

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02230
Status Code: 0
Fee Category: 7C EX 2B
Exp. Date: 20140630
Fee Comments:
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: EVANSVILLE CANCER CENTER
Received Date: 20080812
Docket No: 3030712
Control No.: 317389
License No.: 13-25945-01
Action Type: Amendment

2. FEE ATTACHED

Amount:

Check No.: Ø

3. COMMENTS

Signed
Date

Rosemary Jan
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

