

(8-2000)
10 CFR 30, 32, 33,
34, 35, 36, 39, and 40

Estimated burden per response to comply with this mandatory collection request: 7.4 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 Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000), 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.

APPLICATION FOR MATERIAL LICENSE

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:

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

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
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 78011-8064

RECEIVED
REGION I
NOV 17 10:22

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X

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)		2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)	
<input type="checkbox"/> A. NEW LICENSE <input type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <input checked="" type="checkbox"/> C. RENEWAL OF LICENSE NUMBER <u>52-23038-01</u>		Benjamin Quiñones, MD P.O. Box 9138 Humacao, PR 00792	
3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED		4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION	
Benjamin Quiñones, MD Font Martelo Num 111 Humacao, PR 00792		Benjamin Quiñones, MD TELEPHONE NUMBER (787) 852-4281 or 852-3114	
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 AMOUNT ENCLOSED \$ <u>NA</u>	
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 82 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 <u>Benjamin Quiñones, MD</u>	SIGNATURE <u>Benjamin Quiñones</u>	DATE <u>11/16/03</u>
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FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
APPROVED BY			\$	DATE	
					<u>135993</u>

Benjamin Quiñones, MD
P.O. Box 9138
Humacao, PR 00792

November 8, 2004

US NRC RI
Division of Nuclear Materials Safety
475 Allendale Road
King of Prussia, PA 19406

Dear Sir or Madam

Please find enclosed the Material License re-application document for the use and handling of radioactive materials for License # 52-23038-01.

If your need any further information, please contact me at (787) 852-4281 or (787) 852-3114

Sincerely,

A handwritten signature in cursive script, appearing to read "Benjamin Quiñones".

Benjamin Quiñones, MD

Item 1 Address

- a) Mailing address
Benjamin Quiñones, MD
P.O. Box 9138
Humacao, PR 00792

- b) Main Office address
Benjamin Quiñones, MD
Font Martelo Num 111
Humacao, PR 00792

- c) Physical location (storage/location of the radiation sources & records)
Benjamin Quiñones, MD
Font Martelo Num 111
Humacao, PR 00792

The following is based on Medical Use Licenses, NUREG 1556 Vol. 9, October 2002, and Appendix C

Item 5 and 6: Materials to be Possessed and Proposed Uses

Radionuclide	Form or Manufacturer	Maximum Quantity	Purpose of Use
Strontium 90	No change NEN Model NB-1 Sn 0465	No change 99 mCi April 17, 1985	Treatment of superficial eye conditions (pterygium) using an applicator distributed pursuant to 10 CFR 32.74 and permitted by 10 CFR 35.400.
Item No. and Title		Response	
7. Radiation Safety Officer. Name: Benjamin Quiñones, MD		Previous license number: NRC 52-23038-01. Signature: NA – on current license Date: NA	
8. Medical Physicist Name: David Rhoe		Medical Physicist (limited duties): Currently authorized on other NRC licenses. To calculate decay activity and treatment times.	
9. Facility Diagram. No change		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: <ul style="list-style-type: none"> <input type="checkbox"/> Drawing should be to scale, and indicate the scale used. <input type="checkbox"/> Location, room numbers, and principal use of each room or area where byproduct material is prepared, used or stored, as provided above the heading "Discussion"; <input type="checkbox"/> 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 restricted or unrestricted area as defined in 10 CFR 20.1003; and <input type="checkbox"/> Provide shielding calculations and include information about the type, thickness, and density of any necessary shielding to enable independent verification of the 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.) 	

<p>9. Radiation Monitoring Instrument.</p> <p>NA - No change</p>	<p>Radiation monitoring instruments will be calibrated by a person qualified to perform survey meter calibrations.</p> <p><input type="checkbox"/> A description of the instrument that will be used to perform required surveys is indicated in the left column.</p> <p>We reserve the right to upgrade our survey instrument as necessary as long as they are adequate to measure the type and level of radiation for which they are used.</p>
<p>10. Other Equipment and Facilities.</p>	<p>For manual brachytherapy facilities, we are providing a description of the emergency response equipment:</p> <p><input type="checkbox"/> Tweezers</p>
<p>10. Occupational Dose.</p>	<p>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, "Consolidated Guidance About Materials License: Program-Specific Guidance About Medical Use Licensees," dated October 2002.</p>
<p>11. Waste Management.</p>	<p>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 Part 35.92.</p>

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

11/11/2008, and to inform you that the initial processing which includes an administrative review has been performed.

RENEW 52-23038-01
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

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 135993.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02210
 and : Status Code: 2
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20050131
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: QUINONES, BENJAMIN, MD
 Received Date: 20041117
 Docket No: 3020203
 Control No.: 135993
 License No.: 52-23038-01
 Action Type: Renewal

2. FEE ATTACHED
 Amount: /
 Check No.: /

3. COMMENTS
 Signed M. A. Perkins
 Date 11/17/2004

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 _____