



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

NOTE TO: Document Control Desk
Mailstop 05-F-22

FROM: Kimberly Randall
Kimberly Randall / Michele Burgess
Sealed Source Safety Section

DATE: DEC 13 1994

ASSIGN NO. SSD- 94-72

RIDS CODE: (circle the appropriate code)

- NE01 - SSD Correspondence
- NEX3 - SSD Correspondence (PROPRIETARY)
- NE02 - General SSD Correspondence
- NEX4 - General License Correspondence (PROPRIETARY)
- NE03 - General License Correspondence

REGISTRATION NO./LICENSE NO. _____

COMPANY: SRB Technologies

ACTION: (FOR CENTRAL FILES USE ONLY)

New action for registration certificate.

NRC FORM 567
(8-93)

U. S. NUCLEAR REGULATORY COMMISSION

fr

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>Greene, SUSAN</i>		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input checked="" type="checkbox"/> HQ <input type="checkbox"/> LFDCB	
TELEPHONE NUMBER <i>415-7843</i>	DATE <i>11/8/94</i>	TYPE OF ACTION REQUESTED (Check as appropriate) <input type="checkbox"/> SOURCE REVIEW <input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S) <input checked="" type="checkbox"/> DEVICE REVIEW <input type="checkbox"/> CUSTOM REVIEW	
APPLICANT'S NAME <i>SRB TECHNOLOGIES</i>			
MAIL CONTROL NUMBER(S) <i>021696</i>			
LETTER/APPLICATION DATE <i>10/28/94</i>	LICENSE NUMBER(S) <i>NEW</i>		

COMMENTS

FOR SSSS USE ONLY

REVIEWER <i>Gunsights</i>	MODEL NUMBERS	NUMBER ASSIGNED <i>94-72</i>
DATE RECEIVED <i>Rec'd 11/9/94</i>	DATE ASSIGNED	DATE TO FEES <i>11/16/94</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 type="checkbox"/> NO SAFETY EVALUATION REQUIRED <input 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 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	FEE CATEGORY <input 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	LOG	<input type="checkbox"/> MATSYS UPDATED AS REQUIRED	
APPROVED BY	DATE RETURN	DATE	

COMMENTS

NRC FORM 567

U. S. NUCLEAR REGULATORY COMMISSION

(8-93)

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>Linda Mitchell</i>		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input checked="" type="checkbox"/> HQ <input type="checkbox"/> LFDCB	
TELEPHONE NUMBER <i>415-6062</i>	DATE <i>11-8-94</i>	TYPE OF ACTION REQUESTED (Check as appropriate)	
APPLICANT'S NAME <i>SRB Technologies, Inc</i>			
MAIL CONTROL NUMBER(S) <i>021696</i>	LICENSE NUMBER(S) <i>new license</i>	<input type="checkbox"/> SOURCE REVIEW	<input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)
LETTER/APPLICATION DATE <i>10-28-94</i>		<input checked="" type="checkbox"/> DEVICE REVIEW	
		<input type="checkbox"/> 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)
<input type="checkbox"/> NEW AMENDMENT	<input checked="" type="checkbox"/> NEW AMENDMENT	<input type="checkbox"/> NEW AMENDMENT	<input type="checkbox"/> NEW AMENDMENT
<input type="checkbox"/> NO SAFETY EVALUATION REQUIRED <input 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 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
FOR FEE USE ONLY			
TYPE OF FEE <i>App</i>	FEE CATEGORY <input checked="" type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D		
AMOUNT RECEIVED <i>\$3700</i>	CHECK NUMBER <i>12583</i>	<input type="checkbox"/> MATANN UPDATED AS REQUIRED	
DATE OF CHECK <i>10-26-94</i>	LOG <i>Nov 94 SSTD</i>	<input type="checkbox"/> MATSYS UPDATED AS REQUIRED	
APPROVED BY <i>Linda Mitchell</i>	DATE RETURN <i>11-8-94</i>	DATE <i>11-8-94</i>	
COMMENTS <i>also see Nov 1 HQS Log</i>			

NRC FORM 567 (8-93)

