



Jack E. Whitten, Chief  
Nuclear Materials Safety Branch B  
Division of Nuclear Materials Safety  
Region IV/Nuclear Regulatory Commission  
1600 E. Lamar Blvd.  
Arlington, TX 76011-4511

RECEIVED  
OCT 14 2014

9 October 2014

Dear Mr. Whitten,

DNMS

License # 50-35068-01

We would like to add Noah Arvidson, MS and Bingqi Guo, PhD to our Gamma Knife License (# 50-35068-01) as Authorized Medical Physicists (AMP). Attached are the required FORMS 313A "AUTHORIZED MEDICAL PHYSICIST TRAINING AND PRECEPTOR ATTESTATION" and other required documentation

Noah Arvidson, MS:

- 1) Has a masters degree in Medical Physics from the University of Wisconsin (see copy of diploma attached)
- 2) Has completed four years of megavoltage calibration and quality assurance under the direction of Darwin Zellmer, PhD, RSO and AMD as his preceptor (see Form 313A attached)
- 3) Has completed one year of calibration and quality assurance on the Gamma Knife under the direction of Darwin Zellmer, PhD, RSO and AMD as his preceptor (see Form 313A attached)
- 4) Has completed factory authorized Gamma Knife training at Cleveland Clinic (See attached certificate)

Dr Bingqi Guo, PhD DABR:

- 1) Has a PhD from the University of Texas (see copy of diploma)
- 2) Is board certified by the American Board of Radiology (see attached copy of certification)
- 3) Has completed factory authorized Gamma Knife training at Cleveland Clinic (See attached certificate and preceptor statement form 313A)

We feel that the above described documentation satisfies requirement per 10 CFR 35.51 and request that Mr. Arvidson and Dr Guo be added to our NRC License #50-35068-01 in a timely manner as AMPs.

Sincerely,

Richard T. Chung, MD  
Medical Director

**PUBLIC**

- Immediate Release
- Normal Release

**NON-PUBLIC**

- A.3 Sensitive-Security Related
- A.7 Sensitive Internal
- Other: \_\_\_\_\_

Reviewer: None Date: 10-28-14

Darwin L. Zellmer, PhD  
Radiation Safety Officer

11 5 8 5 1 2 3

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION  
[10 CFR 35.51]**

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: (05/31/2015)

Name of Proposed Authorized Medical Physicist

Noah Arvidson, MS

- Requested Authorization(s) (check all that apply)**
- 35.400 Ophthalmic use of strontium-90     35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s)     35.600 Gamma stereotactic radiosurgery unit(s)

**PART I -- TRAINING AND EXPERIENCE**  
*(Select one of the three methods below)*

\*Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

**1. Board Certification**

- a. Provide a copy of the board certification.
- b. Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
- c. Skip to and complete Part II Preceptor Attestation.

**2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**

- a. Go to the table in section 3.c. to document training for new device.
- b. Skip to and complete Part II Preceptor Attestation

**3. Education, Training, and Experience for Proposed Authorized Medical Physicist**

- a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree	Major Field
MS	Medical Physics
College or University	
University of Wisconsin	

- b. Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of Darwin L. Zellmer, PhD, DABR, DABP who meets the requirements for an Authorized Medical Physicist.

**AND**

Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of Darwin L. Zellmer, PhD, DABR, DABP who meets the requirements for an Authorized Medical Physicist.



**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)**

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)  
If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics	Anchorage Radiation Therapy Center	Sept 2010 - Sept 2013	Sept 2013 - Sept 2014
Performing sealed source leak tests and inventories	Anchorage Radiation Therapy Center		Sept 2013 - Sept 2014
Performing decay corrections	Anchorage Radiation Therapy Center		Sept 2013 - Sept 2014
Performing full calibration and periodic spot checks of external beam treatment unit(s)	Anchorage Radiation Therapy Center		Sept 2013 - Sept 2014
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	Anchorage Radiation Therapy Center		Sept 2013 - Sept 2014
Performing full calibration and periodic spot checks of remote afterloading unit(s)			
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Anchorage Radiation Therapy Center		Sept 2013 - Sept 2014

Supervising Individual\*\*  
 Darwin L. Zellmer, PhD, DABR, DABP  
 License/Permit Number listing supervising individual as an authorized Medical Physicist  
 NRC License number 50-35068-01

for the following types of use:  
 Remote afterloader unit(s)       Teletherapy unit(s)       Gamma stereotactic radiosurgery unit(s)

