

(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 Req: Y
:.....

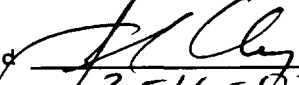
LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: V. A., DEPARTMENT OF
Received Date: 20070316
Docket No.: 3034325
Control No.: 316102
License No.: 03-23853-01VA
Action Type: Amendment

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

3. COMMENTS

Signed 
Date 3/16/07

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 _____