

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

:
:
:
:
: Program Code: 03124
: Status Code: 3
: Fee Category: _____
: Exp. Date: 0
: Fee Comments: _____
: Decom Fin Assur Req'd: _____
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: OMNISOURCE CORPORATION
Received Date: 20080829
Docket No: 3037821
Control No.: 317445
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$1,100.00
Check No.: 00416763

3. COMMENTS

Signed _____
Date 9/2/08

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered 1-1)

1. Fee Category and Amount: _____ See attached fee sheet

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log page: Aug 1 (Region III)
Mail control: 317445
Licensee name: OmniSource Corporation
Fee category: 3P
Check number: 00416743 / 00424136
Amount received: \$1100 + / \$200
Type of fee: Application
Date completed: 10/30/18/08
Completed by: Brenda Brown