



Neurogen Corporation

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REGION 1

'05 FEB 14 P 1:17

35 Northeast Industrial Road
Branford, Connecticut 06405
Telephone 203 488-8201
Fax 203 481-8683

February 10, 2005

Ms. Kathy Dolce Modes
Nuclear Materials Safety Branch 2
Division of Nuclear Materials Safety
US Nuclear Regulatory Commission - Region 1
475 Allendale Rd.
King of Prussia, PA 19406

Re: Amendment of Neurogen Corporation's NRC License #06-28473-01 03031474

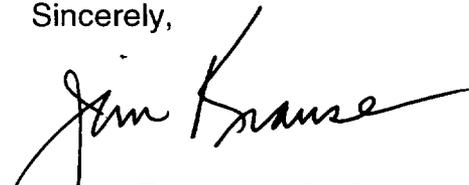
Dear Ms. Modes:

I am seeking an amendment of Neurogen Corporation's NRC license due to expire June 30, 2005. The purpose of the amendment is to increase the possession limit of ^{14}C .

I hereby request an increase in Neurogen's possession limit for ^{14}C from 20 mCi to 80 mCi.

Please contact me at 203-315-3029 (phone) or 203-483-8317 (fax) if you have any questions or need additional information. Thank you.

Sincerely,



James E. Krause, Ph.D.
Radiation Safety Officer
Sr. Vice President, Biology

136469
NMSS/RGNI MATERIALS-002

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

2/10/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 06-20473-01
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** 136469.
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: 03620
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 3M
 : Exp. Date: 20050630
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: NEUROGEN CORPORATION
 Received Date: 20050214
 Docket No: 3031474
 Control No.: 136469
 License No.: 06-28473-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: /
 Check No.:

3. COMMENTS

Signed Rebecca J. Jurek
 Date 2/14/2005

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 _____