

**COMMUNITY
MEDICAL CENTER**

An affiliate of the Saint Barnabas Health Care System

RECEIVED
REGION 1

05 APR 25 P 1:50

RONALD J. DEL MAURO
President and Chief Executive Officer
Saint Barnabas Health Care System

NANCY L. WOLLEN, RN, BSN, MBA, CHE
Executive Director
Community Medical Center

April 20, 2005

United States Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Re: Materials License 29-09806-03 03012150

Dear Sir or Madam,


At this time, Community Medical Center would like to amend its' Materials License to reflect the following:

1. Please remove Steven W. Martin, M.D. as an authorized user.
2. Please change our contact Vice President from Lauren Burke to:

Frank Gelormini
Vice President/Patient Care

If you have any questions or require additional information, please do not hesitate to contact William Caubet at 732-557-2036.

Sincerely,



Joseph Oldakowski, M.S.
Radiation Safety Officer

136942
NMSS/RGNI MATERIALS-002



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

4/26/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 29-09806-03 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 136942.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)
(6-96)

Sincerely,
Licensing Assistance Team Leader

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02230
: Status Code: 0
: Fee Category: 7C 2B
: Exp. Date: 20130930
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: COMMUNITY MEDICAL CENTER
Received Date: 20050425
Docket No: 3012158
Control No.: 136942
License No.: 29-09806-03
Action Type: Amendment

2. FEE ATTACHED
Amount:
Check No.:

3. COMMENTS
Signed Rebecca Perrod
Date 5/21/2005

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 _____