

NOTE TO: License Fee Management Branch, ADM

FROM: Region 3

SUBJECT: VOIDED APPLICATION

Control Number

77829

— and (Prior to Review) 2 reviews

Applicant

General Motors Corp

Date Voided

5/13/84

Reason for Void

Combined with 18344 - Ren

Signature

P. Vachulon

Attachment:
Application

NO - 7 III
referred due to
combined with separate
reviews
no

No refund
2 Separate
Reviews
Per P [signature]

8512060208 850517
REG3 LIC30
21-02392-07 PDR

rec'd 5/17/85
mh 34

Fee Paid

MATERIALS DATA INPUT—INDUSTRIAL, MEDICAL, SOURCE/SPECIAL NUCLEAR

U.S. NUCLEAR REGULATORY COMMISSION

A. TYPE OF ACTION AND IDENTIFICATION CODES

<input type="checkbox"/> NEW LICENSE	<input type="checkbox"/> AMENDMENT TO RENEW LICENSE	<input type="checkbox"/> AMENDMENT TO TERMINATE	<input type="checkbox"/> VOID	DOCKET NUMBER	MAIL CONTROL NUMBER	CHANGE NAME ADDRESS ("X" box)
<input type="checkbox"/> NEW LICENSE AND NEW LICENSEE	<input checked="" type="checkbox"/> OTHER AMENDMENT	<input type="checkbox"/> CLERICAL CHANGE NO AMENDMENT	4	03C-04710	77829	<input type="checkbox"/>

B. INDICATIVE INFORMATION

INDIVIDUAL LICENSEES	NAME (Last, First, Middle)	NAME (Last, First, Middle)
	NAME (Last, First, Middle)	NAME (Last, First, Middle)
	NAME (Last, First, Middle)	NAME (Last, First, Middle)
	NAME (Last, First, Middle)	NAME (Last, First, Middle)
ORGANIZATION	ORGANIZATION NAME (Alphabetical Sequence) General Motors Corporation	
LICENSEES	DEPARTMENT OR BUREAU Central Foundry Division	
ADDRESS	BUILDING, STREET 37 Florence Street	CITY, STATE, ZIP CODE Saginaw MI 48605
TYPE OF APPLICANT	<input type="checkbox"/> U.S. GOVERNMENT AGENCY	DATE REQUEST RECEIVED
	<input checked="" type="checkbox"/> INDIVIDUAL LICENSEE <input type="checkbox"/> ORGANIZATIONAL LICENSEE	11/19/84
INSTITUTION CODE		PENDING PROG. CODE
02392		
ACTUAL PROG. CODE		
SECONDARY PROGRAM CODES (As required)		
#1	#2	#3
LICENSE NUMBER	DATE LICENSE ISSUED OR ACTION COMPLETED	EXPIRATION DATE
21-02392-07		
APPLICANT'S COMMUNICATION DATED	CLASSIFICATION	ASSIGNED TO
		RESULTING AMENDMENT NUMBER

*Void
Combine w/ 18344
let V.*

ENCLOSURES

UNCLASSIFIED DESCRIPTION

DISTRIBUTION

OTHER REFERRALS

NAME	DATE	NAME	DATE