

RECEIVED
REGION I

DATE: 01/03/03
2003 JAN 16 PM 1:30

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, Inc.

LICENSE NO. ME-05139

APPLICATION DATE: 01/03/03 RTS LOC. REF. NO. 000038

CHECK NO. 004985 CHECK AMOUNT \$ 1400.00

PACKAGE ACCESSION NO. IN ADAMS: ML 0300 30739

ATTACHMENTS:

1. CHECK
2. COPY OF CHECK

2003 JAN 14 11:10:05

Log	<u>Jan 5 241</u>
Remitter	
Check No.	<u>4985</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>

Rev. 05/22/02