

REQUEST FOR A SEALED SOURCE OR DEVICE EVALUATION

Instructions: Send this request AND a copy of all related letters/applications and drawings to: The Sealed Source Safety Section, ATTN: Steven Baggett, ODPN Mail Stop 6-H-3. Change the License Tracking System milestone to I9 and assign to reviewer code I-5. NOTE: Retain a copy of this request with the application and background files.

REQUESTOR: TERRE TAYLOR
PHONE NO.: 504-2611
APPLICANT'S NAME: Fedwa O
MAIL CONTROL NO.(S): 021351

REGION: I II III IV V, (HO) or LFDCB
DATE: 1-28-92
LETTER/APPLICATION DATE: 12/9/91
LICENSE NO.(S): 20-15285-03E

TYPE OF ACTION REQUESTED (CHECK APPROPRIATE ACTION(S))

- () SOURCE REVIEW (X) DEVICE REVIEW () CUSTOM REVIEW
() AMENDMENT OF REGISTRATION SHEET NO.(S)

COMMENTS:

FOR SSSS USE ONLY

DATE RECEIVED: 1/28/92 ASSIGNED NO.: 92-08
MODEL NUMBERS: CPP 705X
REVIEWER:

DATE TO FEES: Due
DATE ASSIGNED:

TYPE OF ACTION (INDICATE NUMBER OF EACH TYPE)

- () COMMERCIAL DISTRIBUTION (FORMAL)
SOURCE (9C) DEVICE (9A)
NEW NEW
AMENDMENT AMENDMENT
() USE BY A SINGLE APPLICANT (CUSTOM)
SOURCE (9D) DEVICE (9B)
NEW NEW
AMENDMENT AMENDMENT
() NO SAFETY EVALUATION REQUIRED - NO FEES REQUIRED
() LICENSING ACTION REQUIRED IS KNOWN: YES / NO
() OTHER:

rec'd 5/8/92
Taylor

TOTAL NUMBER OF REVIEWER HOURS:
NUMBER OF DEFICIENCY LETTERS:
NUMBER OF DEFICIENCY CALLS:

NOTES:

FOR BILLING PURPOSES ONLY

- () NAME CHANGE () ADDRESS CHANGE () NEW REGISTRATION - ADD TO BILLING
() PRODUCT INACTIVE - REMOVE FROM BILLING

FOR FEE USE ONLY

TYPE OF FEE:
AMOUNT RECEIVED:
DATE OF CHECK:
APPROVED BY:

FEE CATEGORY: 9A 9B 9C 9D
CHECK NUMBER:
LOG:
DATE RETURN:
DATE:

- () MATANN UPDATED AS REQUIRED
() MATSYS UPDATED AS REQUIRED

COMMENTS:

BSA