

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

:  
:  
:-----  
:  
: Program Code: 02201  
: Status Code: 0  
: Fee Category: 3P  
: Exp. Date: 20160131  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Reqd: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: COVANCE CLINICAL RESEARCH UNIT, INC  
Received Date: 20060522  
Docket No: 3033820  
Control No.: 315463  
License No.: 13-26640-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed D. A. Hersey  
Date 6-5-2006

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 \_\_\_\_\_