NRC FORM 313 (10-2005) 10 CFR 30, 32, 33, 34, 35, 36, 39, and 40

U.S. NUCLEAR REGULATORY COMMISSION

APPLICATION FOR MATERIAL LICENSE

APPROVED BY OMB: NO. 3150-0120 **EXPIRES: 10/31/2008**

Estimated burden per response to comply with this mandatory collection request: 4.4 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 and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@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, the 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:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

IF YOU ARE LOCATED IN:

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

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

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 BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TX 76011-4005

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)*

Town and Country Cardiovascular Group, P.C.
1010 Old Des Peres Rd.
St. Louis, MO 63131

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Same

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Tom Dickinson, Consultant - Associates in Medical Physics

TELEPHONE NUMBER

(314) 406-3346

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. LICENSE FEES *(See 10 CFR 170 and Section 170.31)*
FEE CATEGORY 7C AMOUNT ENCLOSED $ 2,300.00

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 OF JUNE 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
John P. Hess, M.D. President

SIGNATURE

DATE
6/6/07

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			$		

APPROVED BY DATE

NRC FORM 313 (10-2005)

PRINTED ON RECYCLED PAPER

RECEIVED JUN 19 2007

Item 7. Authorized User

Documentation of Training and Experience for Lisa Joanne Reis, M.D., for Any Byproduct Material Permitted by 35.200, Limited to Nuclear Cardiology Procedures

NRC FORM 313A (AUD) (10-2006) | U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User: Lisa Joanne Reis, M.D.

State or Territory Where Licensed: Missouri

Requested Authorization(s) *(check all that apply)*

- [ ] 35.100 Uptake, dilution, and excretion studies
- [X] 35.200 Imaging and localization studies
- [ ] 35.500 Sealed sources for diagnosis (specify device _____)

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

[X] **1. Board Certification**

a. Provide a copy of the board certification.

b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

[ ] **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.

b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check all that apply).*

[ ] 35.290 [ ] 35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use *(not required for 35.590)*			
Radiation biology			
Total Hours of Training:			

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys			
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters			
Calculating, measuring, and safely preparing patient or human research subject dosages			

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material			
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures			
Administering dosages of radioactive drugs to patients or human research subjects			
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			
	Total Hours of Experience:		

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check one)*.

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

First Section
Check one of the following for each use requested:

For 35.190

Board Certification

__ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

__ I attest that _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

X I attest that Lisa Joanne Reis, M.D. has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

__ I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section
Complete the following for preceptor attestation and signature:

X I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

__ 35.190 X 35.290 __ 35.390 __ 35.390 + generator experience

Name of Preceptor	Signature	Telephone Number	Date
D. Douglas Miller, M.D.	See attached letter dated April 11, 2006	314-577-8762	

License/Permit Number/Facility Name

St. Louis University NRC License 24-00196-07

1402 South Grand Boulevard
St. Louis, MO 63104
Phone: 314-577-8762
Fax: 314-268-5108
www.slu.edu

SAINT LOUIS
UNIVERSITY

Department of
Internal Medicine

School of Medicine
Health Sciences Center

D. Douglas Miller, M.D., C.M.
F.A.C.C., F.A.C.P., F.R.C.P.(c)
Professor and Chair

April 11, 2006

Certification Board of Nuclear Cardiology

RE: Verification for Lisa Reis

To Whom It May Concern:

Dr. Lisa Reis has completed a training program in nuclear cardiology that meets the requirements for Level 2 training as outlined in the ACC/ASNC COCATS Guidelines (revised 2000).

Dr. Reis is competent to independently function as an authorized user under NRC 10 CFR 35.290 uses in the area of nuclear cardiology studies.

