



Notice of Proposed Reciprocity Activity

DEC 3 - 1999


Licensee Name Varian Medical Systems 911 Hansen Way, MS C-080 Palo Alto, CA 94304	Licensee Contact Tony Sorensen, Radiation Safety Officer 650-424-6662 650-855-7375 (fax)
License Information State of California, Department of Health Services # 1025-43 Expiration Date: 11/25/97 (timely renewal)	Person Authorized to Perform Activity Richard Nusspickel Contact #: 800-864-1672


Description of Device Varian Model VariSource High Dose Rate Remote Afterloader (CA661D103S)	Activity to be Performed PMI/Routine Service
Description of Source Omnitron International Model SL-777/777V (LA0760S102S) Iridium-192, Special Form, Sealed Source Maximum Activities: 13 curies (shipped) 10 curies (installed)	

Site Name and Address Holy Name Hospital 718 Teaneck Road Teaneck, NJ 07666	Site Contact Person Name Lazlo Berkovitz Telephone 201-541-6341
Licensee/Site Identification Number N/A	Dates on which work will performed From 12/10/99 to 12/11/99

Comments RTS # 337

I hereby certify that the above information is true and complete.

Signed  Date 12/3/99

Authorizing Official:

Signature M. C. Hernandez
Title: Radiation Specialist
Date: 12/3/99

PDR STPRG



UNITED STATES
 NUCLEAR REGULATORY COMMISSION

REGION IV
 611 RYAN PLAZA DRIVE, SUITE 400
 ARLINGTON, TEXAS 76011-8064

DEC - 3 1999

MEMORANDUM Shirley Crutchfield
 TO: License Fee & Accounts Receivable Branch (T9 E10)
 FROM: Christi Hernandez
 Nuclear Materials Licensing Branch, Region IV *MCH*
 SUBJECT: FEE TRANSMITTAL

A. Region IV

1. NRC FORM 241 ATTACHED

Applicant/Licensee:
 NRC Form 241 Dated:
 Agreement State License:
 Program Code(s):

2. REVISION ATTACHED

Licensee:
 Agreement State License:

3. CLARIFICATION ATTACHED

Licensee: *Varian Associates*
 Agreement State License: *CA 1025-43*

4. FEE ATTACHED

Amount: \$ _____ Check: # _____

5. COMMENTS

B. LICENSE FEE & ACCOUNTS RECEIVABLE BRANCH

- 1. Fee Category and Amount: _____
- 2. Correct Fee Paid. Submittal may be processed for:
 General License _____
 Revision _____

Signed _____ Date _____