VOID SHEET

Т0:	License Fee Management	Branch
FROM:	RIII	
SUBJECT:	VOIDED APPLICATION	
Control Num		
Applicant:	Michigan,	State of
License Nur	nber: 21-05199	-03
Docket Numb	per: 030-0483	32
Date Voided	d: May <u>/4</u> , 19	96
Renewal vo		rule. Voided before review. 5/14/96 Date
	Signature	Date
Attachment: Official Re Voided Ad	ecord Copy of	
FOR LEMB US	SE ONLY	
_	Refund Authorized and pro	cessed
	No Refund Due	
ALCOHOLD .	Fee Exempt or Fee Not Req	uired
Comments:		Log completed
		Processed by: SAC 5/21/96
9606 PDR C	140363 960514 ADOCK 03004832 PDR	m

(FOR LFMS USE) INFORMATION FROM LTS BETWEEN: PROGRAM CODE: 03620
STATUS CODE: 2
FEE CATEGORY: 3M
EXP. DATE: 19950930
FEE COMMENTS:
DECOM FIN ASSUR REOD: N LICENSE FEE MANAGEMENT BRANCH, ARM REGIONAL LICENSING SECTIONS LICENSE FEE TRANSMITTAL A. REGION APPLICATION ATTACHED APPLICANT/LICENSES: RECEIVED DATE: DOCKET NO: CONTROL NO.: LICENSE NO.: ACTION TYPE: MICHIGAN. STATE OF 950919 3004832 399161 21-05199-03 REFUND DUE -**ELIGIBLE FOR EXTENSION** FEE ATTACHED AMOUNT: CHECK NO.: ---REGION III 3. COMMENTS B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED 4/1) FEE CATEGORY AND AMOUNT 3M CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR: RENEWAL LICENSE 3. OTHER Log Sept 11 11 Remitter Remitter
Check No. 784539730
Amount #1700
Fee Category 3M
Type of Fee Resewal
Date Check Rec'd 9/28/95
Date Completed 9/28/95
Rec SC



UNITED STATES NUCLEAR REGULATORY COMMISSION

REGION III 801 WARRENVILLE ROAD LISLE, ILLINOIS 60532-4351

MAY 13, 1996

NOTE TO LICENSEES WHO SEND IN RENEWAL PACKAGES

On January 16, 1996, the Nuclear Regulatory Commission (NRC) amended its regulations in 10 CFR 30, 40, and 70 to extend the expiration date of qualified byproduct, source and special nuclear material licenses by five years (61 FR 1109). Your license was extended by this rulemaking and you will soon receive a letter notifying you of this. If a refund is due, this will be handled by the License Fee and Accounts Receivable Branch in our headquarters office. Because of this extension, your renewal package is being returned to you.

Picase note that if there are elements within your renewal package that need to be incorporated into your license, you must submit a request for an amendment along with the appropriate fee.

If you have any questions please contact the Region III office at (708) 829-9887.

Thank You - Region III

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

3423 N. M.L. King, Jr. Blvd., P. O. Box 30035 Lansing, MI 48909 517/335-8545 Fax:517/335-9488

September 15, 1995

US Nuclear Regulatory Commission Materials Licensing Section Region III 801 Warrenville Road Lisle, Illinois 60532-4351

Dear Sir/Madam:

We do not want MICHIGAN DEPARTMENT OF PUBLIC HEALTH's NRC License 21-05199-03 to expire on 09/30/95 and wish to renew this license. In the past, we have received notification several months prior to renewal date that application and the information would be forwarded. We received no advance information this time.

We have received an application of renewal. We are requesting an extension of our current expiration date so that we can complete the form. We have been notified that the fee of this license will be \$1700. Enclosed is a copy of our payment voucher for the renewal fee.

Thank you for your assistance.

