

<b>NRC FORM 313</b> (10-2002) 10 CFR 30, 32, 33, 34, 35, 36, 39, and 40	<b>U.S. NUCLEAR REGULATORY COMMISSION</b>  <div style="text-align: right;"> <b>APPROVED BY OMB: NO. 3150-0120</b>  <b>EXPIRES: 10/31/2005</b> </div>												
<h2 style="margin: 0;">APPLICATION FOR MATERIAL LICENSE</h2>													
<b>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.</b>													
<b>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</b>  DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001  <b>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</b>  <b>IF YOU ARE LOCATED IN:</b>  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	<b>IF YOU ARE LOCATED IN:</b>  ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, <b>SEND APPLICATIONS TO:</b>  MATERIALS LICENSING BRANCH 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												
<b>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.</b>													
1. THIS IS AN APPLICATION FOR (Check appropriate item)  <input type="checkbox"/> A. NEW LICENSE <input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>52-30937-01</u> <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____	2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)  Centro de Radioterapia at Hospital Auxilio Mutuo Stop 37 1/2 Avenida Ponce de Leon #725 Hato Rey, Puerto Rico 00918												
3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED  same	4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION  Miguel A. Rios  TELEPHONE NUMBER  (787) 579-7210												
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	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) <table style="width: 100%; border: none;"> <tr> <td style="border: none;">FEE CATEGORY</td> <td style="border: none;">AMOUNT ENCLOSED \$</td> </tr> </table>	FEE CATEGORY	AMOUNT ENCLOSED \$										
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13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON  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													
CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE Carmen Martin, Administrator	SIGNATURE  DATE 7/18/07												
<b>FOR NRC USE ONLY</b>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TYPE OF FEE</td> <td style="width: 15%;">FEE LOG</td> <td style="width: 15%;">FEE CATEGORY</td> <td style="width: 15%;">AMOUNT RECEIVED \$</td> <td style="width: 15%;">CHECK NUMBER</td> <td style="width: 30%;">COMMENTS</td> </tr> <tr> <td colspan="4">APPROVED BY</td> <td>DATE</td> <td rowspan="2" style="text-align: center; vertical-align: middle; font-size: 24px;">140878</td> </tr> </table>	TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED \$	CHECK NUMBER	COMMENTS	APPROVED BY				DATE	140878	
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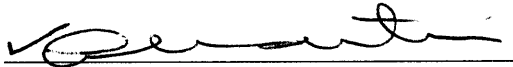
LICENSING ASSISTANT SECTION  
NUCLEAR MATERIALS SAFETY BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406-1415

July 10, 2007

SUBJ: Additional Authorized Medical Physicist for License No. 52-30937-01.

It is hereby requested that Mr. Luis Rivera, MS be designated as an additional **Authorized Medical Physicist** on our byproduct material license No. 52-30937-01.

From 2002 to 2006, Mr. Rivera was an Authorized Medical Physicist for NRC License No. 52-04359-01.

A handwritten signature in black ink, appearing to read "Seant", is written over a horizontal line.

Administrator  
Hospital Auxilio Mutuo

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

7/12/2007, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amend. 52-30937-0  
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** 140878.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.