

DATE: 1/3/02

TO: Shirley Crutchfield, OCFO/DAF/LFARB
FROM: Sheryl Villar, RI/DNMS/LAT

Region I Transmittal Form for
Reciprocity Submittals (NRC FORM 241)

☒ INITIAL 241 PACKAGE

☐ REVISION

LICENSEE NAME: Krueger - Gilbert Health Physics, Inc.

LICENSE NO. MD-05-101-01

CHECK NO. * 3567 CHECK AMOUNT \$ 200.00
3566 1200.00

PACKAGE ACCESSION NO. IN ADAMS: ML020030182

ATTACHMENTS:

1. CHECK
2. COPY OF CHECK

* Denotes - you only have a copy. Original
has not arrived yet. Will
forward when it arrives.

(30)

Log	<u>Jan 2</u>	<u>241</u>
Remitter		
Check No.	<u>3567</u>	<u>3566</u>
Amount	<u>\$200</u>	<u>\$1200</u>
Fee Category	<u>16</u>	
Type of Fee	<u>App</u>	
Date Check Rec'd.		
Date Completed	<u>1/11/02</u>	
By:	<u>SC</u>	

Rev. 04/19/01

DATE: 1/7/02

TO: Shirley Crutchfield, OCFO/DAF/LFARB
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Log	<u>January 2</u>	<u>241</u>
Remitter		
Check No.	<u>3567</u>	<u>3566</u>
Amount	<u>\$200</u>	<u>\$1200</u>
Fee Category	<u>76</u>	
Type of Fee	<u>App</u>	
Date Check Rec'd.		
Date Completed	<u>1/14/02</u>	
By	<u>SC</u>	