All Petitioners should sign and date the petition. A maximum of three persons may sign the petition.

2/24/09  
Date

02/24/2009  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Notice:** Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. I affirm that the information provided on this form is accurate and true.

Send this form to: SEC Petition  
Office of Compensation Analysis and Support  
NIOSH  
4676 Columbia Parkway, MS-C-47  
Cincinnati, OH 45226

**If there are additional petitioners, they must complete the Appendix Forms for additional petitioners. The Appendix forms are located at the end of this document.**

Name or Social Security Number of First Petitioner: \_\_\_\_\_

### Public Burden Statement

Public reporting burden for this collection of information is estimated to average 300 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the form. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-E-11, Atlanta GA, 30333; ATTN:PRA 0920-0639. Do not send the completed petition form to this address. Completed petitions are to be submitted to NIOSH at the address provided in these instructions. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number.

### Privacy Act Advisement

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a), you are hereby notified of the following:

The Energy Employees Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385) (EEOICPA) authorizes the President to designate additional classes of employees to be included in the Special Exposure Cohort (SEC). EEOICPA authorizes HHS to implement its responsibilities with the assistance of the National Institute for Occupational Safety (NIOSH), an Institute of the Centers for Disease Control and Prevention. Information obtained by NIOSH in connection with petitions for including additional classes of employees in the SEC will be used to evaluate the petition and report findings to the Advisory Board on Radiation and Worker Health and HHS.

Records containing identifiable information become part of an existing NIOSH system of records under the Privacy Act, 09-20-147 "Occupational Health Epidemiological Studies and EEOICPA Program Records. HHS/CDC/NIOSH." These records are treated in a confidential manner, unless otherwise compelled by law. Disclosures that NIOSH may need to make for the processing of your petition or other purposes are listed below.

NIOSH may need to disclose personal identifying information to: (a) the Department of Energy, other federal agencies, other government or private entities and to private sector employers to permit these entities to retrieve records required by NIOSH; (b) identified witnesses as designated by NIOSH so that these individuals can provide information to assist with the evaluation of SEC petitions; (c) contractors assisting NIOSH; (d) collaborating researchers, under certain limited circumstances to conduct further investigations; (e) Federal, state and local agencies for law enforcement purposes; and (f) a Member of Congress or a Congressional staff member in response to a verified inquiry.

This notice applies to all forms and informational requests that you may receive from NIOSH in connection with the evaluation of an SEC petition.

Use of the NIOSH petition forms (A and B) is voluntary but your provision of information required by these forms is mandatory for the consideration of a petition, as specified under 42 CFR Part 83. Petitions that fail to provide required information may not be considered by HHS.

Name or Social Security Number of First Petitioner: \_\_\_\_\_

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**Special Exposure Cohort Petition — Form B**

Appendix — Petitioner 2

**Use of this form and disclosure of Social Security Number are voluntary. Failure to use this form or disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled.**

**Use this Appendix for Petitioner 2.**

This appendix form is to be used as needed. Petitioner 2, or his or her representative, should complete the parts applicable to him or her.

Refer to the General Instructions on completing petitioner information for Parts A, B, or C.

If you need more space to provide additional information, use the continuation page provided at the end of the form and attach the completed continuation page(s) to Form B.

Except for signatures, please **PRINT** all information clearly and neatly on the form.

<b>If you are:</b>	<input type="checkbox"/> An Energy Employee (current or former),	Start at C
	<input type="checkbox"/> A Survivor (of a former Energy Employee),	Start at B
	<input checked="" type="checkbox"/> A Representative (of a current or former Energy Employee),	Start at A

**A Representative Information — Complete Section A if you are authorized by an Employee or Survivor(s) to petition on behalf of a class.**

A.1 **Are you a contact person for an organization?**  Yes (Go to A.2)  No (Go to A.3)

**A.2 Organization Information:**

Name of Organization \_\_\_\_\_

Position of Contact Person \_\_\_\_\_

**A.3 Name of Petition Representative:**

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

**A.4 Address:**

Street \_\_\_\_\_

Apt # \_\_\_\_\_

P.O. Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**A.5 Telephone Number:**

**A.6 Email Address:**

A.7  Check the box at left to indicate you have attached to the back of this form written authorization to petition by the survivor(s) or employee(s) indicated in Parts B or C of this form. An authorization form for this purpose is provided.

