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	REGION/LOCATION:
International Isotopes, Inc.	☐ I ☐ II ☐ III ☐ IV ☐ HQ ☐ LFARB

TELEPHONE NUMBER	DATE

TYPE OF ACTION REQUESTED *(Check as appropriate)*

NAME OF APPLICANT
John Miller

☐ SOURCE REVIEW   ☐ AMENDMENT OF REGISTRATION SHEET NUMBER(S)

MAIL CONTROL NUMBER(S)

☐ DEVICE REVIEW

LETTER/APPLICATION DATE	LICENSE NUMBER(S)
08/30/2006	

☐ CUSTOM REVIEW

_____

COMMENTS:

4137 Commerce Circle
Idaho Falls, ID 83402

FOR SSSS USE ONLY

REVIEWER	MODEL NUMBERS	NUMBER ASSIGNED
Jonathan Rivera & Nima A.	INIS-SF-CS-1J & INIS-SF-CS-2J	06-44

DATE RECEIVED	DATE ASSIGNED	DATE TO FEES
09/07/2006	09/07/2006	09/07/2006

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)*

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

FOR FEE USE ONLY

TYPE OF FEE	FEE CATEGORY
N|A	☐ 9A ☐ 9B ☒ 9C ☐ 9D

AMOUNT RECEIVED	CHECK NUMBER	DATE OF CHECK	LOG
N|A	N|A	N|A	SEP 06 SSED

APPROVED BY	DATE OF RETURN
Rosely C. Jon	10|4|06

COMMENTS

Fee paid under 06-25