NRC FORM 567 (9-2012)		U.S. NUCLEAR REGULATORY COMMISSION			
REQUEST FOR A SEALED SOURCE OR DEVICE EVALUATION					
INSTRUCTIONS: Send this requ Mail Stop O-6 H3. Change the Lie NOTE: Retain a copy of this requ	cense Tracking	System milestone to 1	9 and assign to reviewer coc	he Chief, S le 1-5.	ealed Source Safety Section, OWFN
REQUESTER					
TELEPHONE NUMBER DATE					
			TYPE OF ACTION REQUESTED (Check as appropriate)		
NAME OF APPLICANT			SOURCE REVIEW AMENDMENT OF DEVICE REVIEW REGISTRATION SHEET NUMBER(S)		
MAIL CONTROL NUMBER(S)					
LETTER/APPLICATION DATE	ER/APPLICATION DATE LICENSE NUMBER(S)				
COMMENTS:					
REVIEWER		FOR SS	SS USE ONLY	NUMBER AS	SSIGNED
DATE RECEIVED		DATE ASSIGNED		DATE TO FE	ES
TYPE OF ACTION (Indicate the number of each type)					
	•			LICANT (CUSTOM)	
SOURCE (9C)	E (9C) DEV		SOURCE (9D)		DEVICE (9B)
	NEW	1	NEW		
AMENDMENT AMEN		NDMENT			
NO SAFETY EVALUATION REQUIRED NO FEES REQUIRED			LICENSING ACTION YES REQUIRED (IF KNOWN) NO		YES
OTHER (Specify)					
TOTAL NUMBER OF REVIEW HOURS			NOTES		
NUMBER OF			-		
DEFICIENCY LETTERS					
NUMBER OF DEFICIENCY CALLS					
TYPE OF FEE			FEE CATEGORY	9B	9C 9D
AMOUNT RECEIVED	CHECK NUMBER	1	DATE OF CHECK		LOG
APPROVED BY					DATE OF RETURN
COMMENTS					