	:	(FOR LFMS USE)
	:	INFORMATION FROM LTS
BETWEEN:	:	---
	:	
License Fee Management Branch, ARM	:	Program Code: 02201
and	:	Status Code: 0
Regional Licensing Sections	:	Fee Category: 7C
	:	Exp. Date: 20160131
	:	Fee Comments: MEDICAL USE NOT 3P
	:	Decom Fin Assur Reqd: 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 K R Bernardin
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 _____