ORIGINAL TO SSSS

POSSESSION LIMIT INFORMATION

MATERIAL TYPE : _____ FORM CODE: ____ AGGREGATE CODE: ____
 MODEL NUMBER : _____
 DESCRIPTION : _____
 TOTAL QUANTITY : _____ UNIT: ____
 OTHER : _____ # SOURCES: ____

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 TOTAL QUANTITY : _____ UNIT: ____
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 DESCRIPTION : _____
 TOTAL QUANTITY : _____ UNIT: ____
 OTHER : _____ # SOURCES: ____

MATERIAL TYPE : _____ FORM CODE: ____ AGGREGATE CODE: ____
 MODEL NUMBER : _____
 DESCRIPTION : _____
 TOTAL QUANTITY : _____ UNIT: ____
 OTHER : _____ # SOURCES: ____

MATERIAL TYPE : _____ FORM CODE: ____ AGGREGATE CODE: ____
 MODEL NUMBER : _____
 DESCRIPTION : _____
 TOTAL QUANTITY : _____ UNIT: ____
 OTHER : _____ # SOURCES: ____

MATERIAL TYPE : _____ FORM CODE: ____ AGGREGATE CODE: ____
 MODEL NUMBER : _____
 DESCRIPTION : _____
 TOTAL QUANTITY : _____ UNIT: ____
 OTHER : _____ # SOURCES: ____



SRB Technologies, Inc.
P. O. Box 25267
Winston-Salem, NC 27114-5267
Tel: (910) 659-2610
FAX: (910) 768-7720

030-33705

October 28, 1994

Dr. Josephine Piconne- M/S T8F5
U.S. Nuclear Regulatory Commission
Division of Industrial and Medical Nuclear Safety, NMSS
Washington, DC 20555

Dear Dr. Piconne:

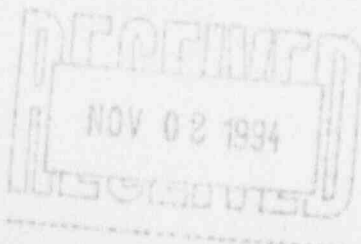
Further to my previous discussions and instructions from Mr. John Libinski, please find enclosed application for the distribution of exempt products (gun sights).

A check for the appropriate application fee is also included (Section 3, category H, Byproduct material - \$2,400 and Section 9, category A, Device, product, or sealed source safety evaluation - \$3,700).

You will note that the name of the licensee is SRB Technologies Inc. who will act as the marketing/distributing company. The assembly of the sights will be performed by Saunders-Roe Displays Inc. who is an affiliated company and will act as a sub-contractor. Saunders-Roe Displays currently holds a Specific License (# 034-0534-1).

As previously agreed and advised by Mr. Libinski, those sights which have been subjected to the testing as outlined in the NRC document "Standard requirements for tritium illuminated gun sights containing gas sealed in glass vials", are the sights which are the "worst case" from a design point of view, i.e. those sights with the minimum amount of protection such as wall thickness of the housing and most vulnerable to breakage when exposed to use on a weapon. All the sights referenced in the application use similar design and assembly methods to those subjected to the tests. The test sights included both the "Dot" and "Line" method of installation. As the samples submitted for testing passed the qualification, the balance of sights can also be deemed to have passed and therefore included in this license per the above referenced NRC document.

With regard to the weapon on which the firing tests have been performed, the weapon used was an M14. This weapon was chosen for the testing, as the M14 would subject the



PENDING

021696

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sights to the most rigorous forces and would certainly far exceed the conditions that any of the sights shown in the application would normally be exposed to.

The results of the tests are attached.

We hope the attached information is sufficient to grant the license, should you require additional information, then please give me a call. In order for me to plan a product launch, I would ask that you confirm to me the approximate length of time required by your office to process this application.

Sincerely,



Brian G. Pullen
President

c.c. Mr. S. Baggett

encs.

OCT 28 1994

SRB TECHNOLOGIES, INC.
2597 LANDMARK DRIVE
WINSTON-SALEM, NC 27103

BRANCH BANKING AND TRUST COMPANY
WINSTON-SALEM, NORTH CAROLINA 27102
88-112-531

12583

PAY **Sixty One Hundred Dollars and 00/100**

TO THE
ORDER OF

DATE

10/26/94

AMOUNT

\$6100.00

Nuclear Regulatory Commission



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