

DATE: 12/31/02

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: Krueger-Gilbert Health Physics

LICENSE NO. MD-05-101-01

APPLICATION DATE: 12/31/02 RTS LOC. REF. NO. multiple (000025 thr
~~00194 001201~~ 000032)

CHECK NO. 4360 CHECK AMOUNT \$ 1400.00

PACKAGE ACCESSION NO. IN ADAMS: ML 023650639

ATTACHMENTS:

1. CHECK
2. COPY OF CHECK

Log	<u>Jan 5 241</u>
Remitter	
Check No.	<u>4360</u>
Amount	<u>\$1400</u>
Fee Category	<u>16</u>
Type of Fee	<u>APP</u>
Date Check Rec'd.	
Date Completed	<u>1/14/03</u>
By:	<u>SC</u>