

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 03613
: Status Code: 0
: Fee Category: 17
: Exp. Date: 20501111
: Fee Comments: _____
: Decom Fin Assur Req'd: Y
: ::

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: V. A., DEPARTMENT OF
Received Date: 20070530
Docket No: 3034325
Control No.: 316284
License No.: 03-23853-01VA
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: 0

3. COMMENTS

Signed M. Buchholz
Date 6-5-07

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 _____