**If you are representing a Survivor, go to Part B; if you are representing an Employee, go to Part C.**

Name or Social Security Number of First Petitioner: \_\_\_\_\_

**Special Exposure Cohort Petition**  
under the Energy Employees Occupational  
Illness Compensation Act

**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention  
National Institute for Occupational Safety and Health

OMB Number: 0920-0639

Expires: 07/31/2010

**Special Exposure Cohort Petition — Form B**

Appendix — Petitioner 2

**B Survivor Information — Complete Section B if you are a Survivor or representing a Survivor.**

**B.1 Name of Survivor:**

Mr./Mrs./Ms. First Name Middle Initial Last Name

**B.2 Social Security Number of Survivor:**

**B.3 Address of Survivor:**

Street Apt # P.O. Box

City State Zip Code

**B.4 Telephone Number of Survivor:**

**B.5 Email Address of Survivor:**

**B.6 Relationship to Employee:**

Spouse Son/Daughter  
Grandparent Grandchild Parent

**Go to Part C.**

**C Employee Information — Complete Section C.**

**C.1 Name of Employee:**

Mr./Mrs./Ms. First Name Middle Initial Last Name

**C.2 Former Name of Employee (e.g., maiden name/legal name change/other):**

Montano  
Mr./Mrs./Ms. First Name Middle Initial Last Name

**C.3 Social Security Number of Employee:**

**C.4 Address of Employee (if living):**

N/A  
Street Apt # P.O. Box

N/A  
City State Zip Code

**C.5 Telephone Number of Employee:** ( ) N/A

**C.6 Email Address of Employee:** N/A

**C.7 Employment Information Related to Petition:**

**C.7a Employee Number (if known):**

**C.7b Dates of Employment:** Start 1985 End 1994

**C.7c Employer Name:** Ross Aviation, Inc.

**C.7d Work Site Location:** Hangar 481, KAFB, NM  
Adjacent to Sandia National Laboratory

**C.7e Supervisor's Name:**

**Sign Part G of the original petition.**

Name or Social Security Number of First Petitioner: \_\_\_\_\_

**Special Exposure Cohort Petition**  
under the Energy Employees Occupational  
Illness Compensation Act

**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention  
National Institute for Occupational Safety and Health

OMB Number: 0920-0639

Expires: 07/31/2010

**Special Exposure Cohort Petition — Form B**

**Appendix — Petitioner 3**

**Use of this form and disclosure of Social Security Number are voluntary. Failure to use this form or disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled.**

**Use this Appendix for Petitioner 3.**

This appendix form is to be used as needed. Petitioner 3, or his or her representative, should complete the parts applicable to him or her.

Refer to the General Instructions on completing petitioner information for Parts A, B, or C.

If you need more space to provide additional information, use the continuation page provided at the end of the form and attach the completed continuation page(s) to Form B.

Except for signatures, please **PRINT** all information clearly and neatly on the form.

<b>If you are:</b>	<input type="checkbox"/> An Energy Employee (current or former),	Start at C
	<input type="checkbox"/> A Survivor (of a former Energy Employee),	Start at B
	<input type="checkbox"/> A Representative (of a current or former Energy Employee),	Start at A

**A Representative Information — Complete Section A if you are authorized by an Employee or Survivor(s) to petition on behalf of a class.**

A.1 **Are you a contact person for an organization?**  Yes (Go to A.2)  No (Go to A.3)

**A.2 Organization Information:**

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Position of Contact Person

**A.3 Name of Petition Representative:**

\_\_\_\_\_  
Mr./Mrs./Ms. First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last Name

**A.4 Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apt #

\_\_\_\_\_  
P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

A.5 **Telephone Number:** (\_\_\_\_\_) \_\_\_\_\_

A.6 **Email Address:** \_\_\_\_\_

A.7  Check the box at left to indicate you have attached to the back of this form written authorization to petition by the survivor(s) or employee(s) indicated in Parts B or C of this form. An authorization form for this purpose is provided.