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.  
 \* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.  
 \*\* If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)**

c. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation			Sept 2013 - Sept 2014
Safety procedures for the device use			Sept 2013 - Sept 2014
Clinical use of the device			Sept 2013 - Sept 2014
Treatment planning system operation			Sept 2013 - Sept 2014

Supervising Individual  
*If training is provided by Supervising Medical Physicist, (if more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*

Darwin L. Zellmer, PhD, DABR, DABP

License/Permit Number listing supervising individual as an authorized Medical Physicist  
NRC License number 50-35068-01

for the following types of use:

- Remote afterloader unit(s)     
  Teletherapy unit(s)     
  Gamma stereotactic radiosurgery unit(s)

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90			

d. Skip to and complete Part II Preceptor Attestation.



**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**PART II – PRECEPTOR ATTESTATION**

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

**First Section**

Check one of the following:

**1. Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized Medical Physicist  
10 CFR 35.51(a)(1) and (a)(2).

**OR**

**2. Education, Training, and Experience**

I attest that Noah Arvidson, MS has satisfactorily completed the 1-year of full-time  
Name of Proposed Authorized Medical Physicist  
training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

**AND**

**Second Section**

Complete the following:

I attest that Noah Arvidson, MS has training for the types of use for which authorization  
Name of Proposed Authorized Medical Physicist  
is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

**AND**

**Third Section**

Complete the following:

I attest that Noah Arvidson, MS has achieved a level of competency sufficient to  
Name of Proposed Authorized Medical Physicist  
function independently as an Authorized Medical Physicist for the following:

- 35.400 Ophthalmic use of strontium-90     35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s)     35.600 Gamma stereotactic radiosurgery unit(s)


**AND**

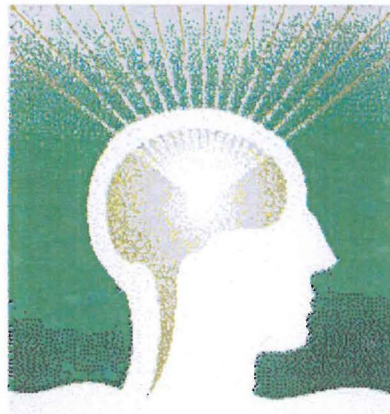
**Fourth Section**

Complete the following for preceptor attestation and signature:

I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:

- 35.400 Ophthalmic use of strontium-90     35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s)     35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor Darwin L. Zellmer, PhD, DABR, DABP	Signature 	Telephone Number (907) 276-2400	Date 12Sep2014
License/Permit Number/Facility Name NRC License number 50-35068-01 Anchorage Radiation Therapy Center			



**THE CLEVELAND CLINIC GAMMA KNIFE CENTER**

*Noah Arvidson, MS*

has completed the  
**Gamma Knife® Perfexion™ Introductory Training Course**  
**August 19-23, 2013**

**Gene H. Barnett, MD**  
Director, Cleveland Clinic  
Gamma Knife Center



**Lilyana Angelov, MD**  
Program Co-Director, Cleveland Clinic  
Gamma Knife Center

**Gennady Neyman, PhD**  
Lead Gamma Knife Physicist, Cleveland Clinic  
Gamma Knife Center

**John Suh, MD**  
Associate Director, Cleveland Clinic  
Gamma Knife Center

# UNIVERSITY OF WISCONSIN-MADISON



The Board of Regents of the University of Wisconsin System,  
on the nomination of the faculty, has conferred upon

**NOAH BARRETT ARVIDSON**

The Degree of  
**MASTER OF SCIENCE**  
MEDICAL PHYSICS

Together with all honors, rights, and privileges belonging to that degree.

In witness whereof, this diploma is granted.

Given at Madison, in the State of Wisconsin,  
this twentieth day of May, in the year two thousand and seven  
and of the University the one hundred fifty-seventh.

Handwritten signature of Kevin P. Reilly.

President, University of Wisconsin System

Handwritten signature of Josh Witt.

Chancellor, University of Wisconsin-Madison

Handwritten signature of Quentin G. Welch.

