

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: _____
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Req: _____
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: COCHRAN
Received Date: 20050906
Docket No: 3037025
Control No.: 314804
License No.:
Action Type: New Licensee
2. FEE ATTACHED
Amount: \$1100.00
Check No.: 15891
3. COMMENTS

Signed D. A. Hersey
Date 9-12-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /-1/)

1. Fee Category and Amount: See attached fee sheet
2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License ✓
3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Sept 2 (Region III)

Mail control: 314804

Company Name: Cochran

Check Number: 15891

Amount Received: \$1,100.00

Amount Refunded: \$1,100.00

Fee category: 3P

Type of fee: Application

Date Completed: 09/20/05

Completed by: Brenda Brown