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REGION I  
DATE: 2002 Nov 31 18 PM 3:26

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: Quality Assurance Labs.

LICENSE NO. ME-05139

APPLICATION DATE: 10/31/02 RTS LOC. REF. NO. 001110

CHECK NO. 004949 CHECK AMOUNT \$ 1,400.00

PACKAGE ACCESSION NO. IN ADAMS: ML023040194

ATTACHMENTS:

1. CHECK
2. COPY OF CHECK

Log	<u>NOV 7 241</u>
Remitter	
Check No.	<u>4949</u>
Amount	<u>1400</u>
Fee Category	<u>16</u>
Type of Fee	<u>App</u>
Date Check Rec'd	
Date Completed	<u>11/13/02</u>
By	<u>SC</u>

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