Sincerely yours,

D. Douglas Miller, M.D., C.M., M.B.A.
NRC # 24-00196-07

DDM:lkm

Certification Board of Nuclear Cardiology

Incorporated 1996

Certifies That

Lisa Joanne Reis, MD

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD
FOR PHYSICIANS TRAINED IN THE UNITED STATES
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,
IS HEREBY DESIGNATED
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

NUCLEAR CARDIOLOGY

FOR THE PERIOD 2006 - 2016

President

CBNC

Secretary

CERTIFICATE NUMBER: 4510

Certificate of Completion

Authorized User Classroom and Laboratory Training Program

Lisa Reis, M.D.

has successfully completed 80 hours of classroom and laboratory training that included:

Radiation physics and instrumentation; Radiation protection; Mathematics pertaining to the use and measurement of radioactivity; Chemistry of byproduct material for medical use; Radiation biology; Generator elution; Review of regulations regarding the medical use of radioisotopes; and performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters.

Corscan™
The Nuclear Imaging Company
www.corscanplus.com

Steven W. Walter, MD
Program Director
General Manager and CEO
CorScan Plus
[illegible]

February 2, 2006
Date

Item 7. Radiation Safety Officer

Documentation of Training and Experience for Thomas W. Dickinson, Radiation Safety Officer

NRC FORM 374 U.S. NUCLEAR REGULATORY COMMISSION PAGE 1 OF 2 PAGES

MATERIALS LICENSE

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 39, 40, and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

Licensee	
1. The Heart Care Group	3. License number 24-32625-01
2. 201 Dunn Road Florissant, MO 63031	4. Expiration date August 31, 2016 5. Docket No. 030-37301 Reference No.

6. Byproduct, source, and/or special nuclear material	7. Chemical and/or physical form	8. Maximum amount that licensee may possess at any one time under this license
A. Any byproduct material permitted by 10 CFR 35.100	A. Any	A. As needed
B. Any byproduct material permitted by 10 CFR 35.200 excluding xenon-133	B. Any except ae[illegible]	B. As needed

9. Authorized use:

A. Any uptake, dilution and excretion study permitted by 10 CFR 35.100.

B. Any imaging and localization study permitted by 10 CFR 35.200.

CONDITIONS

10. Licensed material may be used or stored only at the licensee's facilities located at 201 Dunn Road, Florissant, Missouri.

11. The Radiation Safety Officer for this license is Thomas W. Dickinson.

NRC FORM 374A U.S. NUCLEAR REGULATORY COMMISSION PAGE 2 of 2 PAGES

MATERIALS LICENSE
SUPPLEMENTARY SHEET

License Number
24-32625-01

Docket or Reference Number
030-37301

11. Licensed material is only authorized for use by, or under the supervision of:

A. Individuals permitted to work as an authorized user, authorized nuclear pharmacist, and/or authorized medical physicist in accordance with 10 CFR 35.13 and 35.14.

B. The following individuals are authorized users for medical use as indicated:

Authorized Users	Material and Use
Laurence A. Berarducci, M.D.	10 CFR 35.100 and 35.200 (excluding xenon-133 and aerosols) limited to cardiovascular procedures.

13. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in 10 CFR 30.35(d) for establishing decommissioning financial assurance.

14. The licensee is authorized to transport licensed material in accordance with the provisions of 10 CFR Part 71, "Packaging and Transportation of Radioactive Material."

15. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. The license condition applies only to those procedures that are required to be submitted in accordance with the regulations. Additionally, this license condition does not limit the licensee's ability to make changes in the radiation protection program as provided for in 10 CFR 35.26. The U.S. Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.

A. Application dated May 12, 2006.

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Date AUG 10 2006

By _____
Toye Simmons
Materials Licensing Branch
Region III

Item 9: Facility Diagram and Description of Area of Use

Our office is in a one story commercial building with no occupancy above or below any restricted areas. The South, West, and North walls of our office are exterior walls. The East wall is a common wall dividing us from another tenant. The gamma camera in the Nuclear Medicine Camera Room is situated, such that the patient imaging pallet (bed) is 14 feet from the adjoining wall. A facility diagram of the Nuclear Cardiology rooms is attached.

Attached is a letter from the building owner giving us permission to use and store radioactive material in this office.

