



CHESTNUT HILL HOSPITAL

UNIVERSITY of PENNSYLVANIA COMMUNITY HEALTH NETWORK

October 26, 2007

NMSS 81

2007 OCT 29 AM 11:18 RECEIVED REGION 1

U.S. Nuclear Materials Safety Branch I
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406

03003207

RE: License #37-13919-01

To Whom It May Concern:

Chestnut Hill Hospital would like to request amendment to the above-noted materials license for the following:

We would like to add an additional authorized user to our license. Trey Kamplain, M.D., is a board-certified Radiologist who is requesting authorization for medical use of the materials in 35.100, 35.200 and 35.300. NRC Forms 131A (AUD) and 313A (AUT) are attached, which illustrate his documentation of training and experience, with appropriate signatures and information.

Thank you for your attention to this matter. If you have any questions, please direct them to me at (215) 242-4590.

Sincerely,

David S. Udis, M.D., Chairman
Radiation Safety Officer
Department of Medical Imaging

DSU/dhh

cc: Debra Demiter, Director
Anthony D. Montagnese, Physicist

Attachments

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
7002 0860 0004 4352 0364

141260

NMSS/RGN1 MATERIALS-002

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*

Hereby certifies that

Trey Lee Kamplain, MD

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology*

*On this tenth day of November, 2003
Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology



[Signature]
President

[Signature]
Secretary-Treasurer

[Signature]
Executive Director



Certificate No. 50283

Valid through 2013

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.300)
[10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User

Trey Kamplain, M.D.

State or Territory Where Licensed

Pennsylvania

Requested Authorization(s) (check all that apply):

35.300 Use of unsealed byproduct material for which a written directive is required

OR

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 Parenteral administration of any other radionuclide for which a written directive is required

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. Board Certification

- a. Provide a copy of the board certification.
- b. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
- c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.
- d. Skip to and complete Part II Preceptor Attestation.

2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):

35.390 35.392 35.394 35.490 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training 35.390 35.392 35.394 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	University of Alabama - Birmingham Medical Center, Birmingham, Alabama		07/01/01 - 06/30/05
Radiation protection	University of Alabama - Birmingham Medical Center, Birmingham, Alabama	Please note	07/01/01 - 06/30/05
Mathematics pertaining to the use and measurement of radioactivity	University of Alabama - Birmingham Medical Center, Birmingham, Alabama		07/01/01 - 06/30/05
Chemistry of byproduct material for medical use	University of Alabama - Birmingham Medical Center, Birmingham, Alabama		07/01/01 - 06/30/05
Radiation biology	University of Alabama - Birmingham Medical Center, Birmingham, Alabama		07/01/01 - 06/30/05

Total Hours of Training:

720 hours *JPD*

b. Supervised Work Experience 35.390 35.392 35.394 35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	University of Alabama - Birmingham Medical Center, Birmingham, Alabama	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/01 - 06/30/05
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	University of Alabama - Birmingham Medical Center, Birmingham, Alabama	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/01 - 06/30/05
Calculating, measuring, and safely preparing patient or human research subject dosages	University of Alabama - Birmingham Medical Center, Birmingham, Alabama	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/01 - 06/30/05
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	University of Alabama - Birmingham Medical Center, Birmingham, Alabama	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/01 - 06/30/05
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	University of Alabama - Birmingham Medical Center, Birmingham, Alabama	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/01 - 06/30/05

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual Janis O'Malley, M.D.	License/Permit Number listing supervising individual as an authorized user
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Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

- 35.390 With experience administering dosages of:
- 35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- 35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- 35.396 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	3	University of Alabama - Birmingham Medical Center, Birmingham, Alabama	04/22/02 - 05/02/02
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	5	University of Alabama - Birmingham Medical Center, Birmingham, Alabama	04/16/02 - 08/07/02
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required			
(List radionuclides)			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Case Experience (continued)

Supervising Individual Janis O'Malley, M.D.	License/Permit Number listing supervising individual as an authorized user
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Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)**:

35.390 With experience administering dosages of:

35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.396 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation.

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Check one of the following for each requested authorization:

For 35.390:

Board Certification

I attest that _____ has satisfactorily completed the training and experience requirements in 35.390(a)(1).
Name of Proposed Authorized User

OR

Training and Experience

I attest that Trey Kampain has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).
Name of Proposed Authorized User

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Trey Kamplain, M.D. has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Trey Kamplain, M.D. has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

I attest that Trey Kamplain, M.D. has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Third Section

I attest that Trey Kamplain, M.D. has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user for:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:

I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section

Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.390 35.392 35.394 35.396

I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor
Janis O'Malley, M.D.

