

November 18, 1994

Mr. Anders Ohlsson
Program Manager
Provalid Corporation
460 Spring Park Place
Herndon, VA 22070

Dear Mr. Ohlsson:

This is in reference to your facsimile informing the Nuclear Regulatory Commission of the change of address for your U.S. company. We have made the appropriate changes to your registration certificate. Please review the enclosed registration certificate and notify us immediately if there are any errors or omissions. If you have any questions, please contact me at (301) 415-7857 or Mr. Steven Baggett at (301) 415-7273.

Sincerely,

ISR

Kimberly Randall, Sealed Source Device Assistant
Sealed Source Safety Section
Source Containment and
Devices Branch
Division of Industrial and
Medical Nuclear Safety, NMSS

Enclosure: As stated

cc: Sandra Kimberly, LFDCB (w/encl.)

DISTRIBUTION:

SSSS Staff
NMSS r/f
SCDB r/f
IMNS Central Files
SSSS r/f
SSD File NR-794-D-101-B
SSD 94-58
Public yes

OFC	SCDB		SCDB	<i>SR</i>			
NAME	<i>SR</i> KRandall		<i>SR</i> SBaggett				
DATE	11/14/94		11/14/94				

C = COVER

E = COVER & ENCLOSURE

N = NO COPY

A:NR-794-D-101-B

9412160095 941115
PDR RC *
SSD PDR

NRC FORM 567
(8-93)

U. S. NUCLEAR REGULATORY COMMISSION

HW

REQUEST FOR A SEALED SOURCE OR DEVICE EVALUATION

INSTRUCTIONS: Send this request AND a copy of all related letters/applications and drawings to: The Sealed Source Safety Section, ATTN: Chief, OWFN Mail Stop 6 H3. Change the License Tracking System milestone to 19 and assign to reviewer code I-5.
NOTE: Retain a copy of this request with the application and background files.

REQUESTER <i>pro valid</i>		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> HQ <input type="checkbox"/> LFDCB			
TELEPHONE NUMBER	DATE	TYPE OF ACTION REQUESTED (Check as appropriate)			
APPLICANT'S NAME		<input type="checkbox"/> SOURCE REVIEW	<input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)		
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> DEVICE REVIEW			
LETTER/APPLICATION DATE <i>8/17/94</i>	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW			

COMMENTS
*460 Spring Brook pl
Hendrix VA 22070*

FOR SSSS USE ONLY

REVIEWER <i>KLR</i>	MODEL NUMBERS <i>Ranalyza</i>	NUMBER ASSIGNED <i>94-58</i>
DATE RECEIVED <i>9/29/94</i>	DATE ASSIGNED <i>11/9/94</i>	DATE TO FEES <i>9/29/94</i>

TYPE OF ACTION (Indicate the number of each type)

<input checked="" type="checkbox"/> COMMERCIAL DISTRIBUTION (FORMAL)		<input type="checkbox"/> USE BY A SINGLE APPLICANT (CUSTOM)	
SOURCE (9C)	DEVICE (9A) <i>1</i>	SOURCE (9D)	DEVICE (9B)
<input type="checkbox"/> NEW AMENDMENT	<input checked="" type="checkbox"/> NEW AMENDMENT	<input type="checkbox"/> NEW AMENDMENT	<input type="checkbox"/> NEW AMENDMENT
<input checked="" type="checkbox"/> NO SAFETY EVALUATION REQUIRED <input checked="" type="checkbox"/> NO FEES REQUIRED		<input type="checkbox"/> LICENSING ACTION REQUIRED IF KNOWN	
<input type="checkbox"/> OTHER (Specify)		YES NO	

TOTAL NUMBER OF REVIEW HOURS	NOTES <i>Address change</i>
NUMBER OF DEFICIENCY LETTERS	
NUMBER OF DEFICIENCY CALLS	

FOR BILLING PURPOSES ONLY

<input type="checkbox"/> NAME CHANGE	<input checked="" type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> NEW REGISTRATION -- ADD TO BILLING	<input type="checkbox"/> PRODUCT INACTIVE -- REMOVE FROM BILLING
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FOR FEE USE ONLY

TYPE OF FEE <i>AMP</i>	FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D		
AMOUNT RECEIVED FEE NOT REQUIRED	CHECK NUMBER	MATANN UPDATED AS REQUIRED	
DATE OF CHECK	LOG <i>Sep 94 554D</i>	MATSYS UPDATED AS REQUIRED	
APPROVED BY <i>Rinda Mitchell</i>	DATE RETURN <i>10-4-94</i>	DATE <i>10-4-94</i>	
COMMENTS <i>address change</i>			