

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02410
Status Code: 2
Fee Category: 3P
Exp. Date: 20050831
Fee Comments: _____
Decom Fin Assur Req'd: N
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: WEST PHARMACEUTICAL SERVICES
Received Date: 20050805
Docket No: 3033820
Control No.: 314703
License No.: 13-26640-01
Action Type: Renewal

2. FEE ATTACHED
Amount: \$4900.00
Check No.: 22238

3. COMMENTS

Signed D. A. Hersey
Date 8-18-2005

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

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page:

Sept 2 (Region III)

R3

Mail control:

314703

Company Name:

West Pharmaceutical Services

Check Number:

22238

Amount Received:

\$4,900.00

Amount Refunded:

\$4,900.00 - no fee required for renewal of license

Type of fee:

Renewal

Date Completed:

09/20/05

Completed by:

Brenda Brown