NRC FORM 313
(1-84)
10 CFR 30, 32, 33, 34
35 and 40

U.S. NUCLEAR REGULATORY COMMISSION
APPROVED BY OMB
3150-0120
Expires: 8-31-87

APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

FEDERAL AGENCIES FILE APPLICATIONS WITH:

U.S. NUCLEAR REGULATORY COMMISSION
DIVISION OF FUEL CYCLE AND MATERIAL SAFETY, NMSS
WASHINGTON, DC 20555

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS, IF YOU ARE LOCATED IN:

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION I
NUCLEAR MATERIAL SECTION B
631 PARK AVENUE
KING OF PRUSSIA, PA 19406

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION II
MATERIAL RADIATION PROTECTION SECTION
101 MARIETTA STREET, SUITE 2900
ATLANTA, GA 30323

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION III
MATERIALS LICENSING SECTION
799 ROOSEVELT ROAD
GLEN ELLYN, IL 60137

ARKANSAS, COLORADO, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, SOUTH DAKOTA, TEXAS, UTAH, OR WYOMING, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
MATERIAL RADIATION PROTECTION SECTION
611 RYAN PLAZA DRIVE, SUITE 1000
ARLINGTON, TX 76011

ALASKA, ARIZONA, CALIFORNIA, HAWAII, NEVADA, OREGON, WASHINGTON, AND U.S. TERRITORIES AND POSSESSIONS IN THE PACIFIC, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION V
MATERIAL RADIATION PROTECTION SECTION
1450 MARIA LANE, SUITE 210
WALNUT CREEK, CA 94596

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTION.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

[ ] A. NEW LICENSE
[X] B. AMENDMENT TO LICENSE NUMBER 29-17045-01
[ ] ~~C. RENEWAL OF LICENSE NUMBER~~ Control No. 107416

2. NAME AND MAILING ADDRESS OF APPLICANT (Include Zip Code)

Veterans Administration Medical Center
Lyons, New Jersey 07939

3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Veterans Administration Medical Center
Lyons, New Jersey 07939

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Arnot E. Erb III

TELEPHONE NUMBER
201-647-0180Ext.4770

SUBMIT ITEMS 5 THROUGH 11 ON 8½ x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL
a. Element and mass number, b. chemical and/or physical form, and c. maximum amount which will be possessed at any one time.
N/A

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.
N/A

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.
N/A

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.
N/A

9. FACILITIES AND EQUIPMENT.
See Attachment A1, A2

10. RADIATION SAFETY PROGRAM.
See Attachment B

11. WASTE MANAGEMENT.
N/A

12. LICENSEE FEES (See 10 CFR 170 and Section 170.31)
FEE CATEGORY N/A
AMOUNT ENCLOSED $

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, AND 40 AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

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.

SIGNATURE—CERTIFYING OFFICER	TYPED/PRINTED NAME	TITLE	DATE
	A. PAUL KIDD	Medical Center Director	

14. VOLUNTARY ECONOMIC DATA

a. ANNUAL RECEIPTS
[ ] < $250K
[ ] $250K - 500K
[ ] $500K - 750K
[ ] $750K - 1M
[ ] $1M - 5M
[ ] $5M - 10M
[ ] $10M - 50M
[ ] > $50M

b. NUMBER OF EMPLOYEES (If one for entire facility excluding outside contractors)

c. NUMBER OF BEDS

d. WOULD YOU BE WILLING TO FURNISH COST INFORMATION (dollar and/or staff hours) ON THE ECONOMIC IMPACT OF CURRENT NRC REGULATIONS OR ANY FUTURE PROPOSED NRC REGULATIONS THAT MAY AFFECT YOU? (NRC regulations permit it to protect confidential commercial or financial proprietary information furnished to the agency in confidence)

