

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 03121
: Status Code: 0
: Fee Category: 3P
: Exp. Date: 20170131
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MIDWEST TESTING, INC.
Received Date: 20080812
Docket No: 3032036
Control No.: 317403
License No.: 24-24619-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____ 

3. COMMENTS

Signed _____
Date 8/14/08 

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 _____