**If you are representing a Survivor, go to Part B; if you are representing an Employee, go to Part C.**

Name or Social Security Number of First Petitioner: \_\_\_\_\_

**Special Exposure Cohort Petition — Form B**

Appendix — Petitioner 3

**B Survivor Information — Complete Section B if you are a Survivor or representing a Survivor.**

B.1 **Name of Survivor:**

Mr./Mrs./Ms. First Name Middle Initial Last Name

B.2 **Social Security Number of Survivor:**

B.3 **Address of Survivor:**

Street Apt # P.O. Box

City State Zip Code

B.4 **Telephone Number of Survivor:** ( )

B.5 **Email Address of Survivor:**

B.6 **Relationship to Employee:**

- Spouse  Son/Daughter  Parent  
 Grandparent  Grandchild

**Go to Part C.**

**C Employee Information — Complete Section C.**

C.1 **Name of Employee:**

Mr./Mrs./Ms. First Name Middle Initial Last Name

C.2 **Former Name of Employee (e.g., maiden name/legal name change/other):**

Mr./Mrs./Ms. First Name Middle Initial Last Name

C.3 **Social Security Number of Employee:**

C.4 **Address of Employee (if living):**

Street Apt # P.O. Box

City State Zip Code

C.5 **Telephone Number of Employee:** ( )

C.6 **Email Address of Employee:**

C.7 **Employment Information Related to Petition:**

C.7a **Employee Number (if known):**

C.7b **Dates of Employment:**

Start

End

C.7c **Employer Name:**

C.7d **Work Site Location:**

C.7e **Supervisor's Name:**

**Sign Part G of the original petition.**

**Special Exposure Cohort Petition**  
under the Energy Employees Occupational  
Illness Compensation Act

**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention  
National Institute for Occupational Safety and Health

OMB Number: 0920-0639 Expires: 07/31/2010  
Appendix — Continuation Page

**Special Exposure Cohort Petition — Form B**

**Continuation Page — Photocopy and complete as necessary.**

Area with horizontal lines for text entry.

**Attach to Form B if necessary.**

Name or Social Security Number of First Petitioner: \_\_\_\_\_



Attachement 2

**Special Exposure Cohort Petition**

under the Energy Employees Occupational  
Illness Compensation Act

**U.S. Department of Health and Human Services**

Centers for Disease Control and Prevention  
National Institute for Occupational Safety and Health

OMB Number: 0920-0639

Expires: 07/31/2010

**Petitioner Authorization Form**

Page 1 of 2

**Use of this form is voluntary. Failure to use this form will not result in the denial of any right, benefit,**

**Instructions:**

If you wish to petition HHS to consider adding a class of employees to the Special Exposure Cohort and you are NOT either a member of that class, a survivor of a member of that class, or a labor organization representing or having represented members of that class, then 42 CFR Part 83, Section 83.7(c) requires that you obtain written authorization. You can obtain such authorization from either an employee who is a member of the class or a survivor of such an employee. You may use this form to obtain such authorization and submit the completed form to NIOSH with the related petition. **Please print legibly.**

For Further Information: If you have questions about these instructions, please call the following NIOSH toll-free phone number and request to speak to someone in the Office of Compensation Analysis and Support about an SEC petition: 1-800-356-4674.

**Authorization for Individual or Entity to Petition HHS on Behalf of a Class of Employees for Addition to the Special Exposure Cohort**

I, \_\_\_\_\_  
Name of Class Member or Survivor

\_\_\_\_\_  
Street Address of Class Member or Survivor          Apt #          P.O. Box

\_\_\_\_\_  
City, State, Zip Code of Class Member or Survivor

**do hereby authorize:**

\_\_\_\_\_  
Name of Petitioner

\_\_\_\_\_  
Address of Petitioner          Apt. #          P.O. Box

\_\_\_\_\_  
City, State and Zip Code of Petitioner

**to petition the Department of Health and Human Services on behalf of a class of employees that inclu**

\_\_\_\_\_  
Name of C (\_\_\_\_\_'s survivor)

**for the addition of the class to the Special Exposure Cohort, under the Energy Employee's Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385).**

**In providing this authorization, I recognize that the petitioner named above will have all the rights of:**

\_\_\_\_\_  
Sig

\_\_\_\_\_  
Date          2/24/09

Name or Social Security Number of First Petitioner: \_\_\_\_\_

**Petitioner Authorization Form**

**Public Burden Statement**

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the form. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-E-11, Atlanta GA, 30333; ATTN:PRA 0920-0639. Do not send the completed petition form to this address. Completed petitions are to be submitted to NIOSH at the address provided in these instructions. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number.

Use of this form is voluntary. Failure to use this form will not result in the denial of any right, benefit, or privilege to which you may be entitled.

