



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

NOTE TO: SSD FILE NR-0160-D-101-E
FROM: MICHELE L. BURGESS *MLB*
DATE: JANUARY 27, 2000
RE: CHANGE OF OWNERSHIP - USE OF CHECKLIST

A checklist was not used for this review due to the fact that it was name change only, and no review was performed on technical content. The following issues were addressed

- all items in IN 89-25, Rev. 1, dated 12/7/94
- the new company understands and agrees to abide by all statements, conditions, requirements, commitments and representations made by the old company
- the old company releases all information, including any items previously designated as proprietary, to the new company
- the old company is being sold in its entirety to the new company
- there have been no changes to the product since last registration

REQUEST FOR A SEALED SOURCE OR DEVICE EVALUATION

INSTRUCTIONS: Send this request AND a copy of all related letters, applications and drawings to the Chief, Sealed Source Safety Section, OWFN Mail Stop O-6 H3. Change the License Tracking System milestone to 19 and assign to reviewer code 1-5.
NOTE: Retain a copy of this request with the application and background files.

REQUESTER Air Products & Controls, Inc.		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input checked="" type="checkbox"/> HQ <input type="checkbox"/> LFARB	
TELEPHONE NUMBER	DATE	TYPE OF ACTION REQUESTED (Check as appropriate)	
NAME OF APPLICANT Robert Skaggs		<input type="checkbox"/> SOURCE REVIEW <input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)	
MAIL CONTROL NUMBER(S) 305403		<input type="checkbox"/> DEVICE REVIEW	
LETTER/APPLICATION DATE 08/16/1999	LICENSE NUMBER(S) 21-23805-02E	<input type="checkbox"/> CUSTOM REVIEW NR-1060-D-101-E	

COMMENTS:
RES Company has changed its name to Air Products & Controls, Inc.

FOR SSSS USE ONLY

REVIEWER Michele Burgess	MODEL NUMBERS Husman, 520	NUMBER ASSIGNED 99-56
DATE RECEIVED 09/24/1999	DATE ASSIGNED 09/24/1999	DATE TO FEES 09/24/1999

TYPE OF ACTION (Indicate the number of each type)

<input checked="" type="checkbox"/> COMMERCIAL DISTRIBUTION (FORMAL)		<input type="checkbox"/> USE BY A SINGLE APPLICANT (CUSTOM)	
SOURCE (9C)	DEVICE (9A)	SOURCE (9D)	DEVICE (9B)
<input type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW
<input type="checkbox"/> AMENDMENT	<input checked="" type="checkbox"/> AMENDMENT	<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> AMENDMENT
<input type="checkbox"/> NO SAFETY EVALUATION REQUIRED <input type="checkbox"/> NO FEES REQUIRED		<input type="checkbox"/> LICENSING ACTION <input type="checkbox"/> REQUIRED <input type="checkbox"/> (IF KNOWN)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER (Specify)

	TOTAL NUMBER OF REVIEW HOURS	NOTES Name change only to above registration certificate. Change to license completed on 9/24/99.
	NUMBER OF DEFICIENCY LETTERS	
	NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY

TYPE OF FEE		FEE CATEGORY	
No Fee Required		<input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D	
AMOUNT RECEIVED	CHECK NUMBER	DATE OF CHECK	LOG
	Per 8/9/99 Rule		See 1 of 5500
APPROVED BY			DATE OF RETURN
Sh			9/28/99
COMMENTS			
(Issued w/attached amendment.)			