



May 11, 2005

Mr. Thomas Thompson
Division of Nuclear Materials Safety
U.S. Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Amendment of License 06-30764-01 (Current Amendment No. 7)
Docket No. 03036099

Dear Mr. Thompson

Advanced Care Medical is requesting that the referenced possession –storage packaging license be changed as follows

Item 8 A. (maximum amount of I -125 that licensee may possess at any one time)

From 6900 millicuries total to 15000 millicuries total

Marketing has projected a significant sustained increase in I-125 Brachytherapy Delivery Systems being manufactured during the Third and Fourth quarters of 2005.

Please contact me if you have any questions about this amendment request.

Sincerely,

A handwritten signature in black ink that reads 'Wayne W. Richardson'.

Wayne W. Richardson
Radiation Safety Officer
Advanced Care Medical
Advanced Care Technologies
115 Hurley Road, Bldg. 3A
Oxford, CT 06478

115 HURLEY ROAD OXFORD, CT 06478
TEL: 203.262.4194 FAX: 203.262.4193

137045
NMSS/RGNI MATERIALS-002

REC'D IN LAT MAY 16 2005

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

5/11/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 06-30764-01
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** 137045.
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: 02513
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 3B
 : Exp. Date: 20121231
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: ADVANCED CARE MEDICAL
 Received Date: 20050516
 Docket No: 3036099
 Control No.: 137045
 License No.: 06-30764-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: /
 Check No.:

3. COMMENTS

Signed Rebecca J. Juncos
 Date 5/17/2005

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 _____