



**GAMMA
KNIFE
CENTER**

OF THE PACIFIC

2226 Liliha Street, B1
Honolulu
Hawaii 96817

Telephone 808-535-1579
Fax 808-535-1540

www.gammaknifehawaii.com

DWVWV
##'S' S#

? S[^5a` fch^@g_ TW (\$+&+)
6aU W@g_ TW, %%%(\$+
>[UWeW@g_ TW, ' %Z##+((Z \$
>[UWeW@S_ W9S_ _ S= ` [XV5 WfWlaXfZWBSUXU

November 11, 2021

Nuclear Materials Safety Branch B
U.S. Nuclear Regulatory Commission, Region IV
1600 E. Lamar Blvd.
Arlington, TX 76011-4511

Subject: Notification
NRC License No. 53-11966-02
Docket No. 030-34629

Dear License Reviewer:

Please remove the following physicians from our list of Authorized Users:

Bobby Calvin Baker, M.D.
Paul Demare, M.D.
Gene-Fu Liu, M.D.

If you require any additional information please contact our Radiation Safety Officer, Ronald Frick at 808-373-7009.

Sincerely,

Sean Nicholson
Chief Executive Officer

From: [Ronald Frick](#)
To: [Hill, Carol](#)
Subject: [External_Sender] Gamma Knife Center of the Pacific notification
Date: Thursday, November 11, 2021 10:47:04 PM
Attachments: [notif_AU21.pdf](#)

Hi Carol,

Attached is a notification from Gamma Knife Center of the Pacific to remove some physicians from the list of Authorized Users.

Let me know if you need additional information.

Thanks,

Ron Frick

Gamma Medical Physics



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee Sean Nicholson Chief Executive Officer Gamma Knife Center of the Pacific 2226 Liliha St., B1 Level Honolulu, HI 9681	Date 12/16/2021
	License Number(s) 53-11966-02
	Mail Control Number(s) 629497
	Licensing and/or Technical Reviewer or Branch C. Hill

This is to acknowledge receipt of your: **Letter and/or** **Application** **Dated:** 11/11/2021

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 complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf> Follow the instructions on the form for submission.

The following administrative omissions have been identified:

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

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02240
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 03/31/2034
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Gamma Knife Center of the Pacific
Received Date: 11/11/2021
Docket Number: 3034629
Mail Control Number: 629497
License Number: 53-11966-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____ N/A _____

Check No.: _____ N/A _____

3. COMMENTS

Signed: _____ Carol L. Hill _____

Date: _____ 12/16/2021 _____

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: _____

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3034629 LICENSE NUMBER: 53-11966-02 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 629497 RECEIPT DATE: 11/11/2021 ACTION TYPE: Amendment

DUE DATE: 02/09/2022 INST. CODE: 11966 LICENSE REGION: Region 4

LICENSE TYPE: 30 ENTITY TYPE: C LICENSE GROUP: Medical

ISSUE DATE: ORIGINAL DATE: 09/16/1998 EXPIRATION DATE: 03/31/2034

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Gamma Knife Center of the Pacific DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: 2226 Liliha Street, B1 Level CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Honolulu STATE: HI ZIP: 96817

CONTACT PERSON: PREFIX: FIRST NAME: Sean MIDDLE INITIAL:

LAST NAME: Nicholson SUFFIX:

JOB TITLE: Chief Executive Officer PHONE: 808-535-1579 FAX: 808-535-1540 EMAIL: rfrick@gammacorp.com

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Hawaii ZIP:

BILLING CONTACT PERSON: FIRST NAME: MIDDLE INITIAL: LAST NAME:

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 02240 SECONDARY PGM CODE:

INSPECTION REGION: Region 4 PRIORITY: 2

RSO: PREFIX: FIRST NAME: Ronald MIDDLE INITIAL: W. LAST NAME Frick

SUFFIX: M.S. RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 808-373-7009 RSO FAX: 808-378-7017 RSO EMAIL: rfrick@gammamedphys.com

STATES WHERE USE IS AUTHORIZED: 1
0- ALL LISTED STATES
1- SAME AS STATE IN ADDRESS
2- ALL STATES
3- NON-AGREEMENT-STATES

AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):