

License No. 06-07522-02
Docket No. 03003796
Control No. 134877

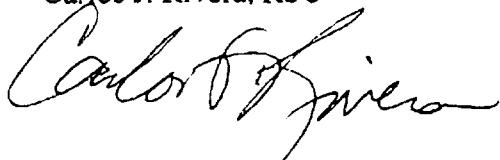
Steven Cortamisor
United States Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, PA 19406-1415
610-337-5075
Fax: 610-337-5269

Dear Mr. Cortamisor:

Please start the termination process for Mail control # 134877. The information has been gathered and is currently being reviewed by our legal team. This package will be forward to you by April 22nd 2005.

Respectfully,

Carlos J. Rivera, RSO



136819
NMSS/RGNI MATERIALS-002

This is to acknowledge the receipt of your letter/application dated 3/30/2005 received and to inform you that the initial processing which includes an administrative review has been performed.

Termination 06-07522-02 There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 136819.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 :
 BETWEEN: :
 :
 License Fee Management Branch, ARM : Program Code: 03120
 and : Status Code: 1
 Regional Licensing Sections : Fee Category: 3P
 : Exp. Date: 20050331
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : :::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: UNITED TECHNOLOGIES CORP.
 Received Date: 20050330
 Docket No: 3003796
 Control No.: 136819
 License No.: 06-07522-02
 Action Type: Termination

2. FEE ATTACHED
 Amount: /
 Check No.: /

3. COMMENTS
 Signed *Debra Junch*
 Date 4/15/05

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/)

1. Fee Category and Amount: _____
 2. Correct Fee Paid. Application may be processed for:
 Amendment _____
 Renewal _____
 License _____
 3. OTHER _____

Signed _____
 Date _____