



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Saint Francis Hospital and Medical Center  
114 Woodland Street  
Hartford, Connecticut 06105-1299

Date

May 6, 2024

License Number(s)

06-00854-03

Mail Control Number(s)

640612

Licensing and/or Technical Reviewer or Branch

Medical and Licensing Assistance Branch

This is to acknowledge receipt of your:  Letter and/or  Application Dated: March 29, 2024

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:

Select a location (Use keyboard arrows to select). . .