

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 Electronic Systems spa		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	
TELEPHONE NUMBER	DATE	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-1055-D-101-S	
NAME OF APPLICANT Ed Weiss			
MAIL CONTROL NUMBER(S)			
LETTER/APPLICATION DATE 05/04/2001	LICENSE NUMBER(S)		

COMMENTS:

**S. S. 229, Km. 12,200
28015 - MOMO - (NO)
Italy**

FOR SSSS USE ONLY

REVIEWER M. Burgess	MODEL NUMBERS Sintel 9000	NUMBER ASSIGNED 01-34
DATE RECEIVED 07/19/2001	DATE ASSIGNED 07/19/2001	DATE TO FEES 07/19/2001

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 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
<input type="checkbox"/> OTHER (Specify)			

TOTAL NUMBER OF REVIEW HOURS	NOTES Name Change Only!
NUMBER OF DEFICIENCY LETTERS	
NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY

TYPE OF FEE Amendment		FEE CATEGORY <input checked="" type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D	
AMOUNT RECEIVED Fee Not Required	CHECK NUMBER	DATE OF CHECK	LOG Jul 558101
APPROVED BY SC	DATE OF RETURN 8/17/01		
COMMENTS			