Radioactive material will be secured in our locked Hot Lab. Shielding of radioactive material in the Hot Lab will sufficient to keep radiation exposure in unrestricted areas below the limits stated in 10 CFR Part 20.1301(a).

Item 9. Radiation Monitoring Instruments

Radiation monitoring instruments will be calibrated by a person qualified to perform survey meter calibrations. We will possess a Ludlum 14C with side window probe or equivalent, with a range of 0.1 to 2,000 mR/hr. To analyze wipe tests for removable contamination we will use a Capintec Caprac Well Counter or equivalent, that is able to detect 2,000 dpm of activity.

Item 9. Dose Calibrator and Other Dosage Measuring Equipment

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

Donald L. Ferguson and Des Peres Square Professional Campus, L.L.C.,
as Tenants in Common
11477 Olde Cabin Road, Suite 110
St. Louis, MO 63141
(314) 569-3539

September 28, 2006

Town & Country Cardiovascular Group, P.C.
Attn: John P. Hess, M.D., President
3009 North Ballas Road, Suite 260C
St. Louis, Missouri 63131

Re: ***Lease, dated April 7, 2006 ("Lease"), between Donald L. Ferguson and Des Peres Square Professional Campus, L.L.C. (collectively, "Landlord") and Town & Country Cardiovascular Group, P.C. ("Tenant")/Des Peres Square***

Dear Dr. Hess:

We are in receipt of your letter dated August 30, 2006 regarding Tenant's plans to use and store radioactive materials in the Leased Premises, which materials will be used for diagnostic medical imaging. Capitalized terms used, but not defined, herein shall have the meaning given such terms in the Lease.

Pursuant to Section 28 of the Lease, said radioactive materials would fall within the definition of Hazardous Materials under the Lease. Under said Section 28, Tenant has the right to use Hazardous Materials in the Leased Premises provided the Hazardous Materials are handled by Tenant in the ordinary course of Tenant's permitted business in the Leased Premises and are handled and used in full compliance with all applicable Environmental Laws.

As a result, Tenant may use said radioactive materials in the Leased Premises provided the same are used in the ordinary course of Tenant's permitted business uses in the Leased Premises and further provided Tenant's use of said radioactive materials is in compliance with all Environmental Laws. Tenant's use and handling of the radioactive materials are subject to all terms and conditions of the Lease, including, without limitation, Section 28 of the Lease.

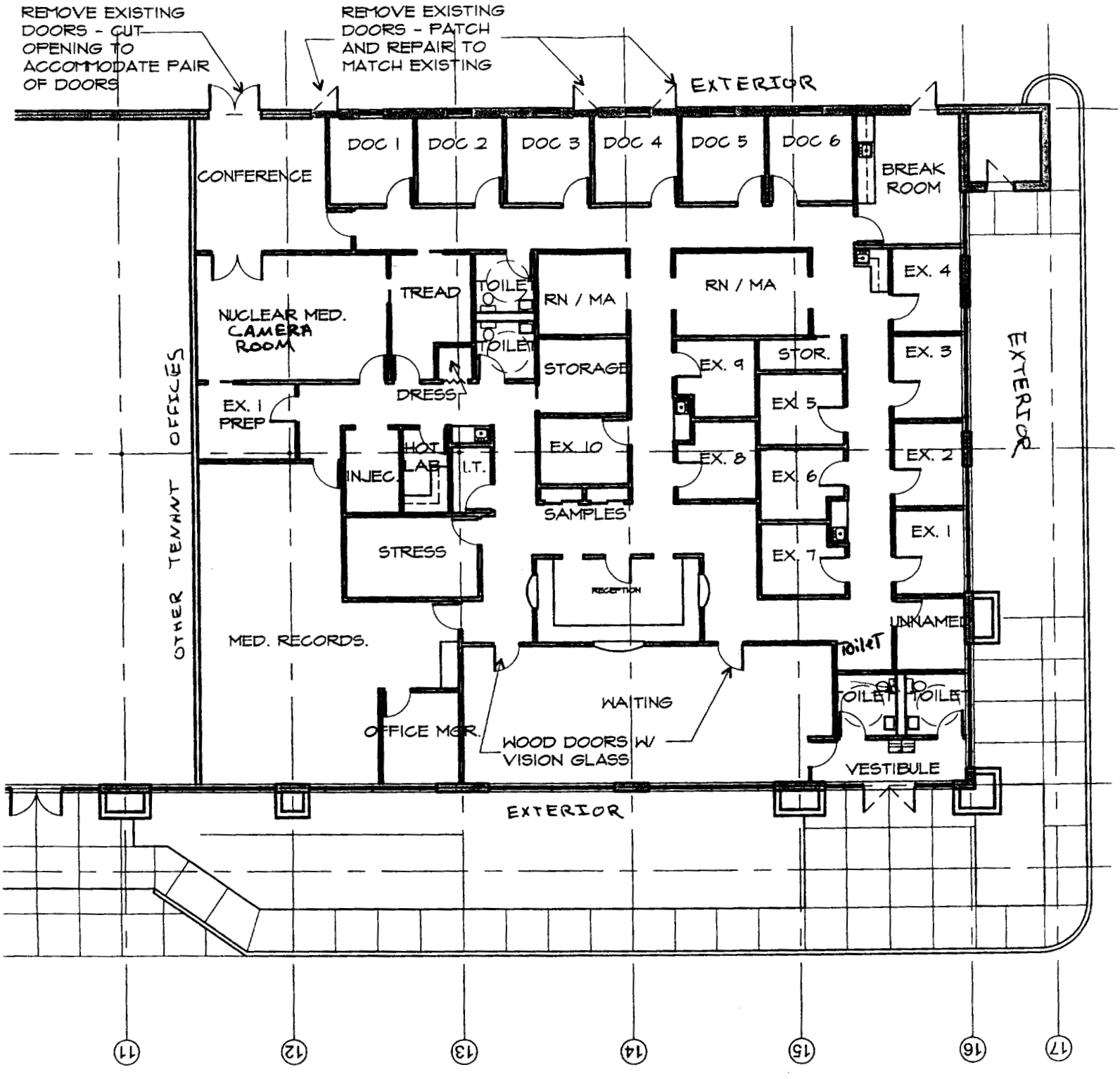
Should you have any questions, please call me.

Sincerely,

Donald L. Ferguson

Des Peres Square Professional Campus, L.L.C.

By: Gary M. Wetolowski
Name: GARY M. WETOLOWSKI
Title: MANAGER



PRELIMINARY FLOOR PLAN

1/16" = 1'-0"

NORTH

WN & COUNTRY CARDIOVASC

DES PERES RD DES PERES, MO

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 10 CFR Part 20 or we will provide dosimetry that meets the requirements listed under "Criteria" in NUREG -1556, Vol. 9, Rev.1, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licensees."

Item 10. Area Surveys

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.

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 10 CFR 20.1101 and 20.1301.

Item 10. Spill Procedures

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 11. Waste Management

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 requirement of the applicable section of Subpart K to 10 CFR Part 20 and 10 CFR 35.92.

Table C.2 Items 5 and 6 on NRC Form 313: Radioactive Material and Use

(If using this checklist, check applicable rows and fill in details, and attach copy of checklist to the application.)

Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
	Any byproduct material permitted by 10 CFR 35.100	Any	As needed	Any uptake, dilution, and excretion study permitted by 10 CFR 35.100.
X	Any byproduct permitted by 10 CFR 35.200 for Nuclear Cardiology Procedures	Any	As needed	Any imaging and localization study permitted by 10 CFR 35.200.
	Any byproduct material permitted by 10 CFR 35.300	Any	___ millicuries	Any radiopharmaceutical therapy procedure permitted by 10 CFR 35.300.
	Iodine-131	Any	___ millicuries	Administration of I-131 sodium iodide.
	Byproduct material permitted by 10 CFR 35.400 (Radionuclide ________)	Sealed source or device (Manufacturer ____________, Model No._____)	___ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Byproduct material permitted by 10 CFR 35.400 (Radionuclide ________)	Sealed source or device (Manufacturer ____________, Model No._____)	___ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Byproduct material permitted by 10 CFR 35.400 (Radionuclide ________)	Sealed source or device (Manufacturer ____________, Model No._____)	___ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Byproduct material permitted by 10 CFR 35.400 (Radionuclide ________)	Sealed source or device (Manufacturer ____________, Model No._____)	___ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Strontium-90	Sealed source or device (Manufacturer ____________, Model No._____)	___ millicuries	Treatment of superficial eye conditions using an applicator distributed pursuant to 10 CFR 32.74 and permitted by 10 CFR 35.400.
	Byproduct material permitted by 10 CFR 35.500 Check all that apply: ❒ Gd-153; ❒ I-125; ❒ Other, describe	Sealed source or device (Manufacturer ____________, Model No._____)	___ curies per source and ___ curies total	Diagnostic medical use of sealed sources permitted by 10 CFR 35.500 in compatible devices registered pursuant to 10 CFR 30.32(g).

Table C.2 Items 5 and 6 on NRC Form 313: Radioactive Material and Use

(If using this checklist, check applicable rows and fill in details, and attach copy of checklist to the application.)

Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
	Iridium-192	Sealed source or device (Manufacturer _____, Model No._____)	___ curies per source and ___ curies total	One source for medical use permitted by 10 CFR 35.600, in a Manufacturer _____Model No. _____ remote afterloading brachytherapy device. One source in its shipping container as necessary for replacement of the source in the remote afterloader device.
	Cobalt-60	Sealed source or device (Manufacturer _____, Model No._____)	___ curies per source and ___ curies total	One source for medical use permitted by 10 CFR 35.600, in a Manufacturer _____ Model No. _____ teletherapy unit. One source in its shipping container as necessary for replacement of the source in the teletherapy unit.
	Cobalt-60	Sealed source or device (Manufacturer _____, Model No._____)	___ curies per source and ___ curies total	For medical use permitted by 10 CFR 35.600, in a Manufacturer _____ Model No. _____ stereotactic radiosurgery device. Sources in the shipping container as necessary for replacement of the sources in the stereotactic radiosurgery device.
	Any byproduct material under 10 CFR 31.11	Prepackaged kits	___ millicuries	*In vitro* studies.
	Depleted uranium	Metal	___ kilograms	Shielding in a teletherapy unit.
	Depleted uranium	Metal	___ kilograms	Shielding in a linear accelerator.

Table C.2 Items 5 and 6 on NRC Form 313: Radioactive Material and Use

(If using this checklist, check applicable rows and fill in details, and attach copy of checklist to the application.)

Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
	Any radionuclide in excess of 30 millicuries for use in calibration, transmission, and reference sources. (List radionuclide: _____)	Sealed source or device (Manufacturer _____, Model No._____)	___ millicuries	For use in a Manufacturer _____ Model No. _____ for calibration and checking of licensee's survey instruments.
	Americium-241	Sealed source or device (Manufacturer _____, Model No._____)	___ millicuries per source and ___ millicuries total	Use as an anatomical marker.
	Plutonium (principal radionuclide Pu-238)	Sealed sources	___ millicuries per source and ___ grams total	As a component of Manufacturer _____ Model No. _____, nuclear-powered cardiac pacemakers for clinical evaluation in accordance with manufacturer's protocol dated _____. This authorization includes: follow-up, explantation, recovery, disposal, and implantation.
	Other	Form or Manufacturer/ Model No. _____	___ millicuries	Purpose of use _____.

