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

OFFICIAL BUSINESS

Ron Thompson, Director
Nuclear Medicine Department
Capital Region Medical Center
P. O. Box 1128 / 1125 Madison
Jefferson City, MO 65102

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

LICENSE NUMBER 24-12699-01

MAIL CONTROL NUMBER 314545

AMENDMENT ✓ TERMINATION _____ NEW LICENSE _____

This is to acknowledge the receipt of your letter/application dated 6/6/05,
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.