Nuclear Cardiology Diagnostics
4 Ethel Road
Suite 406A
Edison, NJ 08817
732-287-2890



Licensing Assistant
Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission, Region 1
475 Allendale Road
King of Prussia, PA 19406-1415

LL31017
03036867
02201

February 16, 2005

RE: New license application for Nuclear Cardiology Diagnostics

(29-31017-01)

Dear Sir or Madam:

I am requesting that you expedite the enclosed license application as we wish to begin operations on March21, 2005. We agree to move into the facility being vacated by Dr. Kovacs without a closeout survey. We understand that we will be responsible for any contamination left onsite.

Sincerely,

Ian Molk, M.D.
President

**Tiberiu Kovacs, MD**
**Robert A. Panebianco, MD**

DURHAM CENTER
4 ETHEL ROAD
SUITE 406 B
EDISON, NJ 08817

INTERVENTIONAL, INVASIVE, NON-INVASIVE & NUCLEAR CARDIOLOGY

TELEPHONE (732) 287-6622
FAX (732) 287-2233

United States
Nuclear Regulatory Commission
Licensing Assistance Team
475 Allendale Road
King of Prussia, PA 19406

Licensing activity at 4 Ethel Road, Suite 406A, Edison, NJ 08817:

This is a request for two licensing actions at this location.

030309 09

The first action is to remove this location from NRC license number 29-27870-01. The last day of operation for Tiberiu Kovacs, M.D. at this location will be March18, 2005. Upon completion of activities on that day a closeout survey shall be performed and the results forwarded to you.

136489

The second licensing action is a new license amendment request for Nuclear Cardiology Diagnostics (NCD). It is the intention of NCD to use byproduct material at 4 Ethel Road, Suite 406A, Edison, NJ 08817 after you release the location from the license of Dr. Kovacs. The enclosed new license application supports the request for this new license.

The materials supplied in support of this application are based on the guidance in NUREG 1556-Vol9.

The contact person for this application is Robert J. Tokarz. He can be contacted at 732-424-0909.

Please call if there are any questions.

Respectfully,

Dr. Tiberiu Kovacs, M.D.
Licensee

Ian Molk, M.D.
President
Nuclear Cardiology Diagnostics

NRC FORM 313 U. S. NUCLEAR REGULATORY COMMISSION

(8-1999)
10 CFR 30, 32, 33
34, 35, 36, 39 and 40

# APPLICATION FOR MATERIAL LICENSE

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2005

Estimated burden per response to comply with this mandatory information collection request: 7.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**INSTRUCTIONS:** SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

**APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:**

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

**ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:**

**IF YOU ARE LOCATED IN:**

**CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:**

LICENSING ASSISTANT SECTION
NUCLEAR MATERIALS SAFETY BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

**ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:**

SAM NUNN ATLANTA FEDERAL CENTER
U. S. NUCLEAR REGULATORY COMMISSION, REGION II
61 FORSYTH STREET, S W , SUITE 23T85
ATLANTA, GEORGIA 30303-8931

**IF YOU ARE LOCATED IN:**

**ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:**

MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
801 WARRENVILLE RD.
LISLE, IL 60532-4351

**ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:**

NUCLEAR MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TX 76011-8064

LL31017
03036867
02201

(29-31017-01)

**PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S.NUCLEAR REGULATORY COMMISSION JURISDICTIONS.**

1. THIS IS AN APPLICATION FOR *(Check appropriate item)*
   - [X] A. NEW LICENSE
   - [ ] B. AMENDMENT TO LICENSE NUMBER _____
   - [ ] C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT *(Include Zip code)*
   NUCLEAR CARDIOLOGY DIAGNOSTICS
   4 ETHEL ROAD, SUITE 406A
   EDISON, NJ 08817

3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED
   4 ETHEL ROAD, SUITE 406A
   EDISON, NJ 08817

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION
   ROBERT J. TOKARZ
   TELEPHONE NUMBER
   732-424-0909

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL
   a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSEE FEES *(See 10 CFR 170 and Section 170.31)*
    FEE CATEGORY 7C
    AMOUNT ENCLOSED $ 1900

13. CERTIFICATION. *(Must be completed by applicant)* THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39 AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING 18 U.S.C. SECTION 1001 ACT OFJUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE
IAN MOLK, M.D. PRESIDENT

