

DL-042296_04

From: Glenda Jackson
To: ATD1 ATP1(DDH)
Date: 4/22/96 11 31am
Subject: A-TECH-VIRGINIA -Reply

Diane,

Please use the fax letter as the incoming and set up control for storage/possession only amendment-we will request amendment fee, probably in our response to the letter to Taylor. Please process as usual (send to Rita, etc), but don't issue the amendment until MS 07 is in LTS. Thanks.

LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH
DIVISION OF ACCOUNTING AND FINANCE
OFFICE OF THE CONTROLLER
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20545-0001

A-Tech Virginia, Inc., DBA
Attn: Theodore D. Crocker
1832 Hill Drive
Fincastle, VA 24090-3958

TYPE OF ACTION

- NEW LICENSE
- RENEWAL OF LICENSE
- AMENDMENT TO LICENSE

REQUESTED DATE

4-14-96

LICENSE NUMBER

45-19806-01

CONTROL NUMBER

257042 Attn: Rita Messier, LFARB, T9E10

L APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
3P	\$	\$	\$ 290.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(s) DUE \$ 290.00
PAYMENT RECEIVED \$
AMOUNT DUE \$ 290.00

Your request was received without the prescribed application fee

We received your Check No. _____ in the amount of \$ _____. Payment of the additional fee noted above is required.

Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).

Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION

SIGNATURE - LICENSE FEE ANALYST

Rita Messier

LFDCB

REMessier

4/30/96

LFDCB

Distribution

20/ATF/SP-3-2-7
X-00118
FOR R/F (2)
DATE 4/14/96

DATE

4-30-96

II. FEE NOT REQUIRED

Enclosed is Check No. _____ which accompanied your request. The fee is not required because:

We received your Check No. _____ in payment of the fee.

The Licensing staff has informed us that your request is to be considered as a continuation of your request dated _____, Control No. _____

Your request was combined, prior to review, with your _____ request, Control No. _____

III. CHECK RETURNED

Enclosed is Check No. _____ which was returned to us by the bank for:

- INSUFFICIENT FUNDS
- ACCOUNT CLOSED
- OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

License No. _____, Amendment No. _____, issued on _____ was issued without the required fee being collected. The fee required is noted in Section I of this form.

The scope of your licensed program was increased. Therefore your request is subject to the application fee(s) noted in Section I of this form. Refer to Section 170.31 and Footnote 1(d)(2).

Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section I of this form.

ACTION: R TABLEID: ARHT USERID: AN34
*** RECEIVABLE HEADER INQUIRY TABLE ***
KEY IS TRANS CODE, DOC NUM

TRANS CODE: LD DOC NUM: AM2788-95 DOC TYPE:
DOCUMENT DATE: 07 22 95 COMMENTS:
PAYER CODE/NAME: 451980601 L / A-TECH/ VIRGINIA, INC.
ADDRESS: FORMERLY ROOFING SYS ASSOC., I
P.O. BOX 7164
CITY: ROANOKE STATE: VA ZIP: 24019 - 0164
COLL DUE DATE: 08 22 95 LAST BILL DATE/AMT: 07 22 95 / 1,700.00
PRINT BILL: P BILL PRINT DATE: 07 22 95 BILLED AMT: 1,700.00
INT RATE: 5.000 INT APPLY DATE: 05 02 96 INTEREST AMT: 65.46
TEXT TYPE: ADM CHGS APPLY DATE: 05 02 96 ADM CHGS AMT: 100.00
WAIVER FLAG: PEN APPLY DATE: 05 03 96 PENALTY AMT: 76.78
DUNNING COUNT: 02 LAST DUN DATE: 09 21 95 TOTAL AMT: 1,942.24
OVERDUE STATUS: OVERDUE DATE: COLLECTED AMT: 0.00
OUTSTANDING BALANCE: 1,942.24
WRITE-OFF FLAG: P WRITE-OFF DATE: AGREEMENT NUM:
WRITE-OFF REASON: WRITE-OFF AMT: 0.00 CASE HISTORY FLAG: Y
DOC CLOSING DATE: CLOSED DOCUMENT AMT: 0.00
OVERPAYMENT CAUSE: REPRINT BILL AMT: 0.00

NUM LOCK CAPS LOCK

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03121
 Status Code: 0
 Fee Category: 3P
 Exp. Date: 20010430
 Fee Comments:
 Decon Fin Assur Req: N

BETWEEN:
 License Fee Management Branch, ARM
 and
 Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION II

1. APPLICATION ATTACHED
 Applicant/Licensee: A-TECH/VIRGINIA, INC., DEA
 Received Date: 960423
 Docket No.: 3019267
 Control No.: 257042
 License No.: 45-19806-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: ~~_____~~
 Check No.: ~~_____~~

3. COMMENTS

Signed: Gregory A. Allen
 Date: 4/24/96

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

- 1. Fee Category and Amount: 3P
- 2. Correct Fee Paid. Application may be processed for:
 Amendment
 Renewal
 License
- 3. OTHER _____

Signed: Rita Messick
 Date: 4/24/96

10 Possession Only
 APR 24 1996

LOG	Remitter
Check No.	Amount
Fee Category	Type of fee
Date Check Rec'd.	Data Completed
By:	