

CONVERSATION RECORD

TIME 6:00

DATE 7/12/77

TYPE

VISIT

CONFERENCE

TELEPHONE

ROUTING

INCOMING
 OUTGOING

NAME/SYMBOL INT

Location of Visit/Conference

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

ORGANIZATION (Office, dept., Bureau etc.)

TELEPHONE NO.

Ricky Carroll

op's N.Y.C.

740-767-3100

SUBJECT

Application dated 4/1/77, contract # 3572

SUMMARY

Called to clarify items of memo.
Ricky told me that change of membership had been requested to be David Collins on 5/12/74 if that member P.S. was in service by his health system. He asks that memo be removed as member P.S. was

David Collins

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

ACTION TAKEN

SIGNATURE

TITLE

DATE

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 20566-0001

MERITUS - PLS, INC
ATTN: JOEL DOBSON
ADMINISTRATOR
233 HERSHBERGER ROAD
ROANOKE, VA 24012

TYPE OF ACTION

NEW LICENSE
RENEWAL OF LICENSE
AMENDMENT TO LICENSE
REQUESTED DATE
4-9-97
LICENSE NUMBER
45-25194-01
CONTROL NUMBER
257452 ATTN: RITA MESSIER, LFARB, T9E10

I. 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.

TEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
7C	\$	\$	\$ 440.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(S) DUE \$ 440.00
PAYMENT RECEIVED \$ 400.00
AMOUNT DUE \$ 40.00

Your request was received without the prescribed application fee.

We received your Check No. 3866 in the amount of \$ 400.00. 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.

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.

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 1 of this form.

The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section 1 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 1 of this form.

SIGNATURE - LICENSE FEE ANALYST

RITA MESSIER

LFDCB
REMessier
4/30/97

Distribution OC/DAF RF DATE
Pending Fee File OC/DAF/SF(LF-3 2 7)
LFARB R/F (2) Region II 4-30-97

RETURN:

(FOR LIMS USE)
: INFORMATION FROM LIMS
:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02220
: Status Code: 0
: Fee Category: 7C 28
: Exp. Date: 20020731
: Fee Comments:
: Decom Fin Assur Req: N
:

LICENSE FEE TRANSMITTAL

A. REGION II

1. APPLICATION ATTACHED

Applicant/Licensee: MERITUS P.L.S., INC.
Received Date: 970415
Docket No.: 3032701
Control No.: 257452
License No.: 45-25194-01
Amendment
Action Type:

2. FEE ATTACHED

Amount:
Check No.: 10321

3. COMMENTS

Signed [Signature]
Date 9/24/99

8: LICENSE FEE MANAGEMENT BRANCH Check when milestone 03 is entered (1/1)

1. Fee Category and Amount: 03 25 4.00

2. Correct Fee Paid. Application may be processed for:

Amendment
Renewal
License

3. OTHER

Signed _____
Date _____

