NRC FORM 567 (09-2013)	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				
TELEPHONE NUMBER DATE (MM/DD/YYYY)		TYPE OF ACTION REQUESTED (Check as appropriate)		
NAME OF APPLICANT MAIL CONTROL NUMBER(S) LETTER/APPLICATION DATE LICENSE NUMBER(S)		SOURCE REVIEW AMENDMENT OF DEVICE REVIEW REGISTRATION SHEET CUSTOM REVIEW NUMBER(S)		
COMMENTS: FOR SSSS USE ONLY				
REVIEWER	FUR SSS		NUMBER ASSIC	
REVIEWER	MODEL NUMBERS	NOWIDER AS		שאינ
DATE RECEIVED DATE ASSIGNED		DATE TO FEES		
TYPE OF ACTION (Indicate the number of each type)				
COMMERCIAL DISTRIBUTION (FORMAL)		USE BY A SINGLE APPLICANT (CUSTON		LICANT (CUSTOM)
SOURCE (9C)	SOURCE (9C) DEVICE (9A)			DEVICE (9B)
NEW AMENDMENT				NEW
NO SAFETY EVALUATION REQUIRED NO FEES REQUIRED		LICENSING ACTION REQUIRED (IF KNOWN)		YES
OTHER (Specify)				
	TOTAL NUMBER OF REVIEW HOURS NUMBER OF DEFICIENCY LETTERS NUMBER OF DEFICIENCY CALLS	NOTES		
FOR FEE USE ONLY				
TYPE OF FEE		FEE CATEGORY	9B	9C 9D
AMOUNT RECEIVED	CHECK NUMBER	DATE OF CHECK		LOG
APPROVED BY				DATE OF RETURN
COMMENTS				