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 betacontrol of America	REGION/LOCATION: ☐ I ☐ II ☐ III ☐ IV ☐ HQ ☐ LFARB
TELEPHONE NUMBER: 973-263-0477 / DATE:	TYPE OF ACTION REQUESTED *(Check as appropriate)*
NAME OF APPLICANT Markus Hannig	☐ SOURCE REVIEW ☐ DEVICE REVIEW ☐ CUSTOM REVIEW ☑ AMENDMENT OF REGISTRATION SHEET NUMBER(S)
MAIL CONTROL NUMBER(S)	
LETTER/APPLICATION DATE: 05/03/2004 / LICENSE NUMBER(S):	NR-122-D-101-B

COMMENTS:
P.O. Box 18
425 Route 202
Towaco, NJ 07082

FOR SSSS USE ONLY

REVIEWER	MODEL NUMBERS	NUMBER ASSIGNED
Nima Ashkeboussi	MK 1.0	04-40
DATE RECEIVED	**DATE ASSIGNED**	**DATE TO FEES**
05/12/2004	05/12/2004	05/12/2004

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 New drawings for submittal and addition to registration certificate NR-122-D-101-B.
	NUMBER OF DEFICIENCY LETTERS	
	NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY

TYPE OF FEE		FEE CATEGORY ☐ 9A ☐ 9B ☐ 9C ☐ 9D	
AMOUNT RECEIVED	CHECK NUMBER	DATE OF CHECK	LOG
APPROVED BY			DATE OF RETURN

COMMENTS