President of the Board of Regents



**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION  
[10 CFR 35.51]**

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: (05/31/2015)

Name of Proposed Authorized Medical Physicist

Bingqi Guo, PhD, DABR

- Requested Authorization(s) (check all that apply)**
- 35.400 Ophthalmic use of strontium-90
  - 35.600 Teletherapy unit(s)
  - 35.600 Remote afterloader unit(s)
  - 35.600 Gamma stereotactic radiosurgery unit(s)

**PART I -- TRAINING AND EXPERIENCE**  
*(Select one of the three methods below)*

\*Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

**1. Board Certification**

- a. Provide a copy of the board certification.
- b. Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
- c. Skip to and complete Part II Preceptor Attestation.

**2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**

- a. Go to the table in section 3.c. to document training for new device.
- b. Skip to and complete Part II Preceptor Attestation

**3. Education, Training, and Experience for Proposed Authorized Medical Physicist**

- a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree	Major Field
College or University	

- b. Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of \_\_\_\_\_ who meets the requirements for an Authorized Medical Physicist.

**AND**

Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of \_\_\_\_\_ who meets the requirements for an Authorized Medical Physicist.



**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)**

**b. Supervised Full-Time Medical Physics Training and Work Experience (continued)**

*If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.*

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics			
Performing sealed source leak tests and inventories			
Performing decay corrections			
Performing full calibration and periodic spot checks of external beam treatment unit(s)			
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote afterloading unit(s)			
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)			

Supervising Individual\*\*

License/Permit Number listing supervising individual as an authorized Medical Physicist

for the following types of use:

- Remote afterloader unit(s)     
  Teletherapy unit(s)     
  Gamma stereotactic radiosurgery unit(s)

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

\* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

\*\* If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)**

c. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Gamma Knife <del>Teletherapy</del>	Gamma Stereotactic Radiosurgery
Hands-on device operation		Technical Descriptions 9-30-14 1:15-2:15 Gennady Neyman Amy [Signature]	29 Sep 2014 - 3 Oct 2014
Safety procedures for the device use		Hands-On Perfection Safety 10-1-14 9:45-10:45 Gennady Neyman [Signature]	29 Sep 2014 - 3 Oct 2014
Clinical use of the device		Clinical Review of Gamma Knife 9-30-14 3pm-5:45pm [Signature] Sam Chao	29 Sep 2014 - 3 Oct 2014
Treatment planning system operation		Mock Treatment 10-1-14 1:30-2:00 Gennady Neyman [Signature]	29 Sep 2014 - 3 Oct 2014

Supervising Individual  
*If training is provided by Supervising Medical Physicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*

License/Permit Number listing supervising individual as an authorized Medical Physicist

Gennady Neyman, PhD  
for the following types of use:

Cleveland Clinic Ohio  
License # 02110180013

- Remote afterloader unit(s)       Teletherapy unit(s)       Gamma stereotactic radiosurgery unit(s)

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90			

d. Skip to and complete Part II Preceptor Attestation.



**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**PART II – PRECEPTOR ATTESTATION**

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

**First Section**

Check one of the following:

**1. Board Certification**

I attest that Bingqi Guo, PhD, DABR has satisfactorily completed the requirements in  
Name of Proposed Authorized Medical Physicist  
10 CFR 35.51(a)(1) and (a)(2).

**OR**

**2. Education, Training, and Experience**

I attest that \_\_\_\_\_ has satisfactorily completed the 1-year of full-time  
Name of Proposed Authorized Medical Physicist  
training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

**AND**

**Second Section**

Complete the following:

I attest that Bingqi Guo, PhD, DABR has training for the types of use for which authorization  
Name of Proposed Authorized Medical Physicist  
is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

**AND**

**Third Section**

Complete the following:

I attest that Bingqi Guo, PhD, DABR has achieved a level of competency sufficient to  
Name of Proposed Authorized Medical Physicist  
function independently as an Authorized Medical Physicist for the following:

- 35.400 Ophthalmic use of strontium-90       35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s)       35.600 Gamma stereotactic radiosurgery unit(s)

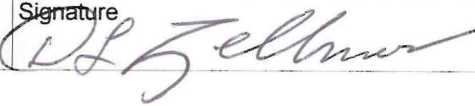
**AND**

**Fourth Section**

Complete the following for preceptor attestation and signature:

I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:

- 35.400 Ophthalmic use of strontium-90       35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s)       35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor Darwin L. Zellmer, PhD, DABR, DABMP	Signature 	Telephone Number (907) 276-2400	Date 06OCT 2014
License/Permit Number/Facility Name NRC Licwse number 50-35068-01			



