

FROM : MEDICINA NUCLEAR.

FAX NO. :

Oct. 10 2006 12:49PM P3



68

October 6, 2006

HECTOR BERMUDEZ
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
KING OF PRUSSIA, PA 19406-1415

SUBJ: Amendment to License NO. 52-19984-01 Docket Number 030-19630

It is hereby requested that the following amendments added to our license:

- 1. Please change Hospital Perea as a new name of Hospital Perea, Inc.

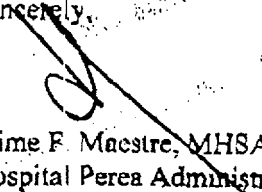
Metro Mayaguez Inc. acquired the Hospital Perea Inc. assets. This transition of assets neither will have any effect in the activities of Hospital Perea license program(see the Appendix F).

Therefore there will not be transference of control of power that affects the activities of our license.

- 2. Include Jaime F. Maestre as a new administrator of Hospital Perea.

We expect your prompt response and approval. For any additional information please call us at (787) 834-0101 Ext:2003.

Sincerely,


Jaime F. Maestre, MHSA
Hospital Perea Administrator

Attachment,

Form 313
APPENDIX F

15 DR. BASORA STREET

P.O. BOX 170, MAYAGÜEZ, PUERTO RICO 00681 • TEL: (787) 834-0101 • FAX: (787) 265-2451

139509

FROM : MEDICINA NUCLEAR.

FAX NO. :

Oct. 10 2006 12:50PM P4

NRC FORM 313 (10-2005) 10 CFR 30, 32, 33, 34, 35, 36, 39, 40 & 42	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120	EXPIRES: 10/31/2008
APPLICATION FOR MATERIAL LICENSE		Estimated burden per response to comply with this mandatory collection request: 4.4 hours. Submission of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to infocollections@nrc.gov , and to the Desk Officer, Office of Information and Regulatory Affairs, NECB-10202 (3150-0120), Office of Management and Budget, Washington, DC 20503. If a major use to impose this information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, this information collection.	

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:	IF YOU ARE LOCATED IN:
DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001	ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:
ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:	MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352
IF YOU ARE LOCATED IN:	ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:
LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1418	NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 011 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 76011-2005
PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.	

1. THIS IS AN APPLICATION FOR (Check appropriate item)	2. NAME AND MAILING ADDRESS OF APPLICANT (include ZIP code)
<input type="checkbox"/> A. NEW LICENSE <input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER 52-19984-01 <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER	JAIME F. MEASTRE, MHSA Hospital Perea Inc. P.o. BOX 170 Mayaguez, Puerto Rico 00681-0170
3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED	4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION
Hospital Perea, Inc. P.O. Box 170 Mayaguez, Puerto Rico 00681-0170	Jaime F. Maestre, MHSA. TELEPHONE NUMBER (787) 834-0101

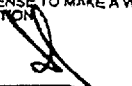
SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL a. Element and mass number, chemical and/or physical form, and a maximum amount which will be possessed at any one time.	6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.				
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE	8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.				
9. FACILITIES AND EQUIPMENT	10. RADIATION SAFETY PROGRAM.				
11. WASTE MANAGEMENT.	12. LICENSE FEES (See 10 CFR 170 and Section 170.91) <table border="1"> <thead> <tr> <th>FEE CATEGORY</th> <th>AMOUNT ENCLOSED \$</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	FEE CATEGORY	AMOUNT ENCLOSED \$		
FEE CATEGORY	AMOUNT ENCLOSED \$				

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1949 (28 STAT. 748) MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER - TYPE/PRINTED NAME AND TITLE JAIME F. MEASTRE Executive Director	SIGNATURE 	DATE 10-6-06
--	--	------------------------

FOR NRC USE ONLY					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			3		
APPROVED BY			DATE		

FROM : MEDICINA NUCLEAR.

FAX NO. :

Oct. 10 2006 12:50PM P5



HOSPITAL PEREA
P.O. Box 170
Mayagüez, Puerto Rico 00681-0170

APPENDIX F

1. Provide a complete description of the transaction (transfer of stock or assets, or merger). Indicate whether the name has change and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

Metro Mayagüez Inc. acquired the Hospital Perea assets. This transition of assets neither will have any effect in the activities of Hospital Perea license.

Now the name of Hospital Perea Inc. is Hospital Perea.

The licensee contact is Jaime F. Macstre (787) 834-0101 Ext: 2003

2. Describe any change in personnel of duties that relate to the licensed program. Include training and experience for new personnel.

N/A. (Any Change).

3. Describe any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

N/A. (Any Change).

4. Describe the status of the surveillance program (surveys, wipe test, quality control) at the present time and the expected status at the time that the control is to be transferred.

N/A.

5. Confirm that all record concerning the safe and effective decommissioning of the facility will be transferred to the transferee or two NRC, as appropriate. These records include documentation of surveys of ambient radiations levels and fixed and/or removable contamination, including method and sensitivity.

15 DR. BASORA STREET

P.O. BOX 170, MAYAGÜEZ, PUERTO RICO 00681 • TEL: (787) 834-0101 • FAX: (787) 265-2451

FROM : MEDICINA NUCLEAR.

FAX NO. :

Oct. 10 2006 12:51PM P6



N/A.

6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

N/A.

15 DR. BASORA STREET

P.O. BOX 170, MAYAGÜEZ, PUERTO RICO 00681 • TEL.: (787) 834-0101 • FAX: (787) 265-2451