



**DEPARTMENT OF THE ARMY**  
 HEADQUARTERS, UNITED STATES ARMY, Carl R. Darnall Army Medical Center  
 36065 SANTA FE AVE.  
 Fort Hood, Texas 76544-4752

RECEIVED  
 AUG 07 2017

REPLY TO  
 ATTENTION OF

MCXI-HPM-HP

DNMS

28 July 2017

MEMORANDUM FOR U. S. Nuclear Regulatory Commission, Region IV, 611 Ryan Plaza Drive, Suite 400, Arlington, Texas 76011-8064

SUBJECT: Correction and Authorized User Removal Request for US Nuclear Regulatory Commission (NRC) License Number 42-19113-01 | General License Changes

1. Correction to NRC License No. 42-19113-01 is as follows:
  - a. Change condition 11 on license to state The Radiation Safety Officer for this license will be CPT Suyog J. Chhetri and remove CPT Matthew Stokley from the license.
    - 1) Request for amendment to licenses was to remove CPT Stokley and replace with CPT Suyog J. Chhetri but verbiage does not reflect requested amendment dated 24 Feb 2016.
  - b. Remove the following authorized user: Virginia Yip, M.D.
2. The Radiation Safety Committee has reviewed and approved these actions.
3. Point of contact is the undersigned, CPT Suyog J. Chhetri, (254) 553-1219.

CHHETRI.SUYO  
 G.J.1473911830  
 SUYOG J. CHHETRI  
 CPT, MS  
 Radiation Safety Officer

**PUBLIC**  
 Immediate Release  
 Normal Release

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

Reviewer: [Signature] Date: 8-9-17

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02120  
Status Code: Pending Amendment  
Fee Category: 3P 7C  
Exp. Date: 09/30/2023  
Fee Comments: 3E ADDED 12/2/99--CORRECT  
Decom Fin Assur Reqd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Department of the Army  
Received Date: 08/07/2017  
Docket Number: 3016084  
Mail Control Number: 600371  
License Number: 42-19113-01  
Action Type: Amendment

#### 2. FEE ATTACHED

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

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

#### 3. COMMENTS

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

*Carol S. Hice*

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

*8/8/17*

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

\_\_\_\_\_