

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 Department of the Army TELEPHONE NUMBER _____ DATE _____ NAME OF APPLICANT Vernon E. Vondera MAIL CONTROL NUMBER(S) _____ LETTER/APPLICATION DATE 02/05/2001 LICENSE NUMBER(S) _____		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> HQ <input type="checkbox"/> LFARB TYPE OF ACTION REQUESTED (Check as appropriate) <input type="checkbox"/> SOURCE REVIEW <input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S) <input type="checkbox"/> DEVICE REVIEW <input type="checkbox"/> CUSTOM REVIEW NR-1129-D-102-S
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

COMMENTS:
US Army Tank - Automotive & Armaments Command
1 Rock Island Arsenal
Rock Island, IL 61299-7630

FOR SSSS USE ONLY

REVIEWER M. Burgess	MODEL NUMBERS M43A1	NUMBER ASSIGNED 01-10
DATE RECEIVED 02/13/2001	DATE ASSIGNED 02/13/2001	DATE TO FEES 02/13/2001

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"/> AMENDMENT	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT
<input checked="" type="checkbox"/> NO SAFETY EVALUATION REQUIRED NO FEES REQUIRED		<input type="checkbox"/> LICENSING ACTION REQUIRED (IF KNOWN)	<input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER (Specify)

	TOTAL NUMBER OF REVIEW HOURS	NOTES Amendment to above-noted certificate for their M43A1 Chemical Agent Detector.
	NUMBER OF DEFICIENCY LETTERS	
	NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY

TYPE OF FEE <i>No fee required</i>	FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D
AMOUNT RECEIVED <i>Under fee rule</i>	CHECK NUMBER _____
APPROVED BY <i>[Signature]</i>	DATE OF CHECK _____
COMMENTS	LOG _____
	DATE OF RETURN 3/22/01