

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 03121
Status Code: 2
Fee Category: 3P
Exp. Date: 20060831
Fee Comments: _____
Decom Fin Assur Req: N
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MIDWEST TESTING, INC.
Received Date: 20060814
Docket No: 3032036
Control No.: 315637
License No.: 24-24619-02
Action Type: Renewal

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

3. COMMENTS


Signed *A. J. Bernardini*
Date 8-15-06

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 _____