BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: ____
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Reqd: _

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: VICKY SAVAS, M.D., P.C.
Received Date: 20050228
Docket No: 3036886
Control No.: 314217
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: $1900.00
Check No.: 4851

3. COMMENTS

Signed D. A. Hersey
Date 3-14-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered 3/21/05 07, 3/22/05

1. Fee Category and Amount: 7C, $1900

2. Correct Fee Paid. Application may be processed for:
Amendment ____
Renewal ____
License ✓

3. OTHER _____

Signed [illegible]
Date 3/22/05

R7

March 22, 2005

Application for Material License

Log:	MAR 2 III
Remitter:	SAVAS, M.D., P.C., VICKY
Check No:	4851
Amount:	$1,900
Fee Category:	7C
Type of Fee:	Application
Date Check Received:	03/21/05
Date Completed:	03/22/05
Completed by:	Rosalyn Jones