Table C.3 contains 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: Thomas W. Dickinson	*For an individual previously identified as an RSO on a Commission or Agreement State license or permit:*	
	Previous license number (if issued by the NRC) or a copy of the license or a permit (if issued by a Commission or Agreement State broad scope licensee or master material license permit or by a master material license permittee of broad scope) that authorized the uses requested and on which the individual was named as the RSO.	X
	For an individual qualifying under 10 CFR 35.50(a):	
	Copy of certification by a speciality board whose certification process has been recognized[1] by the NRC or an Agreement State under 35.50(a). **AND**	☐
	Written attestation, signed by a preceptor RSO, that the individual has training in the radiation safety, regulatory issues, and emergency procedures for the types of use for which the licensee seeks approval and has achieved a level of radiation safety knowledge sufficient to function independently as an RSO. **AND**	☐
	Description of the training and experience specified in 10 CFR 35.50(e) demonstrating that the proposed RSO is qualified by training in the radiation safety, regulatory issues, and emergency procedures as applicable to the types of use for which the applicant seeks approval of an individual to serve as RSO.	☐
	For an individual qualifying under 10 CFR 35.50(b):	
	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 the applicant seeks approval of an individual to serve as RSO. **AND**	☐
	Written attestation, signed by a preceptor RSO, that the individual has the required training and experience in the radiation safety, regulatory issues, and emergency procedures for the types of use for which the licensee seeks approval and has achieved a level of radiation safety knowledge sufficient to function independently as an RSO. **AND**	☐
	Description of the training and experience specified in 10 CFR 35.50(e) demonstrating that the proposed RSO is qualified by training in the radiation safety, regulatory issues, and emergency procedures as applicable to the types of use for which the applicant seeks approval of an individual to serve as RSO.	☐

[1] The names of board certifications that have been recognized by the NRC or an Agreement State are posted on the NRC's web page <http://www.nrc.gov/materials/miau/med-use-toolkit.html>.

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
	For an individual qualifying under 10 CFR 35.50(c):	
	Copy of the certification(s) as a medical physicist by a board whose certification process has been recognized[2] by the NRC or an Agreement State under 10 CFR 35.51(a) and description of the experience specified in 35.50(c)(1) demonstrating that the proposed RSO is qualified by experience as applicable to the types of use for which the applicant seeks approval of an individual to serve as RSO. **AND**	❒
	Written attestation, signed by a preceptor RSO, that the individual has the required training and experience in the radiation safety, regulatory issues, and emergency procedures for the types of use for which the licensee seeks approval; has satisfactorily completed and has achieved a level of radiation safety knowledge sufficient to function independently as an RSO. **AND**	❒
	Description of the training and experience specified in 10 CFR 35.50(e) demonstrating that the proposed RSO is qualified by training in the radiation safety, regulatory issues, and emergency procedures as applicable to the types of use for which the applicant seeks approval of an individual to serve as RSO. **OR**	❒
	Copy of the licensee's license indicating that the individual is an authorized user, authorized medical physicist, or authorized nuclear pharmacist identified on the licensee's license and has experience with the radiation safety aspects of similar types of use of byproduct material for which the applicant seeks approval of an individual to serve as RSO. **AND**	❒
	Description of the training and experience specified in 10 CFR 35.50(e) demonstrating that the proposed RSO is qualified by training in the radiation safety, regulatory issues, and emergency procedures as applicable to the types of use for which the applicant seeks approval of an individual to serve as RSO. **AND**	❒
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	❒

[2] The names of board certifications that have been recognized by the NRC or an Agreement State are posted on the NRC's web page <http://www.nrc.gov/materials/miau/med-use-toolkit.html>.

