NRC FORM 567
(1-1999)

U.S. NUCLEAR REGULATORY COMMISSION

REQUEST FOR A SEALED SOURCE OR DEVICE EVALUATION

INSTRUCTIONS: Send this rerquest 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

TELEPHONE NUMBER | DATE

NAME OF APPLICANT
Ed Weiss

MAIL CONTROL NUMBER(S)

LETTER/APPLICATION DATE
05/04/2001

LICENSE NUMBER(S)

REGION/LOCATION:
☐ I ☐ II ☐ III ☐ IV ☐ HQ ☐ LFARB

TYPE OF ACTION REQUESTED *(Check as appropriate)*

☐ SOURCE REVIEW
☐ DEVICE REVIEW
☐ CUSTOM REVIEW
☑ AMENDMENT OF REGISTRATION SHEET NUMBER(S)
NR-1055-D-101-S

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

FOR SSSS USE ONLY

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

TYPE OF ACTION *(Indicate the number of each type)*

☑ COMMERCIAL DISTRIBUTION (FORMAL) ☐ USE BY A SINGLE APPLICANT (CUSTOM)

SOURCE (9C)	DEVICE (9A)	SOURCE (9D)	DEVICE (9B)
☐ NEW	☐ 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	NOTES **Name Change Only!**
	NUMBER OF DEFICIENCY LETTERS	
	NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY

TYPE OF FEE
Amendment

FEE CATEGORY
☒ 9A ☐ 9B ☐ 9C ☐ 9D

AMOUNT RECEIVED	CHECK NUMBER	DATE OF CHECK	LOG
Fee Not Required			Ful SS&D 01

APPROVED BY
SC

DATE OF RETURN
8/17/01

COMMENTS