

## 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 <b>International Isotopes, Inc.</b>		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"/> LFRB	
TELEPHONE NUMBER	DATE	TYPE OF ACTION REQUESTED (Check as appropriate)  <input type="checkbox"/> SOURCE REVIEW <input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)  <input type="checkbox"/> DEVICE REVIEW  <input type="checkbox"/> CUSTOM REVIEW	
NAME OF APPLICANT <b>John Miller</b>			
MAIL CONTROL NUMBER(S)			
LETTER/APPLICATION DATE <b>08/30/2006</b>	LICENSE NUMBER(S)		

COMMENTS:  
**4137 Commerce Circle  
 Idaho Falls, ID 83402**

### FOR SSSS USE ONLY

REVIEWER <b>Jonathan Rivera &amp; Nima A.</b>	MODEL NUMBERS <b>INIS-SF-CS-1J &amp; INIS-SF-CS-2J</b>	NUMBER ASSIGNED <b>06-44</b>
DATE RECEIVED <b>09/07/2006</b>	DATE ASSIGNED <b>09/07/2006</b>	DATE TO FEES <b>09/07/2006</b>

### 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 checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT
<input 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

OTHER (Specify)

	TOTAL NUMBER OF REVIEW HOURS	NOTES <b>Request to register Cs-137 source capsules for Model Numbers INIS-SF-CS-1J &amp; INIS-SF-CS-2J.</b>
	NUMBER OF DEFICIENCY LETTERS	
	NUMBER OF DEFICIENCY CALLS	

### FOR FEE USE ONLY

TYPE OF FEE <b>NIA</b>		FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input checked="" type="checkbox"/> 9C <input type="checkbox"/> 9D	
AMOUNT RECEIVED <b>NIA</b>	CHECK NUMBER <b>NIA</b>	DATE OF CHECK <b>NIA</b>	LOG <b>SEP 06 SSED</b>
APPROVED BY <i>[Signature]</i>			DATE OF RETURN <b>10/4/06</b>

COMMENTS:  
**Fee paid under 06-25**