R1201021 LICENSING TRACKING SYSTEM DATE: 20100301
PAGE: 1

LTS WORKSHEET

DOCKET NO : 03029464 LICENSE NO : 19-23643-01E STATUS: 0

MAIL CONTROL: 022808 RECEIPT DATE : 20100226 ACTION TYPE: 4
DUE DATE : 20100527

FED. GOVT : C INST. CODE : 23643 LICENSE REGION: 0

ISSUE DATE: 20091104 ORIGINAL DATE: 19861021 EXPIRATION DATE: 20130228

NAME : UNIVERSAL SECURITY INSTRUMENTS, INC DECOM FIN ASSUR REQD: N
SUBM: _

DEPT/BUREAU: _____ CONT PLAN REQD: N APPRV: _

BUILDING : SUITES A-D

STREET : 11407 CRONHILL DRIVE

CITY : OWINGS MILLS STATE: MD ZIP: 21117

CONTACT PERSON: STEPHEN F. BABINEC PHONE: 410-363-3000

PRIMARY PGM CODE : 03255 SECONDARY PGM CODES: _____

INSPECTION REGION: 1 PRIORITY CODE: 5 INSPECTION CATEGORY: E

RADIATION SAFETY OFFICER: STEPHEN F. BABINEC

RSO PHONE: 410-363-3000 RSO FAX NUMBER: 410-363-2218

RSO EMAIL ADDRESS: STEVEB "AT" UNIVERSALSECURITY.COM

STATES WHERE USE IS AUTHORIZED: 0
0 - ALL LISTED STATES
1 - SAME AS STATE IN ADDRESS
2 - ALL STATES
3 - NON-AGREEMENT STATES
AUTHORIZED STATES: MD CA (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 : _____

MATERIAL TYPE : NPA FORM CODE: NPA AGGREGATE CODE: NPA
MODEL NUMBER : AMERSHAM MODEL AMM-1001H
DESCRIPTION : AMERICIUM-241 FOIL SOURCES
TOTAL QUANTITY : 0000000.000000000 UNIT: ___
OTHER : _ # SOURCES: ___

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

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

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

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

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

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

NAME AUTHORIZATION

ADDRESS WHERE MATERIAL IS USED OR POSSESSED

***

2850 E. DEL AMO BLVD
CARSON
CA
DATE:

**

SUITES A-D
11407 CRONHILL DR
OWINGS MILLS
MD 21117
INSPECTION DATE:

DATE: INSPECTION DATE:

DATE: INSPECTION DATE:

DATE: INSPECTION DATE:

DATE: INSPECTION DATE:

DATE: INSPECTION DATE:

DATE: INSPECTION DATE:

DATE: 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: 20130228
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION HQ

1. APPLICATION ATTACHED
   Applicant/Licensee: UNIVERSAL SECURITY INSTRUMENTS, INC
   Received Date: 20100226
   Docket No: 3029464
   Control No.: 022808
   License No.: 19-23643-01E
   Action Type: Amendment

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 _____