SIGNATURE [signature] DATE 2/16/05

**FOR NRC USE ONLY**

| TYPE OF FEE | FEE LOG | FEE CATEGORY | AMOUNT RECEIVED | CHECK NUMBER | COMMENTS |
|---|---|---|---|---|---|
| | | | $ | | |
| APPROVED BY | | | | DATE | |



136490
NMSS/RGN1 MATERIALS-002

New License Application: Nuclear Cardiology Diagnostics

ITEM 5. RADIOACTIVE MATERIAL

| BYPRODUCT MATERIAL | CHEMICAL/PHYSICAL FORM | MAXIMUM AMOUNT |
|---|---|---|
| Any byproduct material included in 10CFR35.200 | Any | As needed |

ITEM 6. PURPOSE FROM WHICH LICENSED MATERIAL WILL BE USED

Cardiac Imaging.

ITEM 7. RADIATION SAFETY OFFICER

Peter Duch, M.D. RSO. He was the RSO on license 29-30154-01 in February,2002.

ITEM 8. AUTHORIZED USERS

| NAME | USE | NRC LICENSE |
|---|---|---|
| Peter Duch, M.D. | 35.200 | 29-30154-01 |

ITEM 8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

We have developed and will implement written procedures for training for individuals working in or frequenting restricted areas that meet the requirements of 10CFR 19.12, 10CFR35.27, 10CFR35.310, 10CFR35.410, 10CFR35.610, and 10CFR35.2310.

ITEM 9. FACILITIES AND EQUIPMENT

9.1 FACILITY DIAGRAM.

See Attachment 1.

9.2 RADIATION MONITORING INSTRUMENTS

A person qualified to perform survey meter calibrations will calibrate the radiation monitoring instruments.

We reserve the right to upgrade our survey instruments as necessary as long as they are adequate to measure the type and level of radiation for which they are used.

The types of radiation monitoring equipment include:

NaI(Tl) well type detector

GM survey meter with pancake probe

GM survey meter with side window

9.3 DOSE CALIBRATOR AND OTHER EQUIPMENT USED TO MEASURE DOSAGES OF UNSEALED BYPRODUCT MATERIAL

Equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturer's instructions.

9.5 OTHER EQUIPMENT AND FACILITIES

ITEM 10 OCCUPATIONAL DOSE

Either we will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in one year, a radiation dose in excess of 10% of the allowable limits in 10CFR Part 20 or we will provide dosimetry that meets the requirements listed under "Criteria" in NUREG-1556 Vol.9, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licenses," dated October 2002."

ITEM 10 AREA SURVEYS

We have developed and will implement written procedures for area surveys in accordance with 10CFR 20.1101 and that meet the requirements of 10CFR20.1501 and 10CFR 35.70.

ITEM 10 SAFE USE OF UNSEALED LICENSED MATERIAL

We have developed and will implement and maintain procedures for safe use of unsealed byproduct material that meet the requirements of 10CFR20.1101 and 10CFR 20.1301.