Name or Social Security Number of First Petitioner: \_\_\_\_\_

Attachement 3

**Employment History Affidavit**  
**Under the Energy Employees Occupational**  
**Illness Compensation Program Act**

**U.S. Department of Labor**  
 Employment Standards Administration  
 Office of Workers Compensation Programs



Note: This form is used to affirm the employment history of a living or deceased individual who incurred a designated illness as a result of their exposure to radiation, beryllium, or silica while in the performance of duty for the Department of Energy and certain of its vendors, contractors, and subcontractors. PROVIDE RESPONSE IN SHADED AREAS. Disclosure of a social security number is voluntary. Failure to disclose this number will not result in the denial of any right, benefit or privilege to which you may be entitled.

OMB No. 1215-0197  
 Expiration Date: 7/31/2004

**NAME OF THE PERSON COMPLETING AFFIDAVIT**

a.) Print Full Name	
b.) Street Address Mailing Address	
c.) City, State, Zip Code	

**NAME OF THE EMPLOYER**

a.) Print Full Name	
b.) Maiden/Former Name	
c.) Social Security Number (Optional)	

**RELATIONSHIP BETWEEN THE TWO INDIVIDUALS NAMED ABOVE**

Relationship: \_\_\_\_\_

**STATEMENT OF EMPLOYER OF THE PERSON NAMED IN ITEM 2a**

In chronological order, starting with the most recent period of employment, describe your knowledge of the employment history of the person named in item 2a. Provide as much identifying information as possible concerning the name and location of the employer.

**EMPLOYER 1**

Dates of Employment	Start Date / /	End Date / /
Employer name and work site location	See Attachment 1, the terms of which are hereby incorporated by reference.	
Describe the type of work performed	See attachment 1, the terms of which are hereby incorporated by reference.	
Explain how you know the person named in 2a worked for this employer	See Attachment 1, the terms of which are hereby incorporated by reference.	

**EMPLOYER**

Dates of Employment	Start Date / /	End Date / /
Employer name and work site location		
Describe the type of work performed		
Explain how you know the person named in 2a worked for this employer		

**EMPLOYER**

Dates of Employment	Start Date / /	End Date / /
Employer name and work site location		
Describe the type of work performed		
Explain how you know the person named in 2a worked for this employer		

**EMPLOYER**

Dates of Employment	Start Date / /	End Date / /
Employer name and work site location		
Describe the type of work performed		
Explain how you know the person named in 2a worked for this employer		

**5.** Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided under the EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. I affirm that the information provided on this form is accurate and true.

\_\_\_\_\_  
Signature

This form is used to affirm the employment history of a living or deceased energy employee. The EE-4 is an acceptable format for providing an affidavit in support of an otherwise unsupported work history and can be filled out by anyone with knowledge of a covered employee's work history. Use as many EE-4 forms as needed. If you require additional space to provide comments, attach a signed supplemental statement.

#### PRIVACY ACT

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Energy Employees Occupational Illness Compensation Program Act (P.L. 106-398) (EEOICPA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for, and the amount of, benefits payable under the EEOICPA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agencies or private entities which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider other relevant matters. (4) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical rehabilitation, making evaluations for the Office and for other purposes related to the medical management of the claim. (5) Information may be given to Federal, state, and local agencies for law enforcement purposes, to obtain information relevant to a decision under the EEOICPA, to determine whether benefits are being paid properly, including whether prohibited payments have been made, and, where appropriate, to pursue salary/administrative offset and debt collections actions required or permitted by the Debt Collection Act. (6) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision. This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the EEOICPA.

#### BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data needed, and completing and reviewing the collection of information. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, sent them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S3524, 200 Constitution Avenue, N.W., Washington, D.C. 20210. Do not submit the completed claim to this address. Completed claims are to be submitted to the appropriate regional District Office of Workers' Compensation Programs. Persons are not required to respond to this information collection unless it displays a currently valid OMB number.

## Attachment 1

I was an employee of Ross Aviation for many years. [redacted] started working for Ross Aviation after the date that I first went to work for the company. I recall that she worked as a secretary in an office that was located in the hanger building that Ross occupied on Kirtland Air Force Base. Kirtland Air Force Base is located in Albuquerque, New Mexico. During the years that [redacted] worked for Ross Aviation I would see her on occasion working in her office, that was known as the library room. I would also see her on occasion walking through the portion of the building where airplanes were parked and on occasion I would see her working in other administrative office rooms within the hanger building.

