

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20160131
: Fee Comments: MEDICAL USE NOT 3P
: Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: COVANCE CLINICAL RESEARH UNIT, INC
Received Date: 20080201
Docket No: 3033820
Control No.: 316944
License No.: 13-26640-01
Action Type: Decommissioning

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed *J.R. Bernardino*
Date 3-10-08

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 _____