

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 <i>(Check as appropriate)</i> <input checked="" type="checkbox"/> SOURCE REVIEW <input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S) <input type="checkbox"/> DEVICE REVIEW <input type="checkbox"/> CUSTOM REVIEW	
NAME OF APPLICANT John Miller			
MAIL CONTROL NUMBER(S)		NR-1235-S-101-S	
LETTER/APPLICATION DATE 01/29/2007	LICENSE NUMBER(S)		

COMMENTS:
**4137 Commerce Circle
 Idaho Falls, ID 83401**

FOR SSSS USE ONLY		
REVIEWER Nima Ashkeboussi	MODEL NUMBERS INIS-SF-X.X-YY-Z Series	NUMBER ASSIGNED 07-19
DATE RECEIVED 01/29/2007	DATE ASSIGNED 01/29/2007	DATE TO FEES 02/05/2007

TYPE OF ACTION <i>(Indicate the number of each type)</i>			
<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 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 <i>(Specify)</i>	
TOTAL NUMBER OF REVIEW HOURS NUMBER OF DEFICIENCY LETTERS NUMBER OF DEFICIENCY CALLS	NOTES Request to amend NR-1235-S-101-S.

FOR FEE USE ONLY			
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 FEB 07 556D
APPROVED BY <i>Rozalye Jones</i>		DATE OF RETURN 2/21/07	
COMMENTS			