



109 South Petro Avenue  
Sioux Falls, SD 57107  
Phone: 605.330.9060  
Toll Free: 800.437.4628  
Fax: 877.595.8108  
www.DMSHealthTechnologies.com

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October 21, 2014

U.S. Nuclear Regulatory Commission  
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- Immediate Release
- Normal Release

**NON-PUBLIC**

- A.3 Sensitive-Security Related
- A.7 Sensitive Internal
- Other: \_\_\_\_\_

Reviewer: ALC Date: 10-28-14

Dear Sir or Madam:

Re: NRC Radioactive Material License #40-32477-01

DMS Health Technologies wishes to add an additional Authorized User to License 40-32477-01. The request is to add Dr. Vijay Viswanathan, M.D. for 35.100 and 35.200 use. This physician's credentialing requirements as an Authorized User is met on NRC Radioactive Material License 07-14850-01.

If you have any questions or need additional information regarding this request, please contact me at (605) 366-1293.

Sincerely:

*Michelle White, RSO*

Michelle White, RSO  
Radiation Safety Officer  
DMS Health Technologies

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Michelle White  
DMS Health Technologies  
109 S. Petro Ave.

Sioux Falls, SD 57107

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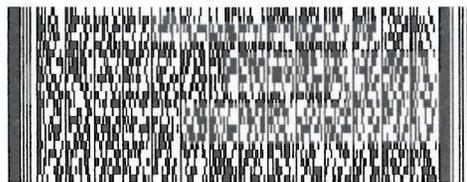
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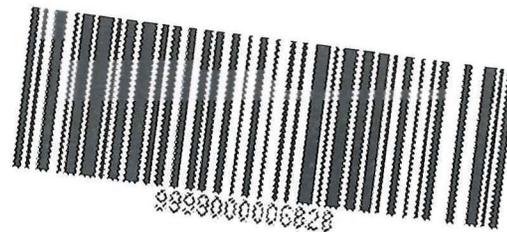


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NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Michelle White, Radiation Safety Officer  
DMS Health Technologies  
109 South Petro Avenue  
Sioux Falls, SD 57107

LICENSE NUMBER

40-32477-01

MAIL CONTROL NUMBER

585119

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:

LETTER and/or  APPLICATION      DATED: 10/21/2014

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

✓ 10/23

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02220  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 12/31/2011  
Fee Comments:  
Decom Fin Assur Req: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: DMS HEALTH TECHNOLOGIES  
Received Date: 10/22/2014  
Docket Number: 3036404  
Mail Control Number: 585119  
License Number: 40-32477-01  
Action Type: Amendment

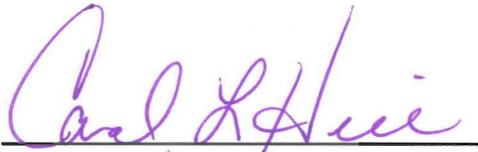
#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_



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

10/

### 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: \_\_\_\_\_

\_\_\_\_\_