

1m

NOTE TO: License Fee Management Branch, ADM

FROM: Region 4

SUBJECT: VOIDED APPLICATION

Control Number 462301

Applicant Goeden, PH.D., David L.

Date Voided 881215

Reason for Void Should have been

Amend. for Dr. C. W. Simcoe.

Signature Billie Truszynski

Attachment:  
Application

ok LFMB

9001310300 881215  
REG4 LIC30  
35-13797-01 PDR

m 40

M.S.# 88/12/15

T1

R1201020

LICENSING TRACKING SYSTEM

DATE: 12/08/88  
PAGE: 1

LTS WORKSHEET

DOCKET NO : 03005908      LICENSE NO : 35-13797-01      STATUS: 0  
MAIL CONTROL: 462301      RECEIPT DATE : 881208      ACTION TYPE: 4  
FED. GOVT : N      INST. CODE : 13797      LICENSE REGION: 4  
ISSUE DATE: 880218      ORIGINAL DATE: \_\_\_\_\_      EXPIRATION DATE: 19930229

NAME : GOODEN, PH.D., DAVID S.

DEPT/BUREAU: PHYSICS CONSULTANT

BUILDING : \_\_\_\_\_

STREET : 6161 S. YALE

CITY : TULSA

STATE: OK

ZIP: 74136

CONTACT PERSON: DAVID S. GOODEN, PH.D.

PHONE: 918-494-1444

PRIMARY PGM CODE : 03222

SECONDARY PGM CODES: \_\_\_\_\_

INSPECTION REGION: 4

PRIORITY CODE: 3      INSPECTION CATEGORY: E

RADIATION SAFETY OFFICER: DAVID S. GOODEN, PH.D.

STATES WHERE USE IS AUTHORIZED: 3

- 0 - ALL LISTED STATES
- 1 - SAME AS STATE IN ADDRESS
- 2 - ALL STATES
- 3 - NON-AGREEMENT STATES

AUTHORIZED STATES: \_\_\_\_\_ (USE ONLY IF ABOVE IS ZERO)

REPORTING IDENTIFICATION SYMBOL: \_\_\_\_\_

APPROVAL FOR: REDISTRIBUTION: N  
TEMPORARY JOB SITES: N  
BURIAL: N

STORAGE ONLY: N  
INCINERATION: N

EXEMPTIONS: (1) \_\_\_\_\_ (2) \_\_\_\_\_

X