

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 International Isotopes, Inc.		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)	
NAME OF APPLICANT John J. Miller		<input type="checkbox"/> SOURCE REVIEW	<input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> DEVICE REVIEW	
LETTER/APPLICATION DATE 01/05/2006	LICENSE NUMBER(S) NR-1235-S-101-S	<input type="checkbox"/> CUSTOM REVIEW	NR-1235-S-101-S

COMMENTS:

4137 Commerce Circle
Idaho Falls, ID 83401

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REVIEWER Ujagar Bhachu	MODEL NUMBERS INIS-SF-X.X-YY-Z Series	NUMBER ASSIGNED 06-11
DATE RECEIVED 01/12/2006	DATE ASSIGNED 01/12/2006	DATE TO FEES 01/12/2006

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"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW
<input checked="" type="checkbox"/> AMENDMENT	<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> AMENDMENT
<input checked="" type="checkbox"/> NO SAFETY EVALUATION REQUIRED NO FEES REQUIRED		<input checked="" type="checkbox"/> LICENSING ACTION REQUIRED (IF KNOWN)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> OTHER (Specify)			

TOTAL NUMBER OF REVIEW HOURS	NOTES 1/5/06 request to amend NR-1235-S-101-S.
NUMBER OF DEFICIENCY LETTERS	
NUMBER OF DEFICIENCY CALLS	

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TYPE OF FEE Amendment		FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input checked="" type="checkbox"/> 9C <input type="checkbox"/> 9D	
AMOUNT RECEIVED N/A	CHECK NUMBER N/A	DATE OF CHECK N/A	LOG JAN 06 SSSD
APPROVED BY 			DATE OF RETURN 2/14/06
COMMENTS			