



DEPARTMENT OF THE ARMY
HEADQUARTERS, US ARMY MEDICAL DEPARTMENT ACTIVITY
4301 WILSON STREET
FORT SILL, OK 73502-9042

RECEIVED
JAN 12 2017

REPLY TO
ATTENTION OF

MCUA-PMR

DNMS

30 November 2016

MEMORANDUM FOR U. S. Nuclear Regulatory Commission, Region IV, 612 E. Lamar
Blvd #400, Arlington, Texas 76011-4511

SUBJECT: Amendment Request for US Nuclear Regulatory Commission (NRC)
Byproduct Material License Number 35-10202-01

1. Request NRC License No. 35-10202-01 is amended with the following change:
 - a. Organization name change from Reynolds Army Community Hospital to Reynolds Army Health Clinic.
2. The Radiation Safety Committee has reviewed and approved these actions.
3. The point of contact for this memorandum is CPT William House at (254) 466-0415
william.c.house3.mil@mail.mil.

William C House II

4 Enclosures

WILLIAM C. HOUSE II
CPT, MS
Radiation Safety Officer

CF:
RAHC Radiation Safety Committee Members
RMC-C Command Radiation Safety Officer
USAPHC (ATTN: Craig Jones)

PUBLIC
☐ Immediate Release
☒ Normal Release

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

Reviewer: *[Signature]* Date: *1-18-17*

No 592783

Reynolds Army Health Clinic
4301 Wilson Street
ATTN: MCUA-PMR (Health Physics)
Fort Sill, OK 73503-9042

US NRC Region IV
1600 East Lamar Boulevard
Arlington, TX 76011-4511

RECEIVED JAN 12 2017

16 5 9 2 7 8 3



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

CPT William C. House II, Radiation Safety Officer
ATTN: MCUA-PMR
Department of the Army
Reynolds Army Community Hospital
4301 Wilson Street
Fort Sill, OK 73503-9042

Date

01/17/2017

License Number(s)

35-10202-01

Mail Control Number(s)

592783

Licensing and/or Technical Reviewer or Branch

CHill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 11/30/2016

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 complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
Follow the instructions on the form for submission.

☐ The following administrative omissions have been identified:

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) 200-1209 or (817) 200-1140

✓ 1/17/17

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments:
Decom Fin Assur Req'd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Department of the Army, Reynolds Army Community Hospital
Received Date: 01/12/2017
Docket Number: 3002902
Mail Control Number: 592783
License Number: 35-10202-01
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: _____