

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.

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|---|--|
| REQUESTER Unertl Optical Company, Inc. TELEPHONE NUMBER: 702-369-4092 DATE: _____ NAME OF APPLICANT: Rocky Glenn MAIL CONTROL NUMBER(S): _____ LETTER/APPLICATION DATE: 01/24/2003 LICENSE NUMBER(S): New | 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 type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S) <input checked="" type="checkbox"/> DEVICE REVIEW <input type="checkbox"/> CUSTOM REVIEW |
|---|--|

COMMENTS:
2900 S. Highland Drive
Building 18C
Las Vegas, NV 89109

| FOR SSSS USE ONLY | | |
|---|------------------------------------|-----------------------------------|
| REVIEWER John Jankovich & Ujagar Bhachu | MODEL NUMBERS Gun Sights | NUMBER ASSIGNED 03-19 |
| DATE RECEIVED 02/04/2003 | DATE ASSIGNED 02/27/2003 | DATE TO FEES 02/27/2003 |

| 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) <input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT | DEVICE (9A) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT | SOURCE (9D) <input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT | DEVICE (9B) <input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT |
| <input type="checkbox"/> NO SAFETY EVALUATION REQUIRED <input type="checkbox"/> 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 Application for material license for gun sights containing tritium gas sealed in sealed glass vials. |
| | 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 | | | |