



Bristol-Myers Squibb Company

Worldwide Medicines Group

One Squibb Drive P.O. Box 191 New Brunswick, New Jersey 08903-0191

732-519-2000

K-7

October 3, 2001

Ms. Pamela Henderson
US NRC Region I
475 Allendale Road
King of Prussia, PA 19406

(030-05222)

**RE: INFORMATION NOTICE FOR RADIOACTIVE MATERIAL LICENSES #29-00139-02,
#29-00139-04MD, #29-00139-08**

(030-10750) (030-33066)

Dear Ms. Henderson:

This letter is to inform you that the offices of the Radiation Safety Officer and all documents and records associated with the above referenced licenses have been relocated from the New Brunswick, NJ site to our Pennington, NJ site. Please change our mailing address to:

Michael J. Vala
Radiation Safety Officer
Bristol-Myers Squibb Company
311 Pennington-Rocky Hill Road
Mail Stop HW8T-1.12
Pennington, NJ 08534-2130

I can be reached at my new location at (609) 818-4907. If you require any further information, please do not hesitate to contact me.

Sincerely,

Michael J. Vala, CHP
Radiation Safety Officer/Manager, EHS

MJV:bl

130396 / 130397 / 130401

NMSS/RGNI MATERIALS-002

This is to acknowledge the receipt of your letter/application dated

10/3/2001

and to inform you that the initial processing which includes an administrative review has been performed.



AMEND. 29-00139-04MB / 29-00139-03 / 29-00139-02
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information. *NOTE: 29-00139-02 TO BE AMENDED UNDER CONTROL 130090.*



Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number **1 3 0 3 9 6**
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader **1 3 0 3 9 7**
1 3 0 4 0 1

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02511
: Status Code: 0
: Fee Category: 3D
: Exp. Date: 20030331
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION **I**

1. APPLICATION ATTACHED

Applicant/Licensee: E. R. SQUIBB & SONS, INC.
Received Date: 20011009
Docket No: 3010750
Control No.: 130396
License No.: 29-00139-04MD
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

REF 130397/130090.

Signed Mr. A. Perkins
Date 10/11/2001

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 _____

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----

: Program Code: 03510
: Status Code: 0
: Fee Category: 3E
: Exp. Date: 20030531
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: E. R. SQUIBB & SONS, INC.
Received Date: 20011009
Docket No: 3033066
Control No.: 130397
License No.: 29-00139-08
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

REF. 130396 / 130090.

Signed M. A. Perkins
Date 10/11/2001

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 _____

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:

: Program Code: 03211
: Status Code: 0
: Fee Category: 3A
: Exp. Date: 20080930
: Fee Comments: _____
: Decom Fin Assur Req'd: Y
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

I

1. APPLICATION ATTACHED

Applicant/Licensee: E. R. SQUIBB & SONS, INC.
Received Date: 20011009
Docket No: 3005222
Control No.: 130401
License No.: 29-00139-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

REF. 130396/130397.

Signed
Date

M. A. Perkins
10/11/2001

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

