

Br. I

24 de agosto de 2010

Ms. Pamela J. Henderson
Licensing Assistance Team
Division of Nuclear Material Safety
US Nuclear Regulatory Commission, Region I
King of Prussia, PA 19406-1415

Dear Ms. Henderson:

Amendment to Licence 52-10270-01

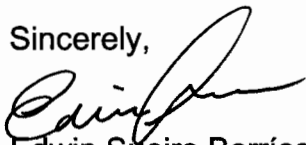
03003521

It is hereby requested that the following amendment be made to our license:

Please delete Mr. Enrique A. Vicéns Rivera as the Administrator of Hospital Damas and add Mr. Edwin Sueiro Berríos as new Hospital Damas Administrator for this license.

If you have any question about this amendment request, please contact us at (787) 840-2395 or (787) 840-8686 ext. 6102 or 6103.

Sincerely,

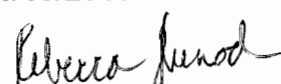


Edwin Sueiro Berríos, MHSA
Administrator

Enclosure: Form 313

c Mr. Carmelo Pérez, Safety Officer
Mrs. Angeles Castro, Compliance Officer

**Note: Management POC Updated in LTS
11/16/2010**

 11/16/2010
Rebecca Junod, DNMS- Region I

2010 SEP -7 AM 11:04

RECEIVED

REC'D IN LAT 11/16/2010



573486

NMSS/RGN1 MATERIALS-002

NRC FORM 313 (10-2005) 10 CFR 30, 32, 33, 34, 35, 36, 39, and 40	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 Estimated burden per response to comply with this mandatory collection request: 4.4 hours. Submittal 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 infocollects@nrc.gov , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an 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, the information collection.														
APPLICATION FOR MATERIAL LICENSE																
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: DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001	IF YOU ARE LOCATED IN: ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO: MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 Lisle, IL 60532-4352															
ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:																
IF YOU ARE LOCATED IN:																
ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, 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 19406-1415	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: NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 76011-4005															
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.																
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> 1. THIS IS AN APPLICATION FOR (Check appropriate item) <input type="checkbox"/> A. NEW LICENSE <input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER 52-10270-01 <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER </td> <td style="width: 50%; vertical-align: top;"> 2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code) Edwin Sueiro Berrios, M.H.S.A. Hospital Damas 2213 Ponce by Pass Ponce P.R. 00717-1380 1318 RLS </td> </tr> </table>			1. THIS IS AN APPLICATION FOR (Check appropriate item) <input type="checkbox"/> A. NEW LICENSE <input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER 52-10270-01 <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER	2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code) Edwin Sueiro Berrios, M.H.S.A. Hospital Damas 2213 Ponce by Pass Ponce P.R. 00717-1380 1318 RLS												
1. THIS IS AN APPLICATION FOR (Check appropriate item) <input type="checkbox"/> A. NEW LICENSE <input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER 52-10270-01 <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER	2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code) Edwin Sueiro Berrios, M.H.S.A. Hospital Damas 2213 Ponce by Pass Ponce P.R. 00717-1380 1318 RLS															
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> 3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED Hospital Damas 2213 Ponce by Pass Ponce P.R. 00717-1380 1318 RLS </td> <td style="width: 50%; vertical-align: top;"> 4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION Edwin Sueiro Berrios, M.H.S.A. TELEPHONE NUMBER (787) 840-8686 </td> </tr> </table>			3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED Hospital Damas 2213 Ponce by Pass Ponce P.R. 00717-1380 1318 RLS	4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION Edwin Sueiro Berrios, M.H.S.A. TELEPHONE NUMBER (787) 840-8686												
3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED Hospital Damas 2213 Ponce by Pass Ponce P.R. 00717-1380 1318 RLS	4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION Edwin Sueiro Berrios, M.H.S.A. TELEPHONE NUMBER (787) 840-8686															
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.																
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> 5. RADIOACTIVE MATERIAL a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time. </td> <td style="width: 50%; vertical-align: top;"> 6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED. </td> </tr> <tr> <td style="vertical-align: top;"> 7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE. </td> <td style="vertical-align: top;"> 8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS. </td> </tr> <tr> <td style="vertical-align: top;"> 9. FACILITIES AND EQUIPMENT. </td> <td style="vertical-align: top;"> 10. RADIATION SAFETY PROGRAM. </td> </tr> <tr> <td style="vertical-align: top;"> 11. WASTE MANAGEMENT. </td> <td style="vertical-align: top;"> 12. LICENSE FEES (See 10 CFR 170 and Section 170.31) <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">FEE CATEGORY</td> <td style="width: 10%;">AMOUNT</td> <td style="width: 20%;">\$</td> </tr> <tr> <td></td> <td>ENCLOSED</td> <td></td> </tr> </table> </td> </tr> </table>			5. RADIOACTIVE MATERIAL a. Element and mass number; b. chemical and/or physical form; and c. 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 170.31) <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">FEE CATEGORY</td> <td style="width: 10%;">AMOUNT</td> <td style="width: 20%;">\$</td> </tr> <tr> <td></td> <td>ENCLOSED</td> <td></td> </tr> </table>	FEE CATEGORY	AMOUNT	\$		ENCLOSED	
5. RADIOACTIVE MATERIAL a. Element and mass number; b. chemical and/or physical form; and c. 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 170.31) <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">FEE CATEGORY</td> <td style="width: 10%;">AMOUNT</td> <td style="width: 20%;">\$</td> </tr> <tr> <td></td> <td>ENCLOSED</td> <td></td> </tr> </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, 1948 62 STAT. 749 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.																
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE Edwin Sueiro Berrios, MHSA, BBA </td> <td style="width: 30%;"> SIGNATURE </td> <td style="width: 20%;"> DATE Aug 27-10 </td> </tr> </table>			CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE Edwin Sueiro Berrios, MHSA, BBA	SIGNATURE 	DATE Aug 27-10											
CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE Edwin Sueiro Berrios, MHSA, BBA	SIGNATURE 	DATE Aug 27-10														
FOR NRC USE ONLY																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">TYPE OF FEE</th> <th style="width: 15%;">FEE LOG</th> <th style="width: 15%;">FEE CATEGORY</th> <th style="width: 15%;">AMOUNT RECEIVED</th> <th style="width: 15%;">CHECK NUMBER</th> <th style="width: 20%;">COMMENTS</th> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">\$</td> <td></td> <td></td> </tr> </table>			TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS				\$				
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS											
			\$													
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> APPROVED BY </td> <td style="width: 50%;"> DATE </td> </tr> </table>			APPROVED BY	DATE												
APPROVED BY	DATE															