The University of Texas  
Health Science Center  
at San Antonio  
Graduate School of Biomedical Sciences

Be it known that  
Bingqi Guo

having successfully completed the prescribed course of study and having complied with all other requirements  
for graduation in this University, has been, by authority of the State of Texas, awarded the Degree

Doctor of Philosophy

and is entitled to all the rights and privileges appertaining to that Degree.  
In Testimony Whereof, we, the Regents and Faculty of The University of Texas, have this day  
granted this Diploma bearing our signatures and the impress of the seal of the University.  
Given at The University of Texas, this eighteenth day of December, A. D. Ten thousand and ten.



Davis

Arminia L. Heinrich, M.D.  
President, Health Science Center

Francis S. Cooper, M.D.  
Chancellor

Osama M. Elmaghrabi  
Chair, Board of Regents





Gamma Knife Center

October 3, 2014

Bingqi Guo, PhD  
Radiation Oncology  
Anchorage Radiation Therapy  
2844 Debarr Road, Suite 100  
Anchorage, AK 99501 US

Dear Dr. Guo:

This is to confirm that during the September 29 – October 3, 2014 Gamma Knife Perfection Course that you attended at the Cleveland Clinic, the course involved participants planning at least one single metastasis case, at least two multiple metastasis cases, at least one AVM case, at least one Pituitary tumor case, at least two Trigeminal Neuralgia cases, at least one Meningioma case and at least two Vestibular Schwannoma cases.

Sincerely,

Gene Barnett, MD

Lilyana Angelov, MD

Gennady Neyman, PhD

John Suh, MD

No. 5 8 5 1 2 3

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Recipient's Copy

**1 From**

Date 10-7-14

Sender's Name Darwin Zellmer Phone 907 276-2400

Company ANCHORAGE RADIATION THERAPY CN

Address 2841 DEBARR RD STE 100

City ANCHORAGE State AK ZIP 995

**2 Your Internal Billing Reference**

**3 To**

Recipient's Name Jack E. Whitten, Chief Phone 817 200

Company Nuclear Materials Safety Branch B  
Division of Materials Safety - Region II  
Nuclear Regulatory Commission

Address 1600 E. Lamar Blvd  
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room

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Use this line for the HOLD location address or for continuation of your shipping address.  
City Arlington State TX ZIP 76011-4511

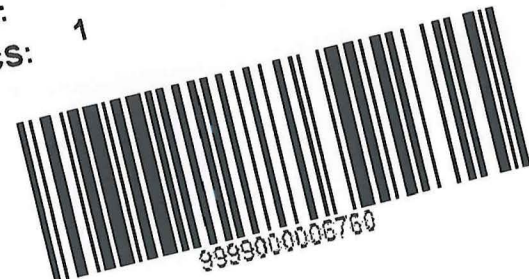
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DATE  
10/23/2014

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE  
Darwin Zellmer, Ph.D., Radiation Safety Officer  
Anchorage Radiation Oncology Management, Inc.  
dba Anchorage Radiation Therapy Center  
2841 Debarr Road, Suite 100  
Anchorage, Alaska 99508

LICENSE NUMBER	50-35068-01
MAIL CONTROL NUMBER	585123
LICENSING AND/OR TECHNICAL REVIEWER	CH

This is to acknowledge the receipt of your:

LETTER and/or  APPLICATION      DATED: 10/16/2014

The initial processing, which included an administrative review, has been performed.

AMENDMENT     TERMINATION     NEW LICENSE     RENEWAL

- There were no administrative omissions identified during our initial review.
- This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV  
U. S. Nuclear Regulatory Commission  
DNMS/NMSB - B  
1600 E. Lamar Boulevard  
Arlington, TX 76011-4511  
(817) 200-1103 or (817) 200-1140

*10/23/14*

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02310  
Status Code: Pending Amendment  
Fee Category: 7A  
Exp. Date:  
Fee Comments:  
Decom Fin Assur Req'd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Anchorage Radiation Oncology Management, Inc., dba Anchorage Radiation Therapy Ctr.  
Received Date: 10/14/2014  
Docket Number: 3038646  
Mail Control Number: 585123  
License Number: 50-35068-01  
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: \_\_\_\_\_