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DNMS

January 11, 2012

Roberto J. Torres, Senior Health Physicist
U.S. Nuclear Regulatory Commission, Region IV
612 East Lamar Blvd., Suite 400
Arlington, TX 76011-4125
817-860-8188

Re: Amendment Request for St. Vincent Healthcare License Number 25-07553-01

Dear Mr. Torres:

We wish to amend the above referenced license to remove two authorized users from our license. Please remove: Anne Giuliano, M.D., and John Gerard Terry, M.D., as authorized users from our license.

Please contact me at 406-237-4337 should you require further information concerning this amendment request.

Sincerely,



Christopher Fitz, JD, MS, ABSNM
Radiation Safety Officer
St. Vincent Healthcare
Radiology
1233 N 30th Street
Billings, MT 59101

No 577560



DATE
05/22/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE St. Vincent Healthcare ATTN: Christopher K. Fitz Radiation Safety Officer P.O. Box 35200 Billings, Montana 59107-5200	LICENSE NUMBER 25-07553-01
	MAIL CONTROL NUMBER 577560
	LICENSING AND/OR TECHNICAL REVIEWER ch

This is to acknowledge the receipt of your:

LETTER and/or APPLICATION DATED: 01/11/2012

The initial processing, which included an administrative review, has been performed.

AMENDMENT TERMINATION NEW LICENSE RENEWAL

- There were no administrative omissions identified during our initial review.
- This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

emailed 5/22/12

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 04/30/2015
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. VINCENT HEALTHCARE
Received Date: 05/22/2012
Docket Number: 3002396
Mail Control Number: 577560
License Number: 25-07553-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Carol R. Heie

Date: 5/22/11

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: _____