

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: BAKER INSPECTION GROUP, LLC.
Received Date: 20050512
Docket No: 3036956
Control No.: 314489
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: *
Check No.: * ADDL INFO 314330

3. COMMENTS

Signed D. A. Hersey
Date 6-2-2005

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 _____