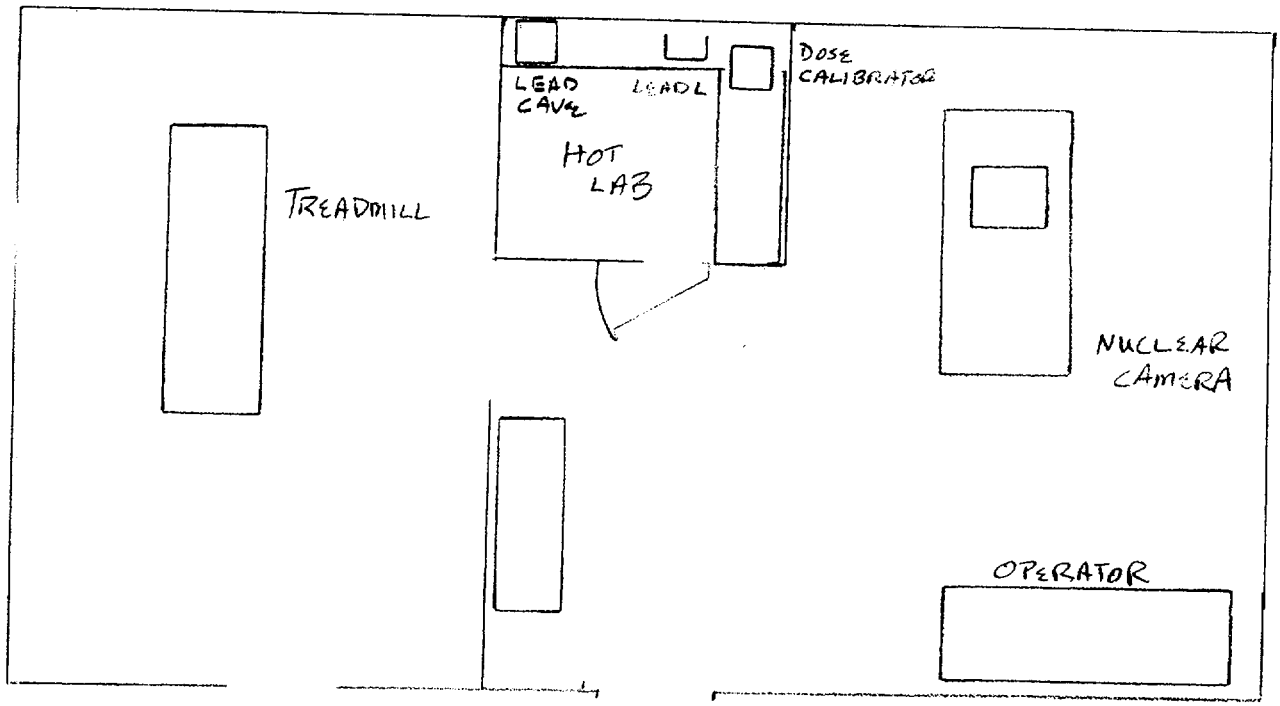
ITEM 10 SPILL PROCEDURES

We have developed and will implement written procedures for safe response to spills of licensed material in accordance with 10 CFR 20.1101.

ITEM 11 WASTE MANAGEMENT

We have developed and will implement written waste disposal procedures for license material in accordance with 10 CFRR20.1101, and that meet the requirements of the applicable section of Subpart K to 10 CFR Part 20 and 10 CFR 35.92.

Nuclear Cardiology Diagnostics
Attachment 1 of 6




SCALE 1/4" = 1'

Table C.3 is a checklist that may be used to identify the attached documents that the applicant is supplying for items for which a response is required. For example, an applicant may fill in the name(s) of Radiation Safety Officer in Table C.3 and then check the boxes indicating which documents pertaining to the RSO are being included in the license application. An applicant may copy the checklist and include it in the license application.

## Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal

*(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)*

| Item Number and Title | Suggested Response | Check box to indicate material included in application |
|---|---|---|
| Item 7: Radiation Safety Officer Name: PETER DUCH, MD | Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) that authorized the uses requested and on which the individual was specifically named as the RSO. | ☒ |
| | **OR** | |
| | Copy of the certification(s) for the board(s) recognized by NRC and as applicable to the types of use for which he or she has RSO responsibilities. | ☐ |
| | **OR** | |
| | Description of the training and experience specified in 10 CFR 35.900(b). | ☐ |
| | **OR** | |
| | Description of the training and experience specified in 10 CFR 35.50(b) demonstrating that the proposed RSO is qualified by training and experience as applicable to the types of use for which he or she has RSO responsibilities. | ☐ |
| | **AND** | |
| | Written certification, signed by a preceptor RSO, that the above training and experience has been satisfactorily completed and that a level of radiation safety knowledge sufficient to function independently as an RSO for a medical use licensee has been achieved. | ☐ |
| | **AND** | |
| | If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59. | ☐ |

