## VOID SHEET

	Fee Management Branch	Nay	/2
SUBJECT: VOIDED APPLICATION		110	660
Control Number: Applicant: Date Voided: Reason for Void:	110660 Wilmington In 5-242 84 Licensee wants not address for Jeffrey to Wilmingto	on 37-282	U name
Attachment: Official Record Co Voided Action	opy of	Signature )	Date 5/2
FOR LFMB USE ONLY			RECO
Final Review of V	OID Completed:		1 12
Refund Aut	norized and processed		#8:55
No Refund	Due		51
Fee Exempt	or Fee Not Required		
Comments:		Log completed Processed by:	1
			MIB
PO12240093 89052 REG1 LIC30 MATLSLICENSING F		RECORD COPY	

Wilmington Imaging Bab 1411 N. Van Bure. 1 Avenue . Wilmington, DE 19806 . (302) 655-4204 April 27, 1989 U.S. Nuclear Regulatory Commission Materials Licensing Section Region I 30-308 56 675 Allendale Road 19406 King of Prussia, PA RE: Radioactive Material License No. 37-28291-01 Gentlemen: Please amend Item I of the above referenced license to the correct name "Wilmington Imaging Laboratories". The initial license was inadvertently issued in the name of the facility's director. Enclosed is the required \$120.00 amendment fee. If you have any questions or require additional information, please do not hesitate to contact the undersigned. Sincerely, Weisman, D.O., F.A.C.C. Administrator Remitter \_\_\_\_ Chack No Amount \_. Fee Category ... Type of Fee ..... Date Check Roc'd .\_ 4-34 Date Completed Byr .... D. Kimbes The origins attached to 110660 OFFICIAL RECORD COPY ML 10



# NUCLEAR REGULATORY COMMISSION

MAY 2 5 1989

Dr. Jeffrey Weisman 7718 Castor Avenue Philadelphia, PA 19111

#### REFUND OF APPLICATION FEE

#### 1. BACKGROUND:

	Check Received	May 8, 1989	***********
	Application Dated	April 27, 1989	ar general tenner.
	Check Number	254	
	Check Amount	\$120	
. REFUND			
	Amount	\$120	

This refund is now being processed and will be sent as soon as possible.

### 3. REASON FOR REFUND:

May 4, 1989 application for an amendment to License 37-28291-01 was combined, prior to review, with April 27, 1989 request, for which the amendment fee was paid.

Glenda Jackson License Fee Management Branch Division of Accounting and Finance Office of the Controller

(FOR LFMS USE) INFORMATION FROM LTS BETWEEN: LICENSE FEE MANAGEMENT BRANCH, ARM PROGRAM CODE: STATUS CODE: J REGIONAL LICENSTAG SECTIONS FEE CATEGORYS EXP. DATE: /D FEE COMMENTS: 1111111111111111111111111111111 LICENSE PEE TRANSMITTAL REGION MPPLICATION ATTACHED 1. MILMINGTON IMAGING LABORATORIES APPLICANT/LICENSEE: REGET VED DATES DOCKET NOT 31147 CONTROL NO. : 110000 LICENSE NO. : ACTION TYPE: NEW LICENSE 2. FEE ATTACHED AMDUNTS 3. COMMENTS 50 med 2 9 - 28291 - 01 DATE B. LICENSE FEE MANAGEMENT BRANCH (CHECK WARN MILESTONE OB IS ENTERED /\_/) FEE CATEGORY AND MOUNT: \_7C 3 . CORRECT FEE PAID. APPLICATION HAY BE PROCESSED FOR: AMENDMENT RENEWAL LICENSE OTHER SIGNED MATE