

November 18, 1994

Mr. William M. Koster
BRK Brands, Inc.
780 McClure Road
Aurora, Illinois 60504-2495

Dear Mr. Koster:

This is in reference to your letter dated February 28, 1994, informing us of the name change to your 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 (312) 415-7857 or Mr. Steven Baggett at (301) 415-7273.

Sincerely,

ISI

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, LFDCR (w/e...)

DISTRIBUTION:

SSSS Staff
NMSS r/f
SCDB r/f
IMNS Central Files
SSSS r/f
SSD File NR-167-D-101-E
SSD 94-29
Public yes

OFC	SCDB	SCDB				
NAME	KRandall	SBaggett				
DATE	11/16/94	11/14/94				

C = COVER

E = COVER & ENCLOSURE

N = NO COPY

A:NR-167-D-101-E

9412160135 941115
PDR RC *
SSD PDR

NRC FORM 567
(5-93)

U. S. NUCLEAR REGULATORY COMMISSION

KR

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>Bnk Brands</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	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW			

COMMENTS
*780 Atlantic Rd
Aurora IL 60504*

FOR SSSS USE ONLY

REVIEWER <i>Kim R</i>	MODEL NUMBERS <i>1000 B, J, M</i>	NUMBER ASSIGNED <i>94-29</i>
DATE RECEIVED <i>6/3/94</i>	DATE ASSIGNED <i>6/9</i>	DATE TO FEES <i>6/1/94</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)	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)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

TOTAL NUMBER OF REVIEW HOURS	NOTES
NUMBER OF DEFICIENCY LETTERS	
NUMBER OF DEFICIENCY CALLS	

FOR BILLING PURPOSES ONLY

<input checked="" type="checkbox"/> NAME CHANGE	<input 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>Amo</i>	FEE CATEGORY <input checked="" type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D		
AMOUNT RECEIVED	CHECK NUMBER	<input type="checkbox"/> MATANN UPDATED AS REQUIRED	
DATE OF CHECK <i>no safety evaluation required</i>	LOG <i>Jan 93</i>	<input type="checkbox"/> MATSYS UPDATED AS REQUIRED	
APPROVED BY <i>Bonnie Brown</i>	DATE RETURN <i>6/10/94</i>	DATE	

COMMENTS