Signature


Telephone Number
(205) 934-1388

Date
8/27/07

License/Permit Number/Facility Name
/Univ of Alabama - Birmingham Med Ctr

state # 448 sub license # 313

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.190, 35.290, and 35.590]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User

Trey Kamplain, M.D.

State or Territory Where Licensed

Pennsylvania

Requested Authorization(s) (check all that apply)

- 35.100 Uptake, dilution, and excretion studies
- 35.200 Imaging and localization studies
- 35.500 Sealed sources for diagnosis (specify device _____)

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. Board Certification

- a. Provide a copy of the board certification.
- b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization

- a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual _____

License/Permit Number listing supervising individual as an authorized user _____

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- 35.290
- 35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	University of Alabama - Birmingham Medical Center, Birmingham, Alabama		07/01/01 - 06/30/05
Radiation protection	University of Alabama - Birmingham Medical Center, Birmingham, Alabama		07/01/01 - 06/30/05
Mathematics pertaining to the use and measurement of radioactivity	University of Alabama - Birmingham Medical Center, Birmingham, Alabama		07/01/01 - 06/30/05
Chemistry of byproduct material for medical use (not required for 35.590)	University of Alabama - Birmingham Medical Center, Birmingham, Alabama		07/01/01 - 06/30/05
Radiation biology	University of Alabama - Birmingham Medical Center, Birmingham, Alabama		07/01/01 - 06/30/05

Please note

Total Hours of Training: 7200 hours JPD

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	University of Alabama - Birmingham Medical Center, Birmingham, Alabama	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	University of Alabama - Birmingham Medical Center, Birmingham, Alabama	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	University of Alabama - Birmingham Medical Center, Birmingham, Alabama	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	University of Alabama - Birmingham Medical Center, Birmingham, Alabama	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	University of Alabama - Birmingham Medical Center, Birmingham, Alabama	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects	University of Alabama - Birmingham Medical Center, Birmingham, Alabama	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	University of Alabama - Birmingham Medical Center, Birmingham, Alabama	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual: Janis O'Malley, M.D.
 License/Permit Number listing supervising individual as an authorized user: *Univ. of Alabama at Birmingham*
State # 448 Sub license # 313

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).

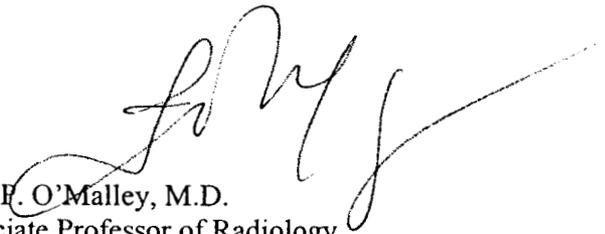
- 35.190 35.290 35.390 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

Date	Dose	Therapy Type	Attending	Preceptor Attestation
08/07/02	184 mci	Thyroid Cancer Therapy I131	O'Malley, Janis	JPO
10/23/02	98 mci	Thyroid Cancer Therapy I131	O'Malley, Janis	JPO
05/02/02	14.4 mci	Thyroid Therapy I131 Hyperthyroidism	O'Malley, Janis	JPO
04/29/02	11.3 mci	Thyroid Therapy I131 Hyperthyroidism	O'Malley, Janis	JPO
04/30/02	144 mci	Thyroid Cancer Therapy I131	O'Malley, Janis	JPO
04/24/02	288 mci	Thyroid Cancer Therapy I131	O'Malley, Janis	JPO
04/16/02	120 mci	Thyroid Cancer Therapy I131	Mountz, James	JPO
04/22/02	14.1 mci	Thyroid Therapy I131 Hyperthyroidism	O'Malley, Janis	JPO



Janis F. O'Malley, M.D.
 Associate Professor of Radiology
 Director of Nuclear Medicine and Clinical PET
 Department of Radiology
 Division of Nuclear Medicine
 The University of Alabama at Birmingham

Department of Radiology
Division of Nuclear Medicine
 2FL Jefferson Tower
 619 19th Street South
 205.934.2140
 Fax 205.934.5589

The University of
 Alabama at Birmingham
 Mailing Address:
 JT 2FL
 619 19TH ST S
 BIRMINGHAM AL 35249-6835

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

First Section

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

I attest that Trey Kamplain, M.D. has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that Trey Kamplain, M.D. has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.190
- 35.290
- 35.390
- 35.390 + generator experience

Name of Preceptor Janis O'Malley, M.D.	Signature 	Telephone Number (205) 934/388	Date 8/27/07
License/Permit Number/Facility Name /Univ of Alabama-Birmingham Med Ctr state # 448 sub license # 313			

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

10/26/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMGUA-37-13919-01 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** 141260.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.