NRC FORM 567 **U.S. NUCLEAR REGULATORY COMMISSION** (9-2012) 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: OCHCO **LFARB** TELEPHONE NUMBER DATE TYPE OF ACTION REQUESTED (Check as appropriate) NAME OF APPLICANT AMENDMENT OF SOURCE REVIEW REGISTRATION SHEET MAIL CONTROL NUMBER(S) NUMBER(S) **DEVICE REVIEW** LETTER/APPLICATION DATE LICENSE NUMBER(S) **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) COMMERCIAL DISTRIBUTION (FORMAL) USE BY A SINGLE APPLICANT (CUSTOM) SOURCE (9C) DEVICE (9A) SOURCE (9D) DEVICE (9B) NEW NEW **NEW** NEW **AMENDMENT AMENDMENT** AMENDMENT **AMENDMENT** NO SAFETY EVALUATION REQUIRED LICENSING ACTION YES NO FEES REQUIRED **REQUIRED** NO (IF KNOWN) OTHER (Specify) TOTAL NUMBER OF NOTES REVIEW HOURS **NUMBER OF DEFICIENCY LETTERS NUMBER OF DEFICIENCY CALLS** FOR FEE USE ONLY TYPE OF FEE 9B 9C 9D 9A AMOUNT RECEIVED DATE OF CHECK CHECK NUMBER LOG APPROVED BY DATE OF RETURN COMMENTS