

**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 Qynergy Corporation		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 Stephanie Jones		<input type="checkbox"/> SOURCE REVIEW	<input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> DEVICE REVIEW	
LETTER/APPLICATION DATE 08/01/2007	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW	

COMMENTS:
**3800 Osuna Road NE Suite 2
 Albuquerque, NM 87109-4401**

FOR SSSS USE ONLY

REVIEWER Josh Palotay	MODEL NUMBERS KRT-2000 Betavoltaic Power Cell	NUMBER ASSIGNED 07-38
DATE RECEIVED 08/09/2007	DATE ASSIGNED 08/09/2007	DATE TO FEES 08/09/2007

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 checked="" type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW
<input 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 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 Request for a ss&dr for KRT-2000 Betavoltaic Power Cell. Check 12756 for \$21,000.00 rec'd and sent to lockbox 8/9/2007.
NUMBER OF DEFICIENCY LETTERS	
NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY

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

AH

TECHNICAL ASSIGNMENT CONTROL

TACS NUMBER *

01056

NEW ASSIGNMENT
 NEW INFORMATION

SECTION I. REQUEST DATA

PREPARED BY (Name)

Traci Kime

MAIL STOP

T:8E24

DATE PREPARED *

MONTH	DAY	YEAR
08	09	2007

FACILITY NAME AND ASSIGNMENT TITLE * (Limit to 120 characters)

Qynergy Corporation
3800 Osuna Road, NE Suite 2
Albuquerque, NM 87109-4401

DOCKET NUMBER *

PLANNED ACCOMPLISHMENT

3 4 4 2 3 0 A A

RECEIPT DATE

MONTH	DAY	YEAR
08	09	2007

REQUEST CONTACT

John Jankovich

John Jankovich 8/9/07

REQUESTER'S INITIALS *

REQUESTING ORGANIZATION *

6381

LICENSE REVIEW NO. *

REVIEW BY REGION

1 2
 3 4

ACCESSION NUMBER

OR COPY OF INCOMING ATTACHED

SECTION II. SYSTEMS CONTROL DATA

FACILITY TYPE	CASE TYPE	FEE RECOVERABLE		AMENDMENT NUMBER	REVIEW DATE			TAC COMPLETION DATE			APPLICATION DATE *						
		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		<input type="checkbox"/> WITHDRAWN	<input type="checkbox"/> CANCELLED	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR		

TOPICAL REPORT REVIEWS

NAME - VENDOR

Same as above

REPORT DATE

MONTH	DAY	YEAR

REPORT IDENTIFICATION SYMBOL

ADDL. INFO. REQUEST DATE

MONTH	DAY	YEAR

P - PROPRIETARY VERSION

SUBMIT DATE

MONTH	DAY	YEAR

NP - NONPROPRIETARY VERSION

STATUS

ACCEPTED

WITHDRAWN

NOT ACCEPTED

DATE LETTER TO VENDOR

MONTH	DAY	YEAR

NONPROPRIETARY REPORT

REQUESTING REMARKS (Limit to 120 characters)

New SS&D Request for a KRT-2000 Betavoltaic Power Cell

SECTION III. REVIEW DATA

REVIEWER'S SURNAME	REVIEWER'S INITIALS *	ESTIMATED HOURS	COMPLETION DATE								
			ESTIMATED			ACTUAL					
			MONTH	DAY	YEAR	MONTH	DAY	YEAR			
Josh Palotay											
Tomas Herrera											

From: Origin ID: ONMA (505)890-6887
Sandra Vedda

3800 Osuna Road NE Suite 2

ALBUQUERQUE, NM 87109



CL6032897/2123

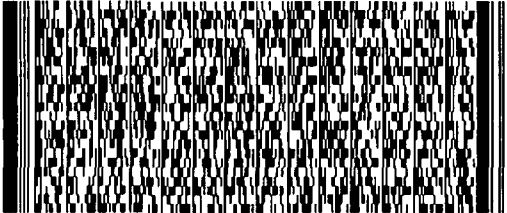
Ship Date: 07AUG07
ActWgt: 8 LB
System#: 1301657/INET7061
Account#: S *****

Delivery Address Bar Code



Ref #
Invoice #
PO #
Dept #

SHIP TO: (301)415-7904 **BILL SENDER**
John Yankovich
USNRC Materials Safety & Ins Branch
Two White Flint North
11545 Rockville Pike
Bethesda, MD 208522738

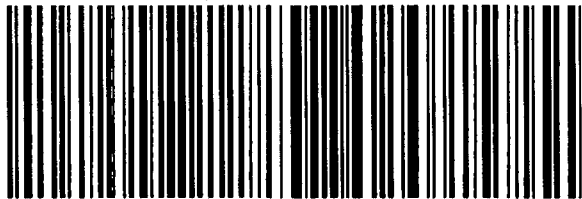


TRK# 7923 9230 9634
0201

WED - 08AUG A2
STANDARD OVERNIGHT

XC-OBTA

IAD
MD-US
20852



Shipping Label: Your shipment is complete

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