During the time that [redacted] worked for Ross Aviation, company airplanes that included large airplanes such as Dash 7s and DC 9s, would be cleaned in the hangar building, and outside of the hanger building, as well. On some occasions Ross Aviation airplanes would be taxied onto Sandia National Laboratories, facility to be loaded. On other occasions cargo would be brought from the Sandia National Laboratory facility to an area known as "the ramp" near to the Ross Aviation hanger. The cargo would then be loaded into Ross Aviation airplanes while the airplanes were parked on the ramp. I do not know of what the cargo consisted. On some occasions when cargo would be loaded into planes that were parked on the ramp, security guards would be present. In addition I recall that pilots, flight engineers and flight mechanics who were present at the time of loading on the ramp would be wearing radiation dose badges. I was not required to wear radiation badges during times that I assisted in loading cargo into the planes, or while cleaning the planes. [redacted] would have been working in the offices in the hanger building on occasions when planes were cleaned in the hanger building, and on occasions when cargo would have been loaded into airplanes parked on the ramp that was located near to the Ross Aviation hanger.



Attachement 4

CERTIFICATE OF DEATH - Certified by Medical Investigator

Albuquerque

This document is not authentic unless reproduced on safety paper displaying the raised seal of New Mexico

The back of this document contains an artificial watermark • Hold at angle to view.

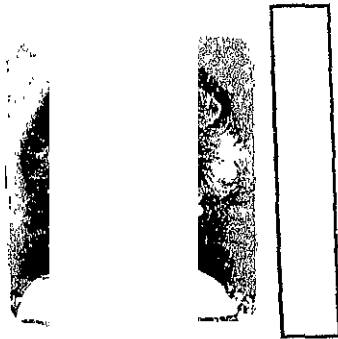
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Attachement 5

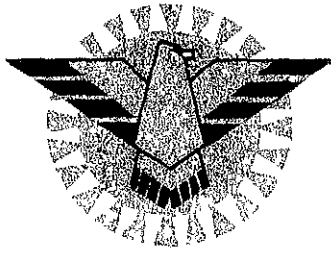


Attachement 6

Ross Aviation, Inc.  
Albuquerque, New Mexico



~~EXHIBIT~~  
9



## *Ross Aviation, Inc.*

June 30, 1994

To whom it may concern:

I wish to recommend I have worked with her for over eight years during which I have found her to be a self starting, hard working individual willing to learn new tasks: always ready to upgrade her skills even on her own time. accomplishes all these things always with a pleasant attitude toward her clients, co-workers, and supervisors.

I know she would be an asset to your organization.

For further information, please call me at

---

Job Objective:

Position Desired:

Skills:

Experience:

CLERK/RECEPTIONIST (Gulf Laying Off - Lateral Transfer)

Gulf Mineral Resources Co., P.O. Box 1150, Grants, NM 87020.

Specific Duties:

NOTED:

Specific Duties:  
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Attachement 7

### EMPLOYMENT VERIFICATION SHEET

This form is used to verify the employment history of an employee named in a claim for compensation under the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA). The employment verification and certification must be completed by an official of the Department of Energy. All attached documentation (EE-1 or EE-2 Claim for Benefits and EE-3 Employment History) should be reviewed prior to completion.

Employee Last Name: **ROSS AVIATION**      First Name: **SANDIA NATIONAL LABORATORY**      Social Security Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_      Department of Energy Facility: \_\_\_\_\_

**EMPLOYMENT VERIFICATION completed by DOE**

You must select ONE of the following three options and provide the appropriate response. If the employee worked for multiple employers at the facility, you may request additional Employment Verification Sheets from the district office handling the claim or make a copy of a blank sheet.

**OPTION 1 — VERIFIED EMPLOYMENT**

Verified Period 1	From <u>35</u> to <u>94</u>	Location of Employment Activities, if known (Building, Laboratory, Site, Mine, etc.)
<input type="checkbox"/> DOE employee	<input checked="" type="checkbox"/> Contractor <b>DOE</b>	<input type="checkbox"/> Subcontractor
		Department of Energy Facility @ Hangar 481, KAFB, NM
Verified Period 2	From _____ to _____	Location of Employment Activities, if known (Building, Laboratory, Site, Mine, etc.)
<input type="checkbox"/> DOE employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Subcontractor
Verified Period 3	From _____ to _____	Location of Employment Activities, if known (Building, Laboratory, Site, Mine, etc.)
<input type="checkbox"/> DOE employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Subcontractor
Verified Period 4	From _____ to _____	Location of Employment Activities, if known (Building, Laboratory, Site, Mine, etc.)
<input type="checkbox"/> DOE employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Subcontractor

**OPTION 2 — NO VERIFICATION IS POSSIBLE, BUT OTHER PERTINENT EVIDENCE EXISTS**

The Department of Energy has conducted a reasonable search of available records and is unable to verify the accuracy of the claimed period of employment. However, evidence has been identified that may assist the DOL claims examiner reach a determination of covered employment. Check all that apply and attach pertinent documentation to this form. If needed, a narrative statement can be prepared to summarize findings or provide clarification.

