

Felix E. Schletter, M.D.
Jerrold M. Stock, M.D.
Keith S. Usiskin, M.D.
Endocrinology-Internal Medicine
101 Madison Avenue
Morristown, N.J. 07960
201-267-9099
FAX 201-605-5960

October 4, 1992

U. S. Nuclear Regulatory Commission
License Fee and Debt Collection Branch
P. O. Box 954514
St. Louis, MO 63195-4514

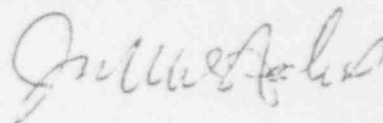
RE: License #29-17252-01;

Dear Sir,

Due to the increase in regulatory licensing and inspection fees we are unable to maintain our NRC license.

Please refund the payment of \$1,950.00 which was made in August and place our license in an inactive status.

Sincerely yours,



Jerrold M. Stock, M.D.
Radiation Safety Officer

JMS/lk

United States Nuclear Regulatory Commission
License Fee & Debt Collection Notice

Invoice Number
=====

AM01479-92

S E C O N D N O T I C E

SCHLETTER MD., FELIX E.
ATTN: RADIATION SAFETY OFFICER
101 MADISON AVENUE
MORRISTOWN, NJ 07960--

AM01479-92 Lic. # 29-17252-01

08/24/92	Original Invoice Amount \$	4,750.00
	Accumulated Interest @ 6.0%	14.26
	Administrative Cost	20.00

	Payment(s)	-1,950.00
		=====
	Total Amount Due \$	2,834.26

Make Checks Payable To:

=====

U.S. Nuclear Regulatory Commission
License Fee & Debt Collection Branch
PO Box 954514
St. Louis, MO 63195-4514

<=== This PO Box address is for
<=== receipt of payments only.

Nonpayment of your fee may result in the
Revocation of your License in accordance with the enforcement
provisions of the Commissions regulations.

P A Y M E N T C O P Y

To ensure accurate credit, return this copy of the Notice with your payment.
Processing may be delayed if this Notice is not included.

INFORMATION REQUESTED FOR THIS CERTIFICATION DOES NOT CONSTITUTE AN INFORMATION COLLECTION AND, THEREFORE, DOES NOT REQUIRE OMB APPROVAL

U.S. NUCLEAR REGULATORY COMMISSION

INVOICE NUMBER

AH01479-92

LICENSE NUMBER

29-17252-01

**CERTIFICATION OF SMALL ENTITY STATUS
FOR PURPOSES OF ANNUAL FEES
IMPOSED UNDER 10 CFR PART 171**

Instructions on reverse side.
All items MUST be completed—print or type. Incomplete forms will be returned.

NAME AND ADDRESS OF LICENSEE (as it appears on the invoice):

Schletter, MD, Felix E.
101 Madison Ave
Morristown, NJ 07960

NOTE: See Instruction No. 2 on the reverse side -- Check one box only.

1. BUSINESS OR NOT-FOR-PROFIT ORGANIZATION WITH GROSS ANNUAL RECEIPTS OF:		MAXIMUM ANNUAL FEE PER LICENSED CATEGORY
<input type="checkbox"/>	A. \$250,000 TO \$3,500,000	\$1,800
<input type="checkbox"/>	B. LESS THAN \$250,000	\$ 400
2. PRIVATE PRACTICE PHYSICIAN WITH GROSS ANNUAL RECEIPTS OF:		MAXIMUM ANNUAL FEE PER LICENSED CATEGORY
<input checked="" type="checkbox"/>	A. \$250,000 TO \$1,000,000	\$1,800
<input type="checkbox"/>	B. LESS THAN \$250,000	\$ 400
3. GOVERNMENTAL JURISDICTION WITH A POPULATION OF:		MAXIMUM ANNUAL FEE PER LICENSED CATEGORY
<input type="checkbox"/>	A. 20,000 TO 50,000	\$1,800
<input type="checkbox"/>	B. LESS THAN 20,000	\$ 400
4. EDUCATIONAL INSTITUTION THAT IS SUPPORTED BY A QUALIFYING GOVERNMENTAL JURISDICTION WITH A POPULATION OF:		MAXIMUM ANNUAL FEE PER LICENSED CATEGORY
<input type="checkbox"/>	A. 20,000 TO 50,000	\$1,800
<input type="checkbox"/>	B. LESS THAN 20,000	\$ 400
<input type="checkbox"/>	5. EDUCATIONAL INSTITUTION THAT IS NOT STATE OR PUBLICLY SUPPORTED, AND HAS 500 OR LESS EMPLOYEES	\$1,800

