

LTS WORKSHEET

DOCKET NO : 03020412 LICENSE NO : 46-23247-01E STATUS: 0
MAIL CONTROL: 022658 RECEIPT DATE : 20080130 ACTION TYPE: 3
DUE DATE : 20080728
FED. GOVT : C INST. CODE : 23247 LICENSE REGION: 0
ISSUE DATE: 20030123 ORIGINAL DATE: 19860925 EXPIRATION DATE: 20080131
NAME : JAMCO AMERICA, INC. DECOM FIN ASSUR REQ: N
SUBM: _
DEPT/BUREAU: _____ CONT PLAN REQ: N APPRV: _
BUILDING : _____
STREET : 1018 80TH STREET, SW
CITY : EVERETT STATE: WA ZIP: 98203
CONTACT PERSON: ~~ROBYN E. HUSS~~ *Randy L. Maser* PHONE: 425-347-4735
PRIMARY PGM CODE : 03255 SECONDARY PGM CODES: _____
INSPECTION REGION: 4 PRIORITY CODE: 5 INSPECTION CATEGORY: E
RADIATION SAFETY OFFICER: ~~ROBYN E. HUSS~~ *Billie Jo Siemering*
RSO PHONE: 425-347-4735 RSO FAX NUMBER: _____
RSO EMAIL ADDRESS: ROBYN_HUSS "AT" JAMCO-AMERICA.CO
STATES WHERE USE IS AUTHORIZED: 1 0 - ALL LISTED STATES
1 - SAME AS STATE IN ADDRESS
2 - ALL STATES
3 - NON-AGREEMENT STATES
AUTHORIZED STATES: _____ (USE ONLY IF ABOVE IS ZERO)
REPORTING IDENTIFICATION SYMBOL: _____
APPROVAL FOR: REDISTRIBUTION: N STORAGE ONLY: N
TEMPORARY JOB SITES: N INCINERATION: N
BURIAL: N
EXEMPTIONS GRANTED : _____
EXEMPTIONS REQUESTED: _____
EXEMPTIONS DENIED : _____

POSSESSION LIMIT INFORMATION

MATERIAL TYPE : NPA FORM CODE: NPA AGGREGATE CODE: NPA
 MODEL NUMBER : _____
 DESCRIPTION : _____
 TOTAL QUANTITY : 0000000.000000000 UNIT: _____
 OTHER : # SOURCES: _____

MATERIAL TYPE : _____ FORM CODE: _____ AGGREGATE CODE: _____
 MODEL NUMBER : _____
 DESCRIPTION : _____
 TOTAL QUANTITY : _____ UNIT: _____
 OTHER : # SOURCES: _____

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 MODEL NUMBER : _____
 DESCRIPTION : _____
 TOTAL QUANTITY : _____ UNIT: _____
 OTHER : # SOURCES: _____

NAME

AUTHORIZATION

ADDRESS WHERE MATERIAL IS USED OR POSSESSED

BUILDING: *
ROOM: _____
STREET: 1018 80TH STREET, SW
CITY: EVERETT
STATE: WA 98203
INSPECTION DATE: _____

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STREET: _____
CITY: _____
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INSPECTION DATE: _____

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 03255
: Status Code: 0
: Fee Category: 3H
: Exp. Date: 20080131
: Fee Comments:
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION HQ

1. APPLICATION ATTACHED
Applicant/Licensee: JAMCO AMERICA, INC.
Received Date: 20080130
Docket No: 3020412
Control No.: 022658
License No.: 46-23247-01E
Action Type: Renewal

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

3. COMMENTS

Signed _____
Date _____

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 _____