

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		REGION/LOCATION:	
TELEPHONE NUMBER	DATE	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> HQ <input type="checkbox"/> LFARB	
NAME OF APPLICANT		TYPE OF ACTION REQUESTED (Check as appropriate)	
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> SOURCE REVIEW	<input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)
LETTER/APPLICATION DATE		<input type="checkbox"/> DEVICE REVIEW	
LICENSE NUMBER(S)		<input type="checkbox"/> CUSTOM REVIEW	

COMMENTS:

FOR SSSS USE ONLY

REVIEWER	MODEL NUMBERS	NUMBER ASSIGNED
DATE RECEIVED	DATE ASSIGNED	DATE TO FEES

TYPE OF ACTION (Indicate the number of each type)

<input 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 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 type="checkbox"/> NO

OTHER (Specify)

	TOTAL NUMBER OF REVIEW HOURS	NOTES
	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 type="checkbox"/> 9C <input type="checkbox"/> 9D	
AMOUNT RECEIVED	CHECK NUMBER	DATE OF CHECK	LOG
APPROVED BY			DATE OF RETURN

COMMENTS