

UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE RD STE 210
LISLE IL 60632-4352

OFFICIAL BUSINESS

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Capital Region Medical Center
P. O. Box 1128 / 1125 Madison
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NRC FORM 532A (RIII)
(10-2004)

LICENSE
NUMBER

24-12699-01

MAIL CONTROL
NUMBER

315244

AMENDMENT

☒

TERMINATION

☐

NEW LICENSE

☐

This is to acknowledge the receipt of your letter application dated 2/9/06,
and to inform you that the initial processing, which included an administrative review, has been performed.

☒ There were no administrative omissions identified during our initial review.

☐ Your application for a new NRC license did not include your taxpayer identification number. Please
fill out NRC Form 531, which is being sent to you separately.

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

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire
about this action, please refer to this control number. Your application has been forwarded to a technical
reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal
application (90 days for all other requests), may identify additional omissions or require additional
information. If you have any questions concerning the processing of your application, you may contact us
at 630-829-9887.