Nuclear Instrument Services Compa
993 "C" South Santa Fe, PMB 304
Vista, CA 92083
State of CA Nuclear License 6511-37
Telephone & Fax : 760 727 1927
Email : sj_foster@hotmail.com

Nuclear Instrument Services Company

FAX COVER SHEET

OCT 25 1999

DATE: 25 OCTOBER, 1999

TO: CHRISTY HERNANDEZ

NUCLEAR REGULATORY COMMISSION **FAX: 817 860 8263**

FROM: Stephen J. Foster **PHONE:** 760 727 1927 office

home

FAX: 760 727 1927

Re: Site Address

Number of pages including cover sheet: 1___

Message

Christy,

Per our conversation on the phone today I am sending you the address of my office which is different from the mail stop listed on my letterhead and my License with the State of CA. (Please note that the license with the State of CA has just been revised to include the address of my office).

Office Address:

2137 Lakeside Road
Vista, CA 92084
Office Phone 760 727 1927
Home Phone

If you have other questions don't hesitate to call.

Yours truly,

Steve Foster

Providing Nuclear Services to Basic Industry

Authorizing Official:

M. C. Hernandez

Signature M. C. Hernandez

Title: Radiation Specialist

Date: 10/27/99

PDR STPRG.

NE05
Copy to RIV

UNITED STATES

NUCLEAR REGULATORY COMMISSION

REGION IV

611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-8064

OCT 28 1999

MEMORANDUM TO: Shirley Crutchfield
License Fee & Accounts Receivable Branch (T9 E10)

FROM: Christi Hernandez
Nuclear Materials Licensing Branch, Region IV MCH.

SUBJECT: FEE TRANSMITTAL

A. Region IV

1. NRC FORM 241 ATTACHED

   Applicant/Licensee:

   NRC Form 241 Dated:

   Agreement State License:

   Program Code(s):

2. REVISION ATTACHED

   Licensee:

   Agreement State License:

3. **CLARIFICATION ATTACHED**

   Licensee: Nuclear Instrument Svc. Co.

   Agreement State License: CA 6511-37

4. FEE ATTACHED

   Amount: $ Check: #

5. COMMENTS

B. LICENSE FEE & ACCOUNTS RECEIVABLE BRANCH

1. Fee Category and Amount: _____
2. Correct Fee Paid. Submittal may be processed for:

   General License _____

   Revision _____

Signed _____ Date _____