- Security Clearance
- Proof of Contractual or Subcontractual Relationship
- Dosimeter Badge Number
- Medical Health Records
- Employee ID Badge
- Other \_\_\_\_\_

**OPTION 3 — NO EVIDENCE EXISTS IN REGARD TO THE CLAIMED EMPLOYMENT**

The Department of Energy has conducted a reasonable search of available records and is unable to identify any evidence that can be used to either concur or disagree with the accuracy of claimed employment. Furthermore, no documentation or other evidence has been identified that could assist the Department of Labor in making a determination of covered employment.

**CERTIFICATION completed by DOE**

By signing this employment sheet, the Department of Energy is acknowledging that it has conducted a reasonable search of available records and that the information provided on this sheet accurately reflects the results of that search. For any period of claimed employment that is not verified by this form, the Department of Energy acknowledges that it does not concur or disagree with the accuracy of claimed employment.

Print Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_

December 23, 2003



## Ross Aviation, Inc.

December 23, 2003

US Department of Labor  
Energy Employees Occupational Injury Compensation  
1999 Broadway Suite 1120  
PO Box 46550  
Denver, CO 80201-6550

As per your telephone conversation on December 23, 2003 with my assistant, this letter is to verify that [redacted] worked for Ross Aviation, Inc. located at Hanger 481, Kirtland Air Force Base, New Mexico. Ross Aviation is not in any way affiliated with Sandia National Laboratories nor did [redacted] work at Sandia Laboratories facility while employed with Ross Aviation.

[Redacted area containing illegible text]

Attachement 8

**U.S. DEPARTMENT OF LABOR**

**Employment Standards Administration**  
 Energy Employees Occupational Illness  
 Compensation  
 1999 Broadway Suite 1120  
 PO Box 46550  
 Denver CO 80201-6550  
 720-264-3143



**FAX**

**To:** \_\_\_\_\_ **From:** Karen Morman/US Department of Labor  
**Fax:** \_\_\_\_\_ **Date:** February 2, 2004  
**Phone:** \_\_\_\_\_ **Pages:** 4, including this page  
**Re:** \_\_\_\_\_ **CC:** \_\_\_\_\_

- Urgent     For Review     Please Comment     Please Reply     Please Recycle

**•Comments:**

Per your request attached are the employment documents received from Ross Aviation. As I stated to you on the phone they telephonically verified that \_\_\_\_\_ would never have provided a "service" on the Sandia Laboratories site.

Also enclosed is a copy of the contract that Ross Aviation had with the Department of Energy (DOE) for the period '89 through '96. You agreed that this would have been the only period that \_\_\_\_\_ would have been working for Ross Aviation when there was a contract in place with DOE.

If you have any questions, please call me at 720-264-3143.





Department of Energy  
National Nuclear Security Administration  
Service Center



July 25, 2003

[REDACTED]  
Claims Examiner, U. S. Department of Labor  
Employment Standards Administration  
Energy Employees Occupational Illness Compensation  
P.O. Box 46550  
Denver, CO 80201-6550

[REDACTED]  
[REDACTED]  
[REDACTED]:

Per your request dated July 7, 2003, item 3, there was a contract between the Department of Energy and Ross Aviation, Inc. (Contract No. DE-AC04-89AL52318). The Period of Performance of the Contract was March 1, 1989 through February 29, 1996.

If you have any questions concerning the information provided, please contact me at 505-845-6108 or Linda L. Sanchez at 505-845-4319.

Sincerely,

Philip R. Griego  
Property and M&O Contract Support Department

Albuquerque Office  
P.O. Box 5406  
Albuquerque, NM 87108-8400

Government Office  
Government Building - USDOE  
1600 Independence Avenue, SW  
Washington, DC 20585-1080

Nevada Office  
P.O. Box 60310  
Las Vegas, NV 89172-8010

Orlando Office  
1401 Clay Street, Suite N-700  
Coral Gables, CA 33134