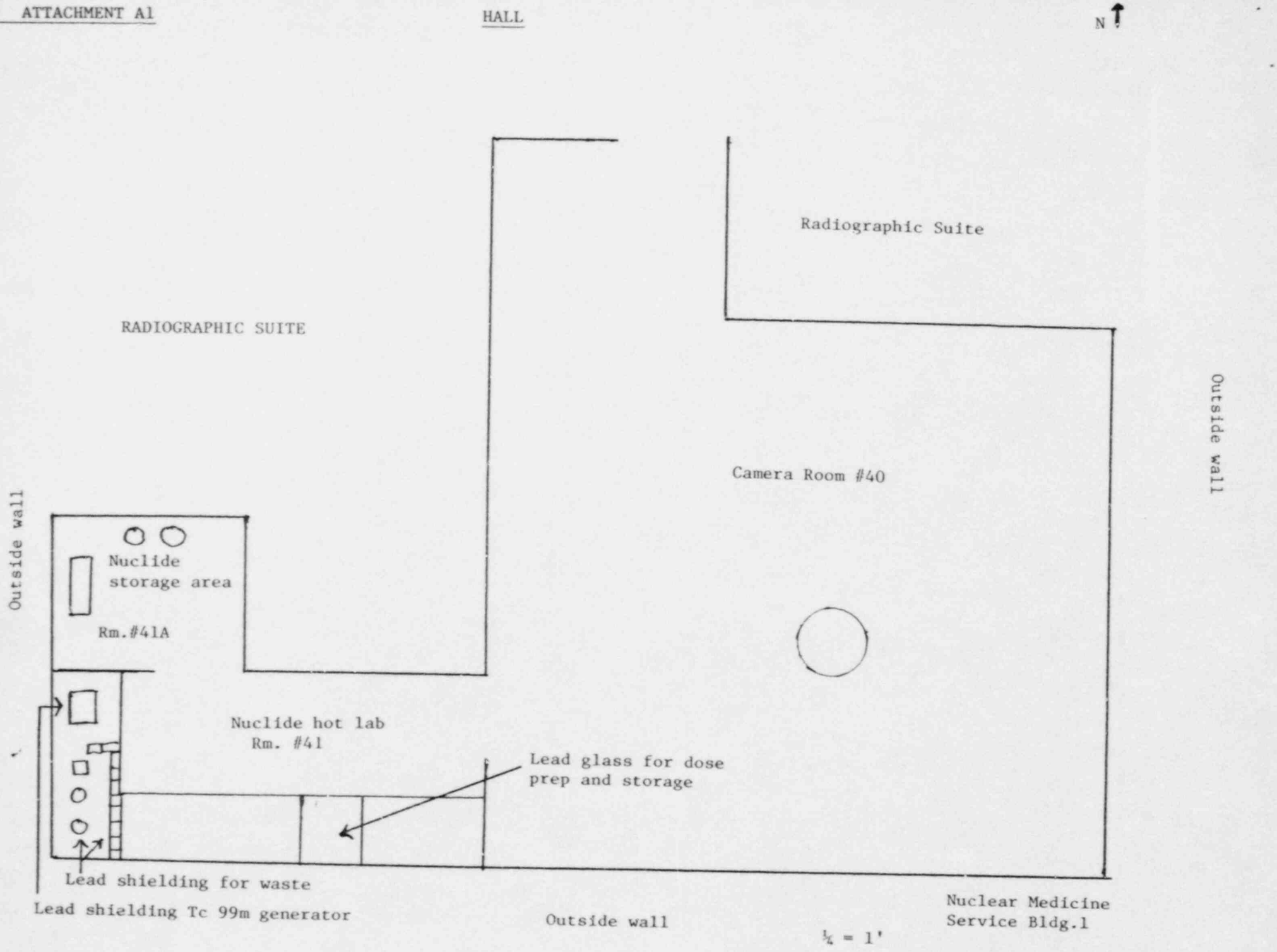
[ ] YES [ ] NO

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	COMMENTS	APPROVED BY
AMOUNT RECEIVED	CHECK NUMBER			DATE

PRIVACY ACT STATEMENT ON THE REVERSE

ATTACHMENT A1

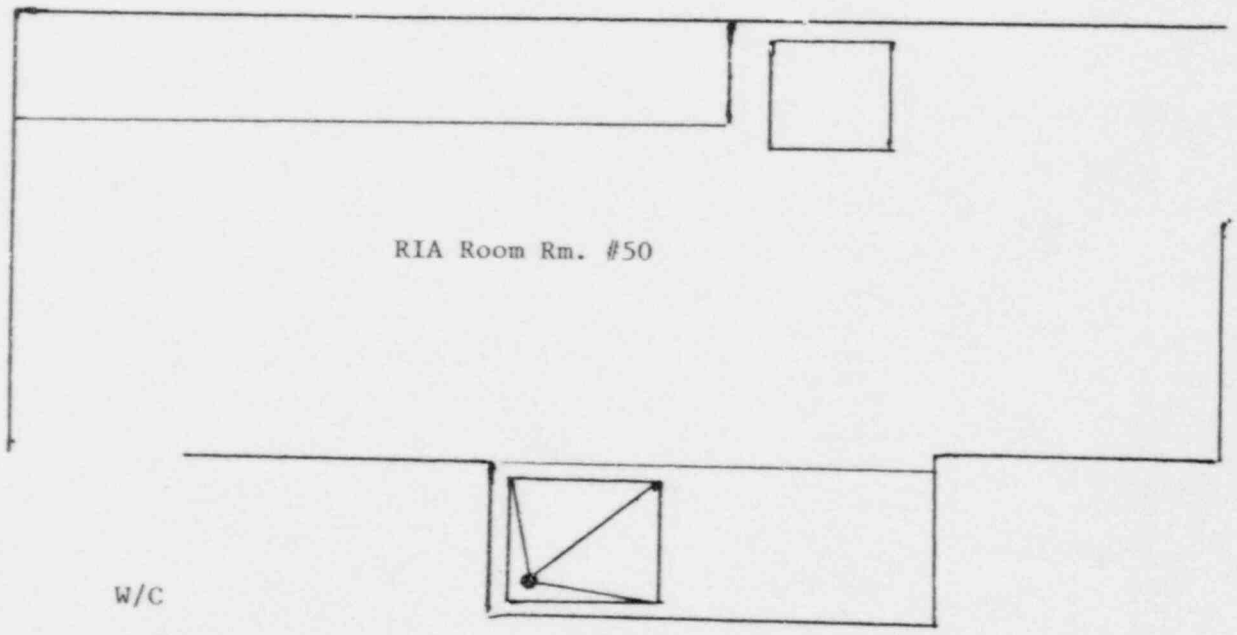


ATTACHMENT A2

Outside wall

N ↑

Waiting Room



Outside Wall

Closet

Radiographic Suite

Nuclear Medicine
Service Bldg. 1

¼" = 1'

ATTACHMENT B

AREA SURVEY PROCEDURES

DAILY (mR/Hr)

Equipment:

Date:
Surveyor:
Std.check source (before):
Background:
Area A:
Area B:
Area C:
Std. check source (after):

Date:
Surveyor:
Std. check source (before):
Background:
Area A:
Area B:
Area C:
Std. check source (after):

Date:
Surveyor:
Std. check source (before):
Background:
Area A:
Area B:
Area C:
Std. check source (after):

Date:
Surveyor:
Std. check source (before):
Background:
Area A:
Area B:
Area C:
Std. check source (after):

WEEKLY

Equipment: (1)
Equipment: (2)
Date:
Surveyor:
Std. check sources (before):

Background:

Location (Area)	Survey Meter(1) (exp.rate mR/hr)	Wipe(2) CPM
A (dose prep):		
B (elution area):		
C (Injec. cart):		
D (Hot storage Ext.):		
E (RIA work area):		
F (RIA work area):		

Std. check sources (after):

Any corrective action indicated:

What: