

VOID SHEET

see 7 I
7A
109962

TO: License Fee Management Branch
FROM: REGION I
SUBJECT: VOIDED APPLICATION

Control Number: 109962

Applicant: Alfred J. Swyer, M.D.

Date Voided: August 15, 1989

Reason for Void: Licensee has submitted a request for the termination of his license, therefore we are voiding the renewal.
The termination will be controlled under 11170.

Rebecca J. Brown
Signature

89-08-15
Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

Refund Authorized and processed

No Refund Due

Fee Exempt or Fee Not Required

Comments:

After Review

Log completed

Processed by: AK

9102260297 890815
REG1 LIC30
MATLSLICENSING PDR

250099

OFFICIAL RECORD COPY ML10



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PENNSYLVANIA 19406

21 DEC 1988

Alfred J. Swyer, M.D., P.A.
307 60th Street
West New York, NJ 07093

DOCKET NO. 030-00349

LICENSE NO. 29-03198-02

CONTROL NO. 109962

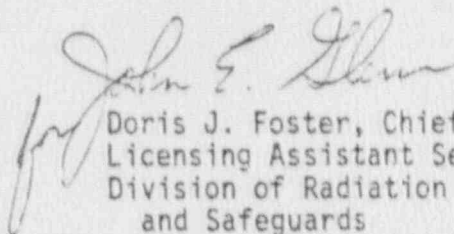
SUBJECT: LICENSE RENEWAL APPLICATION

Gentlemen:

This is to acknowledge receipt of your application for renewal of 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.

Any correspondence regarding the renewal application should reference the control number specified and your license number.

Sincerely,


Doris J. Foster, Chief
Licensing Assistant Section
Division of Radiation Safety
and Safeguards

OFFICIAL RECORD COPY ML 10

ALFRED J. SWYER, M.D.
Diplomate, American Board of Radiology
Diplomate, American Board of Nuclear Medicine

030-00349



ALFRED J. SWYER, M.D., P.A.
DIAGNOSTIC IMAGING
BREAST IMAGING CENTER

307 60th Street
West New York, N. J. 07093
854-1200 Appointments
854-3333 Billing and Insurance

December 2, 1983

U. S. Nuclear Regulatory Commission
Region I, Nuclear Material Section B
631 Park Avenue
King of Prussia, Pa. 19406

Re: License No. 29-03198-02
Expiration Date: 2/28/89
Program Code: 02300

Log	Rec-1
Remitter	
Check No.	24163
Amount	\$350
Fee Category	7A
Type of Fee	Renewal
Date Check Rec'd.	12/12/88
Date Completed	12/12/88
	J. Anthony

Dear Sirs:

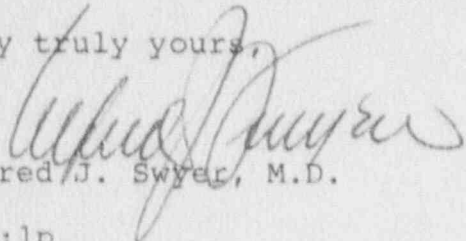
Pursuant to your notification of November 1, 1988, this letter constitutes of request for renewal of our teletherapy license #29-03198-02 which expires February 28, 1989.

The following information is provided as requested:

- 1) Item 13 This letter/application is signed by myself as physician to whom license is issued
- 2) Item 14b Number of employees of this organization is 17; 2 employees perform radiation therapy
- 3) Item 15 We cannot locate any Item 15 in our guide
- 4) Section 2, Appendix J We will follow the program (ALARA) set forth in section 2, appendix J

Enclosed herein please find our check #24163 in the amount of \$350.00 representing renewal fee.

Very truly yours,


Alfred J. Swyer, M.D.

AJS:lp
Enclosure (1)

88 DEC -5 AM 28

RECEIVED-REGION 1

109962

DEC 05 1988

OFFICIAL RECORD COPY ML10

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 : PROGRAM CODE: 02300
 : STATUS CODE: 2
 : FEE CATEGORY: 7A
 : EXP. DATE: 19890226
 : FEE COMMENTS: -----
 :

BETWEEN:
 LICENSE FEE MANAGEMENT BRANCH, ARM
 AND
 REGIONAL LICENSING SECTIONS

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 APPLICANT/LICENSEE: SMYER MO., ALFRED J.
 RECEIVED DATE: 881205
 DOCKET NO: 3000349
 CONTROL NO.: 109962
 LICENSE NO.: 29-03198-02
 ACTION TYPE: RENEWAL

2. FEE ATTACHED
 AMOUNT: \$350.00
 CHECK NO.: 29163

3. COMMENTS

SIGNED: *EMW*
 DATE: *DEC 7, 1988*

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED *1/1*)

1. FEE CATEGORY AND AMOUNT: *7A* *\$350*

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
 AMENDMENT -----
 RENEWAL -----
 LICENSE -----

3. OTHER -----

SIGNED: *S. Kimbley*
 DATE: *12/12/88*

PA 12/17/88