NRC FORM 567		U.S. NUCLEAR REGULATORY COMMISSION			
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		I I I II III III IV IHQ I LFARB		
NAME OF APPLICANT		TYPE OF ACTION REQUESTED (Check as appropriate)			
NAME OF APPLICANT					
MAIL CONTROL NUMBER(S)		DEVICE REVIEW NUMBER(S)		REGISTRATION SHEET NUMBER(S)	
LETTER/APPLICATION DATE	DN DATE LICENSE NUMBER(S)				
COMMENTS:					
REVIEWER			SS USE ONLY	NUMBER ASS	IGNED
DATE RECEIVED DATE ASSIGNED		ED	DATE TO FEES		
TYPE OF ACTION (Indicate the number of each type)					
COMMERCIAL DISTRIBUTION (FORMAL)			USE BY A SINGLE APP		· ,
SOURCE (9C)	DEVICE (9A)		SOURCE (9D)		DEVICE (9B)
	NEW				NEW
	MENT AMENDMENT				
NO SAFETY EVALUATION REQUIRED NO FEES REQUIRED			LICENSING ACTION REQUIRED (IF KNOWN)		YES
OTHER (Specify)					
TOTAL NUMBER OF REVIEW HOURS NUMBER OF			NOTES		
DEFICIENCY LETTERS NUMBER OF DEFICIENCY CALLS					
FOR FEE USE ONLY TYPE OF FEE FEE CATEGORY					
			9A 9)B	9C 9D
AMOUNT RECEIVED	CHECK NUMBER		DATE OF CHECK		OG
APPROVED BY	-1		1	D	ATE OF RETURN
COMMENTS				I	