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
	For an individual qualifying under 10 CFR Part 35, Subpart J:	
	Until October 24, 2005, copy of the certification(s) by a board whose certification process has been listed by the NRC in 10 CFR 35.900(a) **OR**	❒
	Until October 24, 2005, a description of the classroom and laboratory training and experience specified in 10 CFR 35.900(b)(1), and the full-time experience specified in 10 CFR 35.900(b)(2). **OR**	❒
	Until October 24, 2005, a copy of the identification as an authorized user on the licensee's license as specified in 10 CFR 35.900(c). **AND**	❒
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	❒
7: Authorized Users Name(s), and, Requested Uses for Each Individual Lisa Joanne Reis, M.D.	*For an individual previously identified as an AU on a Commission or Agreement State license or permit:*	
	Previous license number (if issued by the NRC) or a copy of the license (if issued by an Agreement State) or a copy of a permit issued by a Commission master material licensee, a permit issued by a Commission or Agreement State broad scope licensee, or a permit issued by a Commission master material license broad scope permittee on which the physician, dentist, or podiatrist was specifically named as an AU for the uses requested.	❒
	For an individual qualifying under 10 CFR Part 35, Subparts D, E, F, G, and/or H, who is board certified:	
	Copy of the certification(s) by a specialty board(s) whose certification process has been recognized[3] by the NRC under 10 CFR Part 35, Subpart D, E, F, G, or H, as applicable to the use requested. **AND**	X
	For an individual seeking authorization under 10 CFR Part 35, Subpart H, description of the training specified in 10 CFR 35.690 (c) demonstrating that the proposed AU is qualified for the type(s) of use for which authorization is sought. **AND**	❒

[3] The names of board certifications that have been recognized by the NRC or an Agreement State are posted on the NRC's web page <http://www.nrc.gov/materials/miau/med-use-toolkit.html>.

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
	Written attestation, signed by a preceptor physician AU, that the training and experience specified for certification 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**	X
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	❒
	For an individual qualifying under 10 CFR Part 35, Subparts D, E, F, G, and/or H, who is not board certified:	
	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**	❒
	For an individual seeking authorization under 10 CFR Part 35, Subpart H, description of the training specified in 10 CFR 35.690 (c) demonstrating that the proposed AU is qualified for the type(s) of use for which authorization is sought. **AND**	❒
	Written attestation, 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.	❒
	For an individual qualifying under 10 CFR Part 35, Subpart J:	
	Until October 24, 2005, 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. **AND**	❒
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	❒

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: Authorized Nuclear Pharmacists Name(s): _____	*For an individual previously identified as an ANP on a Commission or Agreement State license or permit:*	
	Previous license number (if issued by the NRC) or a copy of the license or permit (if issued by an Agreement State or by a Commission or Agreement State broad scope licensee or master material license permit or by a master material license permittee of broad scope on which the individual was specifically named ANP.	❒
	For an individual qualifying under 10 CFR 35.55:	
	Copy of the certification(s) of the specialty board whose certification process has been recognized[4] under 10 CFR 35.55(a). **AND**	❒
	Written attestation, signed by a preceptor ANP, that training and experience required for certification has been satisfactorily completed and that a level of competency sufficient to function independently as an ANP has been achieved. **OR**	❒
	Description of the training and experience specified in 10 CFR 35.55(b) demonstrating that the proposed ANP is qualified by training and experience. **AND**	❒
	Written attestation, signed by a preceptor ANP, that the above training and experience has been satisfactorily completed and that a level of competency sufficient to function independently as an ANP has been achieved. **AND**	❒
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	❒
	For an individual qualifying under 10 CFR Part 35, Subpart J:	
	Until October 24, 2005, copy of certification as a nuclear pharmacist by the Board of Pharmaceutical Specialities. **OR**	❒

[4] The names of board certifications that have been recognized by the NRC or an Agreement State are posted on the NRC's web page <http://www.nrc.gov/materials/miau/med-use-toolkit.html>.

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
	Until October 24, 2005, description of the training and experience identified in 10 CFR Part 35 Subpart J demonstrating that the proposed ANP is qualified by training and experience for the use requested. **AND**	❒
	Written attestation, signed by a preceptor ANP, that training and experience required for certification has been satisfactorily completed and that a level of competency sufficient to independently operate a nuclear pharmacy has been achieved. **AND**	❒
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	❒
Item 7: Authorized Medical Physicists Name(s): _____	*For an individual previously identified as an AMP on a Commission or Agreement State license or permit:*	
	Previous license number (if issued by the NRC) or a copy of the license (if issued by an Agreement State) or a copy of a permit issued by a Commission master material licensee, a permit issued by a Commission or Agreement State broad scope licensee, or a permit issued by a Commission master material license broad scope permittee on which the individual was specifically named an AMP for the uses requested.	❒
	For an individual qualifying under 10 CFR 35.51:	
	Copy of the certification(s) of the specialty board(s) whose certification process has been recognized[5] under 10 CFR 35.51(a). **AND**	❒
	Written attestation, signed by a preceptor AMP, that the required training and experience has been satisfactorily completed and that a level of competency sufficient to function independently as an AMP has been achieved. **AND**	❒
	Description of the training and experience specified in 10 CFR 35.51(c) demonstrating that the proposed AMP is qualified by training in the types of use for which he or she is requesting AMP status, including hands-on device operation, safety procedures, clinical use, and operation of a treatment planning system. **OR**	❒

