

DATE RECEIVED 01/17/03
REGION 1

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

2003 JAN 30 PM 1:40

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

LICENSEE NAME: Advance Testing Co.

LICENSE NO. NY-2434-3468

APPLICATION DATE: 01/16/03 RTS LOC. REF. NO. 000209

CHECK NO. 19637 CHECK AMOUNT \$ 1,400.00

PACKAGE ACCESSION NO. IN ADAMS: ML 030170089

- ATTACHMENTS:
1. CHECK
2. COPY OF CHECK

2003 JAN 27 PM 12:27

Log	<u>Jan 8 241</u>
Remitter	
Check No.	<u>19637</u>
Amount	<u>1400</u>
Fee Category	<u>14</u>
Type of Fee	<u>App</u>
Date Check Rec'd.	
Date Completed	<u>1/28/03</u>
By:	<u>SC</u>

Rev. 05/22/02