

RECEIVED  
REGION 1

DATE: 9/30/02  
2002 OCT 15 PM 1:57

TO: Shirley Crutchfield, OCFO/DAF/LFARB  
FROM: Sheryl Villar, RI/DNMS/LAT

Region I Transmittal Form for  
Initial Reciprocity Submittals (NRC FORM 241)

LICENSEE NAME: Ocean State Technical Services

LICENSE NO. RI-3D-117-01

APPLICATION DATE: 09/27/02 RTS LOC. REF. NO. 001050

CHECK NO. 3608 CHECK AMOUNT \$ 1400.00

PACKAGE ACCESSION NO. IN ADAMS: ML 022700467

ATTACHMENTS:

1. CHECK
2. COPY OF CHECK

Log	<u>OCT 1 241</u>
Remitter	
Check No.	<u>3608</u>
Amount	<u>\$1400</u>
Fee Category	<u>16</u>
Type of Fee	<u>App</u>
Date Check Rec'd.	
Date Completed	<u>10/10/02</u>
By	<u>SC</u>

2002 OCT 09 PM 7:14