[5] The names of board certifications that have been recognized by the NRC or an Agreement State are posted on the NRC's web page <http://www.nrc.gov/materials/miau/med-use-toolkit.html>.

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
	Description of the training and experience demonstrating that the proposed AMP is qualified by training and experience identified in 10 CFR 35.51(b)(1) for the uses requested. **AND**	❒
	Written attestation, signed by a preceptor AMP, that the required training and experience has been satisfactorily completed and that a level of competency sufficient to function independently as an AMP has been achieved. **AND**	❒
	Description of the training and experience specified in 10 CFR 35.51(c) demonstrating that the proposed AMP is qualified by training in the types of use for which he or she is requesting AMP status, including hands-on device operation, safety procedures, clinical use, and operation of a treatment planning system.	❒
	For an individual qualifying under 10 CFR Part 35, Subpart J:	
	Until October 24, 2005, copy of the certification(s) by a board whose certification process has been listed in 10 CFR 35.961(a) or (b). **OR**	❒
	Until October 24, 2005, a description of the training and experience specified in 10 CFR 35.961(c), demonstrating that the proposed AMP is qualified by training and experience to serve as an AMP. **AND**	❒
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	❒

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 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:	X
	• 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";	X
	• 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	X
	• 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.	❒
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**	X
	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."	X

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 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."	X
Item 9: Therapy Unit - Calibration and Use	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	❐
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, Rev. 1, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licensees." **OR**	X
	A description of an alternative method for demonstrating compliance with the referenced regulations.	❐

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 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	Name of the proposed employee and types of activities requested: _____ **AND**	☐
	Description of the training and experience demonstrating that the proposed employee is qualified by training and experience for the use requested. **AND**	☐
	Copy of the manufacturer's training certification and an outline of the training in procedures to be followed.	☐
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."	☒

NRC FORM 531
(10-2003)

U. S. NUCLEAR REGULATORY COMMISSION

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

In accordance with the Debt Collection Improvement Act of 1996, you are required to provide your taxpayer identification number. This number may be used to make payments (refunds) or for purposes of collecting and reporting on any delinquent amounts arising out of your relationship with the Federal Government.

Please compete the applicable blocks and fold the card so that this section is inside and the NRC address appears on the outside. Seal it with tape and return it to the NRC. Thank you for your assistance and cooperation. If you have any questions, please contact us. Our telephone number is 301-415-7347.

Indicate the status of your business:

☑ CORPORATION	☐ CITY/STATE GOVERNMENT	☐ INDIVIDUAL
☐ PARTNERSHIP	☐ FEDERAL GOVERNMENT	☐ OTHER (Specify)

TAXPAYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER, OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER

4	3	-	1	6	5	9	9	9	9

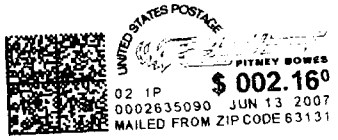
LICENSE NUMBER(S)

SIGNATURE - TAXPAYER REPRESENTATIVE	NAME OF COMPANY
	Town and Country Cardiovascular Group, P.C.

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON DC 20555-0001

OFFICIAL BUSINESS

TOWN & COUNTRY CARDIOVASCULAR GROUP
2010 OLD DES PERES ROAD
ST. LOUIS, MO 63131



U.S. NUCLEAR REGULATORY COMMISSION
REGION III
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