**Table C.3 (continued)**

| Item Number and Title | Suggested Response | Check box to indicate material included in application |
|---|---|---|
| Item 7: Authorized Users Names and Requested Uses for Each Individual PETER DUCHAN | Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) on which the physician was specifically named as an AU for the uses requested. | A |
| | **OR** | |
| | Copy of the certification(s) for the board(s) recognized by NRC under 10 CFR Part 35, Subparts D, E, F, G, H, and as applicable to the use requested. | ☐ |
| | **OR** | |
| | Description of the training and experience identified in 10 CFR Part 35 Subpart J demonstrating that the proposed AU is qualified by training and experience for the use requested. | ☐ |
| | **OR** | |
| | A description of the training and experience identified in 10 CFR Part 35 Subparts D, E, F, G, and H demonstrating that the proposed AU is qualified by training and experience for the use requested; | ☐ |
| | **AND** | |
| | Written certification, signed by a preceptor physician AU, that the above training and experience has been satisfactorily completed and that a level of competency sufficient to function independently as an AU for the medical uses authorized has been achieved. | ☐ |
| | **AND** | |
| | If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59. | ☐ |
| Item 7: Authorized Nuclear Pharmacists<br>Names: NA | Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) on which the individual was specifically named ANP. | ☐ |
| | **OR** | |
| | Copy of the certification(s) for the radiopharmacy board(s) recognized by NRC under 10 CFR 35.55(a) or 10 CFR 35.980(a). | ☐ |
| | **OR** | |
| | Description of the training and experience demonstrating that the proposed ANP is qualified by training and experience. | ☐ |
| | **AND** | |
| | Written certification, signed by a preceptor ANP, that the above training and experience has been satisfactorily completed and that a level of competency<br>• sufficient to function independently as an ANP has been achieved (10 CFR 35.55), or<br>• sufficient to independently operate a nuclear pharmacy (10 CFR 35.980). | ☐ |
| | **AND** | |
| | If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59. | ☐ |

**Table C.3 (continued)**

| Item Number and Title | Suggested Response | Check box to indicate material included in application |
|---|---|---|
| Item 7: Authorized Medical Physicists<br><br>Names: NA | Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) on which the individual was specifically named as an AMP for the units requested.<br>**OR** | ☐ |
| | Copy of the certification(s) for the board(s) recognized by NRC in 10 CFR 35.51(a) or 10 CFR 35.961(a) or (b).<br>**OR** | ☐ |
| | Description of the training and experience demonstrating that the proposed AMP is qualified by training and experience identified in 10 CFR 35.961(c) for the units requested.<br>**OR** | |
| | Description of the training and experience demonstrating that the proposed AMP is qualified by training and experience identified in 10 CFR 35.51(b) for the units requested.<br>**AND** | ☐ |
| | Written certification, signed by a preceptor AMP, that the above training and experience has been satisfactorily completed and that a level of competency sufficient to function independently as an AMP has been achieved.<br>**AND** | ☐ |
| | If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59. | ☐ |
| Item 9: Facility Diagram | A diagram is enclosed that describes the facilities and identifies activities conducted in all contiguous areas surrounding the area(s) of use. The following information is included: | ☒ |
| | • Drawings should be to scale, and indicate the scale used. | ☒ |
| | • Location, room numbers, and principal use of each room or area where byproduct material is prepared, used or stored, as provided above under the heading "Discussion"; | ☒ |
| | • Location, room numbers, and principal use of each adjacent room (e.g., office, file, toilet, closet, hallway), including areas above, beside, and below therapy treatment rooms; indicate whether the room is a restricted or unrestricted area as defined in 10 CFR 20.1003; and | ☐ |
| | • Provide shielding calculations and include information about the type, thickness, and density of any necessary shielding to enable independent verification of shielding calculations, including a description of any portable shields used (e.g., shielding of proposed patient rooms used for implant therapy including the dimensions of any portable shield, if one is used; source storage safe, etc.). | ☐ |
| | In addition to the above, for teletherapy and GSR facilities, applicants should provide the directions of primary beam usage for teletherapy units and, in the case of an isocentric unit, the plane of beam rotation. | ☐ |

