

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 03320
: Status Code: 0
: Fee Category: 30 2B
: Exp. Date: 20110930
: Fee Comments: _____
: Decom Fin Assur Reqd: N
:

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: U. S. INSPECTION SERVICES
Received Date: 20060829
Docket No.: 3035059
Control No.: 315679
License No.: 34-06943-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed HR. Bernardino
Date 9-1-06

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 _____