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DNMS

July 18, 2013

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

Re: Amendment Request for Billings Clinic License Number 25-01051-01

Dear Mr. Torres:

We wish to notify you and amend the above referenced license to remove Michael D. Hasselle, MD as an authorized user from our license.

Please contact me at 925-550-7720 or cfitz@billingsclinic.org should you require further information concerning this amendment request.

Sincerely,

Christopher K. Fitz, J.D., M.S.
Radiation Safety Officer

2200 Tenth Avenue North - P.O. Box 27000 Billings, Montana 59107-7000 Billings Clinic Hospital (406) 657-4000 Billings Clinic (406) 258-2600 www.billingsclinic.com

PUBLIC

- Immediate Release
- Normal Release

NON-PUBLIC

- A.3 Sensitive-Security Related
- A.7 Sensitive Internal
- Other: _____

Reviewer: Jmf Date: 08/14/13

No. 5 8 1 3 5 6



DATE
07/18/2013

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE Billings Clinic Department of Nuclear Medicine ATTN: Christopher K. Fitz, J.D., M.S. Radiation Safety Officer P.O. Box 37000 Billings, Montana 59107	LICENSE NUMBER 25-01051-01
	MAIL CONTROL NUMBER 581356
	LICENSING AND/OR TECHNICAL REVIEWER ch

This is to acknowledge the receipt of your:

LETTER and/or APPLICATION DATED: 07/18/2013

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

7/18

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02230
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments: CODE 23
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BILLINGS CLINIC
Received Date: 07/18/2013
Docket Number: 3002389
Mail Control Number: 581356
License Number: 25-01051-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Carol L. Hice
Date: 7/18/13

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: _____