**Table C.3 (continued)**

| Item Number and Title | Suggested Response | Check box to indicate material included in application |
|---|---|---|
| Item 9: Radiation Monitoring Instruments | A statement that: "Radiation monitoring instruments will be calibrated by a person qualified to perform survey meter calibrations." | ☒ |
| | **AND/OR** | |
| | A statement that: "We have developed and will implement and maintain written survey meter calibration procedures in accordance with the requirements in 10 CFR 20.1501 and that meet the requirements of 10 CFR 35.61." | ☐ |
| | **AND** | |
| | A description of the instrumentation (e.g., gamma counter, solid state detector, portable or stationary count rate meter, portable or stationary dose rate or exposure rate meter, single or multichannel analyzer, liquid scintillation counter, proportional counter) that will be used to perform required surveys. | ☒ |
| | **AND** | |
| | A statement that: "We reserve the right to upgrade our survey instruments as necessary as long as they are adequate to measure the type and level of radiation for which they are used." | ☒ |
| Item 9: Dose Calibrator and Other Dosage Measuring Equipment | A statement that: "Equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturer's instructions." | ☒ |
| Item 9:Therapy Unit - Calibration and Use NA | We are providing the procedures required by 10 CFR 35.642, 10 CFR 35.643, and 10 CFR 35.645, if applicable to the license application. | ☐ |
| Item 9: Other Equipment and Facilities | Attached is a description identified as Attachment 9.4, of additional facilities and equipment. | ☐ |
| | For manual brachytherapy facilities, we are providing a description of the emergency response equipment. | ☐ |
| | For teletherapy, GSR, and remote afterloader facilities, we are providing a description of the following: | |
| | • Warning systems and restricted area controls (e.g., locks, signs, warning lights and alarms, interlock systems) for each therapy treatment room; | ☐ |
| | • Area radiation monitoring equipment; | ☐ |
| | • Viewing and intercom systems (except for LDR units); | ☐ |
| | • Steps that will be taken to ensure that no two units can be operated simultaneously, if other radiation-producing equipment (e.g., linear accelerator, X-ray machine) are in the treatment room; | ☐ |
| | • Methods to ensure that whenever the device is not in use or is unattended, the console keys will be inaccessible to unauthorized persons; and | ☐ |
| | • Emergency response equipment. | ☐ |
| Item 10. Safety Procedures and Instructions | Attached procedures required by 10 CFR 35.610 | ☐ |

**Table C.3 (continued)**

| Item Number and Title | Suggested Response | Check box to indicate material included in application |
|---|---|---|
| Item 10: Occupational Dose | A statement that: "Either we will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in one year, a radiation dose in excess of 10% of the allowable limits in 10 CFR Part 20 or we will provide dosimetry that meets the requirements listed under "Criteria" in NUREG-1556, Vol. 9, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licensees," dated October 2002."<br>**OR**<br>A description of an alternative method for demonstrating compliance with the referenced regulations. | ☒<br>☐ |
| Item 10: Area Surveys | A statement that: "We have developed and will implement and maintain written procedures for area surveys in accordance with 10 CFR 20.1101 that meet the requirements of 10 CFR 20.1501 and 10 CFR 35.70." | ☒ |
| Item 10: Safe Use of Unsealed Licensed Material | A statement that: "We have developed and will implement and maintain procedures for safe use of unsealed byproduct material that meet the requirements of 10 CFR 20.1101 and 10 CFR 20.1301." | ☒ |
| Item 10: Spill Procedures | A statement that: "We have developed and will implement and maintain written procedures for safe response to spills of licensed material in accordance with 10 CFR 20.1101." | ☒ |
| Item 10: Installation, Maintenance, Adjustment, Repair, and Inspection of Therapy Devices Containing Sealed Sources<br>NA | Name of the proposed employee and types of activities requested: _____.<br>**AND**<br>Description of the training and experience demonstrating that the proposed employee is qualified by training and experience for the use requested.<br>**AND**<br>Copy of the manufacturer's training certification and an outline of the training in procedures to be followed. | ☐<br>☐<br>☐ |
| Item 10: Minimization of Contamination | A response is not required under the following condition: the NRC will consider that the above criteria have been met if the information provided in applicant's responses satisfy the criteria in Sections 8.14, 8.15, 8.20, 8.24, 8.26, and 8.28, on the topics: Facility and Equipment; Facility Diagram; Radiation Protection Program; Safety Program; and Waste Management. | N/A |
| Item 11: Waste Management | A statement that: "We have developed and will implement and maintain written waste disposal procedures for licensed material in accordance with 10 CFR 20.1101, that also meet the requirements of the applicable section of Subpart K to 10 CFR Part 20 and 10 CFR 35.92." | ☒ |

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

2/16/2005, and to inform you that the initial processing which includes an administrative review has been performed.

New License Application (29-31017-01)

☒ 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.

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

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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** 136490.
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

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02201
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Reqd: _

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
   Applicant/Licensee: NUCLEAR CARDIOLOGY DIAGNOSTICS
   Received Date: 20050217
   Docket No: 3036867
   Control No.: 136490
   License No.: 29-31017-01
   Action Type: New Licensee

2. FEE ATTACHED
   Amount: $1900.00
   Check No.: 6949

3. COMMENTS
   Ref. 136489

   Signed Rebecca Jones
   Date 2/22/2005

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 _____