

UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE RD STE 210
LISLE IL 60532-4352

OFFICIAL BUSINESS

Don F. Brooks, M.D.
Radiation Safety Officer
Tri-City Heart Center
6572 Red Arrow Highway
Coloma, MI 49038

NRC FORM 532A (RIII)
(10-2004)

LICENSE
NUMBER

21-32546-01

MAIL CONTROL
NUMBER

513899

AMENDMENT _____

TERMINATION _____

NEW LICENSE

This is to acknowledge the receipt of your letter application dated ^{RECEIVED} 11-23-04,
and to inform you that the initial processing, which included an administrative review, has been performed.

- There were no administrative omissions identified during our initial review.
- Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, which is being sent to you separately.

A copy of your action has been forwarded to our License Fee and Accounts Receivable Branch, who will contact you 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, you may contact us at 630-829-9887.

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

In accordance with the Debt Collection Improvement Act of 1996, you are required to provide your taxpayer identification number. This number may be used to make payments (refunds) or for purposes of collecting and reporting on any delinquent amounts arising out of your relationship with the Federal Government.

Please complete the applicable blocks and fold the card so that this section is inside and the NRC address appears on the outside. Seal it with tape and return it to the NRC. Thank you for your assistance and cooperation. If you have any questions, please contact us. Our telephone number is 301-415-7347.

Indicate the status of your business:

- CORPORATION CITY/STATE GOVERNMENT INDIVIDUAL
 PARTNERSHIP FEDERAL GOVERNMENT OTHER (Specify)

TAXPAYER IDENTIFICATION NUMBER,
SOCIAL SECURITY NUMBER, OR
INDIVIDUAL TAXPAYER IDENTIFICATION
NUMBER

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LICENSE NUMBER(S)

2	1	-	3	2	5	4	6	-	0	1	

SIGNATURE - TAXPAYER REPRESENTATIVE	NAME OF COMPANY
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