

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 03613
Status Code: 0
Fee Category: 17
Exp. Date: 20501111
Fee Comments: _____
Decom Fin Assur Reqd: Y

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: V. A., DEPARTMENT OF
Received Date: 20061129
Docket No: 3034325
Control No.: 315873
License No.: 03-23853-01VA
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed D. A. Hensley
Date 12-4-2006

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 _____