Heart & Vascular Associates of Northern New Jersey 16-01 Broadway Avenue Fairlawn, New Jersey 07410 (201) 475-1776

May 29, 2005

Licensing Assistance Section Nuclear Medicine Safety Branch Division of Radiation Safety and Safeguards U.S. Nuclear Regulatory Commission, Region I 475 Allendale Road King of Prussia, PA 19406-1415

RE: License Number: 29-30795-01 03036187 Amendment Application Heart & Vascular Associates of Northern Jersey

Dear License Reviewer:

Please amend our byproduct material license to add a new "location of use". The new imaging center is located below:

Valley Health Care 27 South Franklin Turnpike Ramsey, New Jersey 07446 (201) 818-2780

A diagram of the new facility is provided within Attachment A. Please refer to this section for details.

Please allow this correspondence to confirm that this imaging center has not been used by a previous licensee.

All remaining items referenced on our current license and application will remain unchanged.

If you require additional information, please contact Michael W. Lairmore or myself. Mr. Lairmore may be reached at (201) 693-2277.

137176 NMSS/RGNI MATERIALS-002

1

2

We thank you in advance for your assistance with this licensing action.

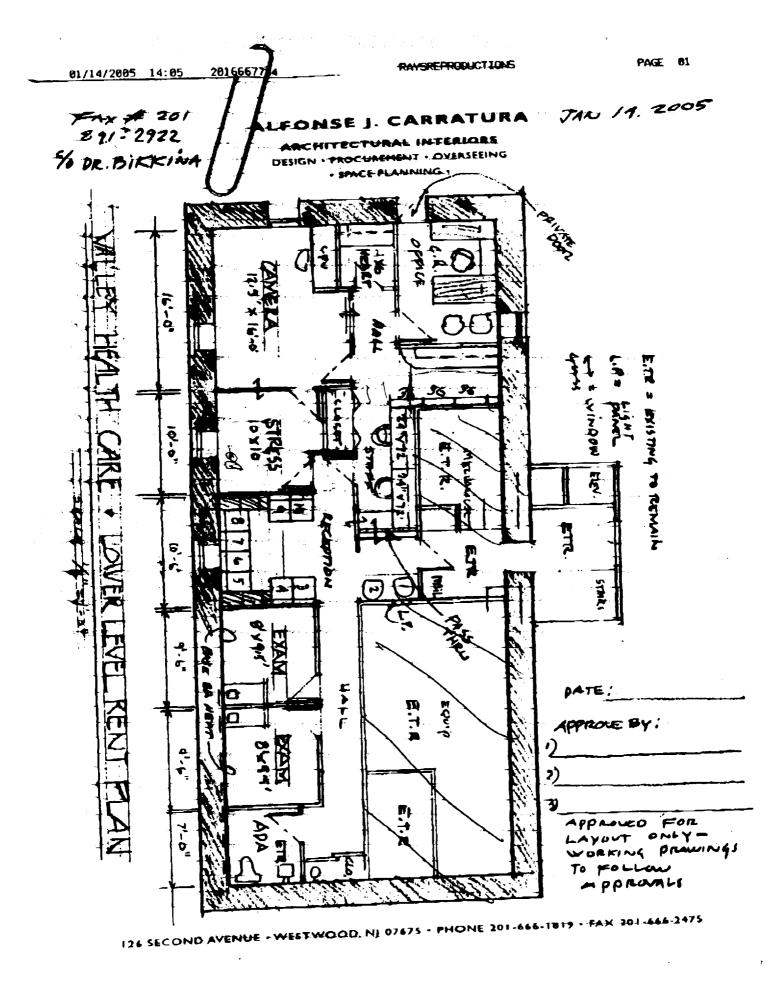
Sincerely,

Henen

Ijaz R. Vehra, M.D. President/Radiation Safety Officer

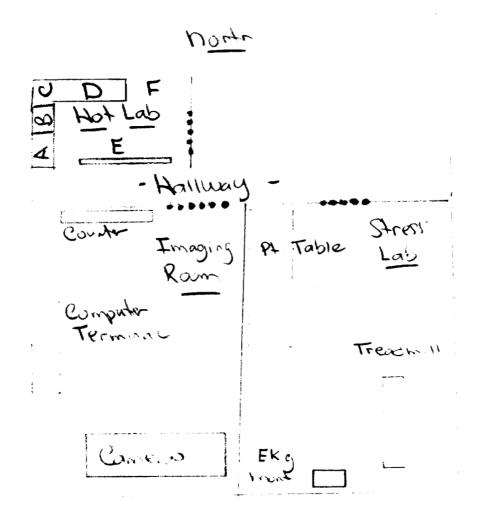
Attachment A

_



Heart & Vascular Associates of Northern New Jersey 1601 Broadway Avenue Fairlawn, New Jersey 07410 (201) 475-1776

Nuclear Medicine Diagram



Legeno A) Wipe Test Contert Wen Contor 3) L-Shi - Prop Area & Sealed Source Storage (1/8' Leaz -line-) C) Dose Combator DI MAL Receipt Return Areas E) Floce Disk & Waste Strage (1/8' lead line-) - Locked Door

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

5)29205, and to inform you that the initial processing which includes an administrative review has been performed.

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 _	137176
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 (RI) (6-96)

Sincerely, Licensing Assistance Team Leader

	: (FOR LFMS USE)
	: INFORMATION FROM LTS
BETWEEN:	:
	:
License Fee Management Branch, ARM	: Program Code: 02201
and	: Status Code: 0
Regional Licensing Sections	: Fee Category: 7C
	: Exp. Date: 20130331
	: Fee Comments:
	: Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

- A. REGION
- 1. APPLICATION ATTACHED

. .	ALL DICKLION ALLACIED	
	Applicant/Licensee:	HEART & VASCULAR ASSOC. OF NORTHERN
	Received Date:	20050608
	Docket No:	3036187
	Control No.:	137176
	License No.:	29-30795-01
	Action Type:	Amendment

- 2. FEE ATTACHED Amount: Check No.:
- 3. COMMENTS

Signed Date 2004 Julia

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 _____