

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'd: \_\_\_\_\_  
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SUMAN SABHARWAL, M.D.  
Received Date: 20050728  
Docket No: 3037001  
Control No.: 314709  
License No.:  
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$1900.00  
Check No.: 9184

3. COMMENTS

Signed  
Date

D. A. Hersey  
8-18-2005

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

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: 314709

Company Name: Subhash C. Sabharwal, M.D.

License Number: New

Check Numbers: 9184 + / 9234

Amounts Received: \$1,900.00 / \$200.00

Fee Category: 7C

Type of fee: Application

Date Completed: 9/26/05

Completed by: Brenda Brown