

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 Dept. of Army TELEPHONE NUMBER: _____ DATE: _____ NAME OF APPLICANT MG Doesburg MAIL CONTROL NUMBER(S): _____ LETTER/APPLICATION DATE: _____ 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 <i>(Check as appropriate)</i> <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
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COMMENTS:
**5183 Blackhawk Road
 Aberdeen Proving Ground, MD 21010-5424**

FOR SSSS USE ONLY		
REVIEWER Ujagar Bhachu	MODEL NUMBERS M43A1	NUMBER ASSIGNED 02-14
DATE RECEIVED 03/26/2002	DATE ASSIGNED 03/26/2002	DATE TO FEES 03/26/2002

TYPE OF ACTION <i>(Indicate the number of each type)</i>			
<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
<input type="checkbox"/> OTHER <i>(Specify)</i>			

	TOTAL NUMBER OF REVIEW HOURS	NOTES Administrative/typographical error noted in registration certificate NR-1129-D-102-S.
	NUMBER OF DEFICIENCY LETTERS	
	NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY			
TYPE OF FEE	FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D		
AMOUNT RECEIVED	CHECK NUMBER	DATE OF CHECK	LOG
APPROVED BY	DATE OF RETURN		
COMMENTS			