



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Rocky Mountain Laboratories, NIAID
903 South 4th Street
Hamilton, Montana 59840
PHONE: (406) 363-9216
FAX: (406) 363-9336

December 7, 2010

U. S. Nuclear Regulatory Commission
Region IV Division of Nuclear Materials Safety,
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

RECEIVED

MAY 27 2011

Re: NRC License: 25-01203-01
Docket: 030-05167
Expiration date: May 31, 2015

DNMS

Dear Ms. Roldán-Otero ,

This letter is in response to your email regarding my August 30, 2010 letter requesting an amendment to RML's NRC license. Please use the following maximum possession limits:

- A. Maximum possession limit of 5 curies for any byproduct materials with Atomic Numbers 1 through 83.
- B. Maximum possession limit of 100 mCi for sealed sources with any byproduct material with atomic numbers 3 through 83

Please contact me if you have questions or need additional information. I can be reached at 406-363-9216 or by email at twardoskib@niaid.nih.gov.

Sincerely,

Barri Twardoski
Radiation Safety Officer
Rocky Mountain Laboratories, DIR, NIAID, NIH

C.c. : Dr. Joe Hinnebusch (RML LZP Plaque Section Chief)
Dr. Marshall Bloom (RML Associate Director, Office of Scientific Operations)
Pat Stewart (RML Associate Director, Office of Operations Management)

No. 575250

MAY 27 2011

DATE

This is to acknowledge the receipt of your letter/application dated 12/7/10, and to inform you that the initial processing, which includes an administrative review, has been performed.

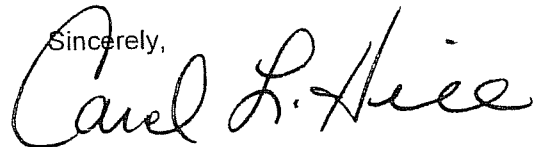
- There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify other omissions or require additional information.
- Please provide to this office within 30 days of your receipt of this card:

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** 575250.
When calling to inquire about this action, please refer to this mail control number.
You may call me at (817) 860-8103.

Sincerely,



Licensing Assistant

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 03610
Status Code: Pending Amendment
Fee Category: 3E 3L 4A
Exp. Date:
Fee Comments:
Decom Fin Assur Reqd: Y

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HEALTH & HUMAN SERVICES, DEPT. OF
Received Date: 05/27/2011
Docket Number: 3005167
Mail Control Number: 575250
License Number: 25-01203-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Carl L. Heise

Date: _____

5/27/11

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: _____