

REQUEST FOR A SEALED SOURCE OR DEVICE EVALUATION

INSTRUCTIONS: Send this request AND a copy of all related letters/applications and drawings to the Director, Materials Safety & State Agreements (T-8 E24), U. S. Nuclear Regulatory Commission Washington, DC 20555-001. 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"/> LFT	
TELEPHONE NUMBER 208-524-5300	DATE	TYPE OF ACTION REQUESTED (Check as appropriate)	
NAME OF APPLICANT John J. Miller			
MAIL CONTROL NUMBER(S)			
LETTER/APPLICATION DATE 11/29/2011	LICENSE NUMBER(S) NR-1235-S-101-S	<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	

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

FOR MSSA USE ONLY

REVIEWER John Jankovich & Lymari Sepulveda	MODEL NUMBERS Irradiator Sources	NUMBER ASSIGNED 12-12
DATE RECEIVED 11/18/2011	DATE ASSIGNED 11/29/2011	DATE TO FEES 11/29/2011

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"/> 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 checked="" 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 to amend registration certificate NR-1235-S-101-S to revise a few things.
	NUMBER OF DEFICIENCY LETTERS	
	NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY

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

COMMENTS