

LTS WORKSHEET

DOCKET NO : ~~03034969~~ ⁰³⁰³⁸¹⁴⁷ LICENSE NO : ~~43-23865-01E~~ ^{10-23980-01E} STATUS: 0

MAIL CONTROL: 022772 RECEIPT DATE : 20090921 ACTION TYPE: 3
DUE DATE : 20100320

FED. GOVT : C INST. CODE : ~~23865~~ ²³⁹⁸⁰ LICENSE REGION: 0

ISSUE DATE: 20080618 ORIGINAL DATE: 19990903 EXPIRATION DATE: ~~20090930~~ ²⁰²⁰⁰³³¹

NAME : ~~BALLARD MEDICAL PRODUCTS~~ ^{KIMBERLY-CLARK CORPORATION} DECOM FIN ASSUR REQ: N
SUBM: _

DEPT/BUREAU: ~~A SUBSIDIARY OF KIMBERLY CLARK~~ CONT PLAN REQ: N APPRV: _

BUILDING : _____

STREET : ~~12050 LONE PEAK PARKWAY~~ ^{1400 Holcomb Bridge Road}

CITY : ~~DRAPER ROSWELL~~ STATE: ~~UT~~ ^{GA} ZIP: ~~84020~~ ³⁰⁰⁷⁶

CONTACT PERSON: BRENDA SHELKEY PHONE: ~~801-523-5278~~ ⁶⁷⁸⁻³⁵²⁻⁶¹⁴⁶

PRIMARY PGM CODE : 03256 SECONDARY PGM CODES: 03253

INSPECTION REGION: 4 PRIORITY CODE: 5 INSPECTION CATEGORY: _____

RADIATION SAFETY OFFICER: ~~BRENDA SHELKEY~~ ^{Dennis A. Morris}

RSO PHONE: ~~801-523-5278~~ ⁵²⁰⁻⁶⁶⁴⁻²⁷⁶³ RSO FAX NUMBER: ~~920-380-1313~~ ²²⁵⁻⁴⁷⁰⁷

RSO EMAIL ADDRESS: ~~BRENDA.SHELKEY~~ ^{Dennis.A.Morris} "AT" KCC.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: ~~UT~~ ^{AZ} (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	:	_____				
OTHER	:	-	# SOURCES:	_____		
MATERIAL TYPE	:	_____	FORM CODE:	_____	AGGREGATE CODE:	_____
MODEL NUMBER	:	_____				
DESCRIPTION	:	_____				
TOTAL QUANTITY	:	_____				
OTHER	:	-	# SOURCES:	_____		
MATERIAL TYPE	:	_____	FORM CODE:	_____	AGGREGATE CODE:	_____
MODEL NUMBER	:	_____				
DESCRIPTION	:	_____				
TOTAL QUANTITY	:	_____				
OTHER	:	-	# SOURCES:	_____		
MATERIAL TYPE	:	_____	FORM CODE:	_____	AGGREGATE CODE:	_____
MODEL NUMBER	:	_____				
DESCRIPTION	:	_____				
TOTAL QUANTITY	:	_____				
OTHER	:	-	# SOURCES:	_____		

NAME

AUTHORIZATION

ADDRESS WHERE MATERIAL IS USED OR POSSESSED

BUILDING:	*	AVENT, INC.
ROOM:		SUITE 100
STREET:	12050 LONE PEAK PARKWAY	6620 SOUTH MEMORIAL PLACE
CITY:	DRAPER	TUCSON
STATE:	UT 84020	AZ 85706
INSPECTION DATE:	_____	INSPECTION DATE: _____

BUILDING:	_____	_____
ROOM:	_____	_____
STREET:	_____	_____
CITY:	_____	_____
STATE:	_____	_____
INSPECTION DATE:	_____	INSPECTION DATE: _____

BUILDING:	_____	_____
ROOM:	_____	_____
STREET:	_____	_____
CITY:	_____	_____
STATE:	_____	_____
INSPECTION DATE:	_____	INSPECTION DATE: _____

BUILDING:	_____	_____
ROOM:	_____	_____
STREET:	_____	_____
CITY:	_____	_____
STATE:	_____	_____
INSPECTION DATE:	_____	INSPECTION DATE: _____

BUILDING:	_____	_____
ROOM:	_____	_____
STREET:	_____	_____
CITY:	_____	_____
STATE:	_____	_____
INSPECTION DATE:	_____	INSPECTION DATE: _____

BUILDING:	_____	_____
ROOM:	_____	_____
STREET:	_____	_____
CITY:	_____	_____
STATE:	_____	_____
INSPECTION DATE:	_____	INSPECTION DATE: _____

BUILDING:	_____	_____
ROOM:	_____	_____
STREET:	_____	_____
CITY:	_____	_____
STATE:	_____	_____
INSPECTION DATE:	_____	INSPECTION DATE: _____

BUILDING:	_____	_____
ROOM:	_____	_____
STREET:	_____	_____
CITY:	_____	_____
STATE:	_____	_____
INSPECTION DATE:	_____	INSPECTION DATE: _____

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

:
:-----
:
: Program Code: 03256
: Status Code: 0
: Fee Category: 3I
: Exp. Date: 20090930
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION HQ

1. APPLICATION ATTACHED
Applicant/Licensee: BALLARD MEDICAL PRODUCTS
Received Date: 20090921
Docket No: 3034969
Control No.: 022772
License No.: 43-23865-01E
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 _____