

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.

<p>REQUESTER Delta Danish Electronics, Light & Acoustics</p> <p>TELEPHONE NUMBER _____ DATE _____</p> <p>NAME OF APPLICANT Morten Avlund</p> <p>MAIL CONTROL NUMBER(S) _____</p> <p>LETTER/APPLICATION DATE 08/24/2000</p> <p>LICENSE NUMBER(S) _____</p>	<p>REGION/LOCATION: <div style="display: flex; justify-content: space-around; font-weight: bold;"> I II III IV HQ LFARB </div> </p> <p>TYPE OF ACTION REQUESTED <i>(Check as appropriate)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">SOURCE REVIEW</td> <td style="width: 50%; border: none;">AMENDMENT OF REGISTRATION SHEET NUMBER(S)</td> </tr> <tr> <td style="border: none;">DEVICE REVIEW</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">CUSTOM REVIEW</td> <td style="border: none;"></td> </tr> </table>	SOURCE REVIEW	AMENDMENT OF REGISTRATION SHEET NUMBER(S)	DEVICE REVIEW		CUSTOM REVIEW	
SOURCE REVIEW	AMENDMENT OF REGISTRATION SHEET NUMBER(S)						
DEVICE REVIEW							
CUSTOM REVIEW							

COMMENTS
**Venlighedsvej 4
 DK-2970 Horsholm
 Denmark**

FOR SSSS USE ONLY			
REVIEWER U. Bhachu	MODEL NUMBERS EC-912	NUMBER ASSIGNED 00-41	
DATE RECEIVED 08/31/2000	DATE ASSIGNED 09/01/2000	DATE TO FEES 09/01/2000	

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

OTHER *(Specify)*

TOTAL NUMBER OF REVIEW HOURS _____ NUMBER OF DEFICIENCY LETTERS _____ NUMBER OF DEFICIENCY CALLS _____	NOTES Requesting guidance and advice on US regs for sales of product containing sealed Am-241 foil source to customers in U.S.
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FOR FEE USE ONLY				
TYPE OF FEE	FEE CATEGORY			
	9A	9B	9C	9D
AMOUNT RECEIVED	CHECK NUMBER	DATE OF CHECK	LOG	
APPROVED BY	DATE OF RETURN			
COMMENTS				