



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY

MADIGAN ARMY MEDICAL CENTER
9040 JACKSON AVENUE
TACOMA, WA 98431-1100

December 6, 2013

RECEIVED

MAR 07 2014

DNMS

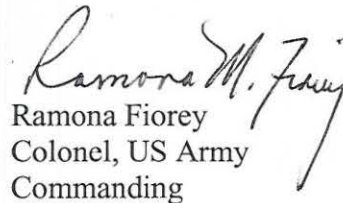
U.S. Nuclear Regulatory Commission, Region IV
Material Radiation Protection Section
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-8064

Dear Sir or Madam:

Request that NRC License No. 46-02645-03 for Madigan Army Medical Center (MAMC) be amended to remove Antonio G. Balingit, M.D., as an Authorized User. Dr. Balingit has terminated employment with MAMC.

The point of contact is LTC David J. Phillips, Radiation Safety Officer, at (253) 968-4300 or david.j.phillips48.mil@mail.mil.

Sincerely,


Ramona Fiorey
Colonel, US Army
Commanding

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

- ☐ A.3 Sensitive-Security Related
☐ A.7 Sensitive Internal
☐ Other: _____

Reviewer: RJT Date: 3-17-14

No 583361

DEPARTMENT OF THE ARMY
COMMANDER
MADIGAN ARMY MEDICAL CENTER
ATTN: MCHJ-CLY-R
TACOMA WA 98431

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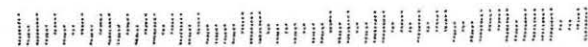
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U.S. Nuclear Regulatory Commission, Region IV
Material Radiation Protection Section
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-8064

76011846201@4028



583361



DATE

03/14/2014

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Department of the Army
Madigan Army Medical Center
ATTN: MCHJ-PVR (Health Physics Office)
Lieutenant Colonel David Phillips, Ph.D
Radiation Safety Officer
Tacoma, Washington 98431-5000

LICENSE NUMBER

46-02645-03

MAIL CONTROL NUMBER

583361

LICENSING AND/OR TECHNICAL REVIEWER

ch

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION DATED: 12/06/2014

The initial processing, which included an administrative review, has been performed.

☒ AMENDMENT ☐ TERMINATION ☐ NEW LICENSE ☐ RENEWAL

- ☐ There were no administrative omissions identified during our initial review.
- ☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- ☐ Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted 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, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

✓ 3/17/14

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 2B 3M 7C
Exp. Date: 10/31/2010
Fee Comments: NOT BROAD PER REGION V
Decom Fin Assur Req'd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Army, Department of the
Received Date: 03/07/2014
Docket Number: 3003368
Mail Control Number: 583361
License Number: 46-02645-03
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

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: _____