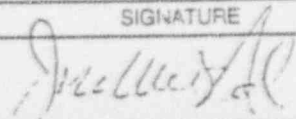
CERTIFICATION

This certification must be signed by the owner of the entity named above or an official empowered to act on behalf of the entity.

I certify that the above named NRC licensee qualifies as a small entity under the size standards established by the NRC for its licensees on November 6, 1991, (56 FR 56671) and in accordance with Title 10, Code of Federal Regulations, Part 171, as revised (56 FR 57587). The licensee qualifies as a small entity under the specific size standard indicated above.

WARNING: 18 U.S.C. Section 1001, Act of June 25, 1948, 62 Stat. 749, makes it a criminal offense to make a willfully false statement or representation to any Department or Agency of the United States as to any matter within its jurisdiction. The submission of willful false statements is punishable by fine or imprisonment, or both, and for purposes of this certification, may result in revocation or suspension of the license.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

TYPED OR PRINTED NAME AND TITLE	SIGNATURE	DATE
JERROLD M. STOCK, M.D. 101 MADISON AVE. MORRISTOWN, N.J. 07960	(RSC) 	8/6/92

February 25, 1993

If you have any further questions, please let me know.

Sincerely,

Original signed by
James M. Taylor

James M. Taylor
Executive Director
for Operations

Enclosure:
Copy of December 11, 1992, letter

DISTRIBUTION:
CONGRESSIONAL CORRESPONDENCE FY 1992
INVOICE FILE AM01479-92
MATERIALS ANNUAL FEE CORRESPONDENCE FY 1992
DDANDOIS
GJACKSON
EKBLACK
JFUNCHES
JHOLLOWAY
OC-92-044
EDO 8531
CRC-93-0085
SECY-93-0085
OC R/F
DAF R/F
LFDCB R/F (2)
EDP R/F

OFFICE:	LFDCB	LFDCB	DAF	DAF	OC
NAME:	DDandois	GJackson	EBlack	LHiller	JFunches
DATE:	2/19/93	2/19/93	2/19/93	1/93	2/19/93

OFFICE:	OC	EDO	OCA
NAME:	RMSeppings	JMTaylor	
DATE:	2/19/93	2/24/93	

CB/A:\LAUTENBE

CONGRESSIONAL CORRESPONDENCE SYSTEM
DOCUMENT PREPARATION CHECKLIST

This checklist is to be submitted with each document (or group of Qs/As) sent for filing into the CCS.

1. BRIEF DESCRIPTION OF DOCUMENT(S) Letter to Sen Lautenberg
2. TYPE OF DOCUMENT Correspondence Hearings (Qs/As)
3. DOCUMENT CONTROL Sensitive (NRC Only) Non-sensitive
4. CONGRESSIONAL COMMITTEE and SUBCOMMITTEES (if applicable)

Congressional Committee

Subcommittee
5. SUBJECT CODES
(a) _____
(b) _____
(c) _____
6. SOURCE OF DOCUMENTS
(a) _____ 5520 (document name _____)
(b) Scan- (c) _____ Attachments
(d) _____ Rekey (e) _____ Other _____
7. SYSTEM LOG DATES
(a) 3/2/53 Date OCA sent document to CCS
(b) _____ Date CCS receives document
(c) _____ Date returned to OCA for additional information
(d) _____ Date resubmitted by OCA to CCS
(e) _____ Date entered into CCS by _____
(f) _____ Date OCA notified that document is in CCS
8. COMMENTS
030029