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[www.DMSHealthTechnologies.com](http://www.DMSHealthTechnologies.com)

December 8, 2008

RECEIVED

DEC 12 2008

DNMS

U.S. Nuclear Regulatory Commission  
Region IV  
612 E. Lamar Blvd, Suite 400  
Arlington, TX 76011-4125

RE: RAM license number 40-32477-01

Dear Regulator:

This is to announce that DMS Imaging, Inc. has changed its name to **DMS Health Technologies**. DMS is not having a "transfer of control", nor a change in executive management, but is changing its name for marketing purposes only.

Please accept this letter as an official name change only from DMS Imaging, Inc. to DMS Health Technologies.

If you have further questions regarding this change, please feel free to contact me at 605-357-2604 or my cell phone 605-366-3358.

Thank you for your time and have a great day.

Sincerely,

Mary Hennings-Frank, B.S., CNMT  
Corporate Radiation Safety Officer  
DMS Health Technologies

## ACCEPTANCE REVIEW MEMO (ARM)

Licensee: DMS Imaging, Inc.

License No.: 40-32477-01

Docket No.: 030-36404

Mail Control No.: 472079

Type of Action: Amend

Date of Requested Action: 12-08-2008

Reviewer  
Assigned:

ARM reviewer(s): R. Browder

Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none"><li>[ ] Open ended possession limits. Submit inventory. Limit possession.</li><li>[ ] Submit copies of latest leak test results.</li><li>[ ] Add IC L.C./Fingerprint LC, add SUNSI markings to license.</li><li>[ ] Confirm with licensee if they have NARM material.</li></ul>
	<i>letter is Equivalent to information on App.F. RAB</i>

Reviewer's Initials: \_\_\_\_\_

Date: \_\_\_\_\_

- ☐ Yes ☐ No Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
- ☐ Yes ☐ No Termination request < 90 days from date of expiration
- ☐ Yes ☐ No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
- ☐ Yes ☐ No TAR needed to complete action.

Branch Chief's and/or HP's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### SUNSI Screening according to RIS 2005-31

☐ Yes ☒ No Sensitive and Non-Publicly Available if any item below is checked

General guidance:

- \_\_\_\_\_ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- \_\_\_\_\_ Exact location of RAM [suite #, bldg. #, location different from mailing address] (whether = or > than Category 3 or not)
- \_\_\_\_\_ Design of structure and/or equipment (site specific)
- \_\_\_\_\_ Information on nearby facilities
- \_\_\_\_\_ Detailed design drawings and/or performance information
- \_\_\_\_\_ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- \_\_\_\_\_ RAM quantities and inventory
- \_\_\_\_\_ Manufacturer's name and model number of sealed sources & devices
- \_\_\_\_\_ Site drawings with exact location of RAM, description of facility
- \_\_\_\_\_ RAM security program information (locks, alarms, etc.)
- \_\_\_\_\_ Emergency Plan specifics (routes to/from RAM, response to security events)
- \_\_\_\_\_ Vulnerability/security assessment/accident-safety analysis/risk assess
- \_\_\_\_\_ Mailing lists related to security response

Branch Chief's and/or HP's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

FEB - 2 2009

This is to acknowledge the receipt of your letter/application dated  
12-08-08, and to inform you that the initial processing,  
which includes an administrative review, has been performed.

DATE

☒ There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify other omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

☐ 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** 472079.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,

*Colleen Murnahan*  
Licensing Assistant

NRC FORM 532 (RIV)  
(10-2008)

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
: Program Code: 02220  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20111231  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: DMS IMAGING, INC.  
Received Date: 20081212  
Docket No: 3036404  
Control No.: 472079  
License No.: 40-32477-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:       /      

3. COMMENTS

Signed Colleen Murahan  
Date 1-22-09

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 \_\_\_\_\_

**dms**  
**HEALTH**  
**GROUP**

109 South Petro Avenue • Sioux Falls, SD 57107

030-364-04



HASLER

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\$00.429

10-08-2000

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