



CARDIOTHORACIC and VASCULAR GROUP, P.C.

104 WESTERN AVENUE
NEW HAVEN, CONNECTICUT 06511
(203) 562-5115
(203) 784-4160 (FAX)

**CARDIOVASCULAR THORACIC AND
PERIPHERAL VASCULAR SURGERY**

VASANT B. KHACHANE, M.D.
RICHARD P. SALZANO, M.D.

LORI BISSEL, R.N.
DOREEN GRAHAM, A.P.R.N.

**PULMONARY AND CRITICAL
CARE MEDICINE**

ALLAN J. RODRIGUES, M.D.

CARDIOLOGY

PHILLIP R. FAZZONE, M.D.
W. NEIL PEARSON, M.D.
ROBERT J. ARDESIA, M.D.
EUGENE A. CARACCILO, M.D.

DONALD NEWLIN, P.A.
DOUGLAS STITZ, P.A.
SHARON BENARD, R.N.

December 16, 2004

Licensing Assistance Team
Division of Nuclear Materials Safety
U.S. Nuclear Regulatory Commission, Region 1
475 Allendale Road
King of Prussia, PA 19406-1415

06-28419-01
03031265
X

To Whom It May Concern:

Due to the sudden death of our Radiation Physics, we are requesting an extension for our application for Material License, which is up for renewal on December 31, 2004. The license number is 06-28419-01. We are currently in the process of completing the application. Thank you for considering this extension.

Sincerely,



Robert Ardesia, M.D.
Radiation Safety Officer

RECEIVED
REGION 1
DEC 21 A 7:19
'04



136162
NMSS/RGNI MATERIALS-002

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

12/16/2004, and to inform you that the initial processing which includes an administrative review has been performed.

- Review 06-28419-01 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** 136162.
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:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02201
: Status Code: 2
: Fee Category: 7C
: Exp. Date: 20041231
: Fee Comments: _____
: Decom Fin Assur Req: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: CARDIOTHORACIC & VASCULAR GROUP, PC
Received Date: 20041221
Docket No: 3031265
Control No.: 136162
License No.: 06-28419-01
Action Type: Renewal

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed M. A. Perkins
Date 12/22/04

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 _____