



RIVERSIDE

WALTER REED HOSPITAL

7591 Hospital Drive, Gloucester, Virginia 23061

RECEIVED
REGION 1

'05 MAY -9 A10 :38

US NRC Region III-Materials Licensing Section
Sam Nunn Atlanta Federal Center
61 Forsyth Street SW Suite 23T85
Atlanta, Georgia 30303-8931

April 29, 2005

Dear Nuclear Materials Licensing Section,

03021092

Riverside Walter Reed Hospital materials license # 45-23447-01 requests the following amendment be made to our license. Please **Remove** Brad H. Berrier as Radiation Safety Officer. This will take effect 5-13-2005.

Sincerely,

Brad H. Berrier

Brad H. Berrier
(804) 693-8846

CC:

Dr. William Wood Jr.-Radiology
Suzanne Riley

137012

NMSS/RGNI MATERIALS-002

This is to acknowledge the receipt of your letter/application dated
4/29/2005 (RECEIVED) 5/19/2005 and to inform you that the initial processing which
includes an administrative review has been performed.

AMEND. 45-23447-01
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 137012.
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: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20150430
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION **I**

1. APPLICATION ATTACHED

Applicant/Licensee: RIVERSIDE WALTER REED HOSPITAL
Received Date: 20050509
Docket No: 3021092
Control No.: 137012
License No.: 45-23447-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed M. A. Perkins
Date 5/13/05

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 _____