Sincerely,

Leigh J. Charamella, Ph.D., Chief

Just of Charameth

Quality Assurance Section

Division of Biologic Products

LJC:ct

399161

DEPARTMENT OF MANAGEMENT AND BUDGET OFFICE OF ACCOUNTING DISTRIBUTION:

A STATE OF THE STATE OF

PAYMENT VOUCHER

WHITE, YELLOW, BLUE - DEPARTMENT						
	SPECIAL HANDLING				The second secon	DATE
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U.S. Nuclear Regulato Materials Licensing S Region III 801 Warrenville Rd.		MEEBOC COD X TYPE OF PAYE XX DISBURS CHECKED		NO. PRECEDE WIT	ATION NUMBER (IF SOCIAL SECURITY S) 92-22 FREIGHT ABSTRACT NUMBER PURCHASE ORDER NUMBER	
Liste, IL 60532-4351			APPROVED BY	Na	PLACE BATCH COVER SHEE	T APPROVAL) 250 9/15/9 COATE
MESSAGE IMAXIMUM OF FOUR LINES OF 68 CHARACTER Payment for renewal o		Departm	nent	K		
of Public Health's NR	C License 21-0	5199-03				
which expires 9-30-95						
THIS AREA IS RESERVED FOR INTRADEPARTMENT INFOR	MATION					
		INVOICE/REFERENCE/PROGRESSIVE NUMBER			R INVOICE AMOUNT	
Renewal of MDPH NRC License				-		1,700 00
PLEASE INCLUDE ATTACHED LEITER WITH-PAYMENT.						
Expiration Date: 9-30			1			
PAYMENT TO BE RECEIVED NO LATER						
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P			1		TOTAL AMOUNT	1,700 00
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54020	59710 59740			1,700 00		
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BEING PROCESSED						
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TOTALS				1,700 00		1

September 25, 1995

State of Michigan
Bureau of Infectious Disease
ATTN: Leigh J. Charamella, Ph.D.
Radiation Safety Officer
3500 North Logan
P. O. Box 30035
Lansing, MI 48909

SUBJECT: LICENSE RENEWAL APPLICATION

Dear Dr. Charamella:

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 lanse will not expire until final action has been taken by this office.

Any correspondence regarding the renewal application should reference the control number specified and your license number.

Sincerely,

Original Signed By Marianne Meenan, Chief Nuclear Materials Support Section

License No. 21-05199-03 Control No. 399161

DOCUMENT NAME: M:\03004832.DT5

To receive a copy of this document, indicate in the box: "C" = Copy without attachment/enclosure "E" = Copy with attachment/enclosure "N" = No copy

OFFICE	DRSS/RIII N	
NAME	MMEENAN: brt mm	
DATE	09/25/95	CONTRACTOR OF THE PARTY OF THE

OFFICIAL RECORD COPY

DIVISION OF ACCOUNTING AND FINANCE REQUEST FOR .: EFUND TO EMPLOYEE/VENDOR

THE EMPLOYEE/VENDOR IDENTIFIED BELOW HAS OVERPAID THE NUCLEAR REGULATORY COMMISSION FOR GOODS AND/OR SERVICES PROVIDED AND IS DUE A REFUND

ADDRESS: ATTN: Leigh J. Charamella, Ph. D. ADDRESS: 3500 North Logan P. O. Box 3003 CITY: Lansing STATE: M.Z. ZIP: 48 TRANS CODE: PX TRANS TYPE: FE FUND: X5280 JOB CODE: A	S ⁻
NOORESS: ATTN: Leigh J. Charamella, Ph.D. NOORESS: 3500 North Logan P.O. BOY 3003. CITY: Lansing STATE: MIZ ZIP: 48 TRANS CODE: PX RANS TYPE: FE FUND: X5280 JOB CODE: A	S ⁻
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RANS TYPE: FE FUND: X5280 JOB CODE: A	
	MOUNT: #1700
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RANS TYPE: IR FUND: R1099 JOB CODE: ADCH A	
RANS TYPE: IR FUND: R1099 JOB CODE: FINE A	
TOTAL REFUND AMOUNT: #17	
COMMENTS: LIC 24-05/99-03 XTND PER RLMKNG	
CK 184539730	
CK /84539730 (Timit comments to 40 characters, including	spaces)
DATE:	May. 24,1996
UTHORIZED BY: Sa La Kinherle DATE:	6/7/96
RIGINAL INV. NO: DATE PAID: A	KOUNT:
EFUNE ENTERED INTO COLLECT BY:	
711 3m KEN 130 \$1700 9/26/95	
30 4 700 1/20/73	

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