

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

Licenses Fee Management Branch, ARM
and
Regional Licensing Sections

:
:
:-----
:
:
: Program Code: 03121
: Status Code: 0
: Fee Category: 3P
: Exp. Date: 20090630
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CESO TESTING TECHNOLOGY, INC.
Received Date: 20071015
Docket No: 3035054
Control No.: 316602
License No.: 34-26553-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: *10*

3. COMMENTS

Signed *Rosemary Jones*
Date 10/16/07

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 _____