



UNITED STATES  
NUCLEAR REGULATORY COMMISSION

WASHINGTON, D. C. 20555-0001

September 10, 1996

NOTE TO: Sandy Kimberley, LFDCB

FROM: Kim Randall, IMAB

A handwritten signature in cursive script, reading "Kim Randall", is written over the printed name "Kim Randall, IMAB".

SUBJECT: SSD ASSIGNMENT # 96-17

This is in response to the Federal Highway Administration (FHA)'s request to terminate their registration certificates NR-643-D-101-S and NR-643-D-102-S. These devices are custom-built for the FHA and the devices are loaned to the state highway departments, universities and other FHA offices for evaluation. The request to inactivate their certificates can not be granted because their request does not meet the definition of an inactivate product.

If you have any questions, please feel free to contact me at 415-7607.

9610160068 960910  
PDR RC \*  
SSD PDR

NRC FORM 567

(8-93)

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 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>Dept of Transportation</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 checked="" 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) <i>NR-643-D-101-5</i> <i>NR-643-D-102-5</i>	
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> DEVICE REVIEW <input type="checkbox"/> CUSTOM REVIEW	
LETTER/APPLICATION DATE	LICENSE NUMBER(S)		

COMMENTS:  
*Federal Highway Admin  
 6300 Georgetown P.Kc  
 McLean, VA 22107*

FOR SSSS USE ONLY		
REVIEWER <i>K. Randall</i>	MODEL NUMBERS <i>MC-Dmd, Cmd-1</i>	NUMBER ASSIGNED <i>96-17</i>
DATE RECEIVED <i>4/5/96</i>	DATE ASSIGNED <i>4/5/96</i>	DATE TO FEES <i>4/5/96</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 <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> 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 checked="" type="checkbox"/> PRODUCT INACTIVE - REMOVE FROM BILLING

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	MATANN UPDATED AS REQUIRED	
DATE OF CHECK <i>Free Estimate - 2 Determinations</i>	LOG <i>M 961553</i>	MATSYS UPDATED AS REQUIRED	
APPROVED BY <i>JK</i>	DATE RET. <i>4/16/96</i>	DATE	
COMMENTS			

NRC FORM 567

(8-93)

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TELEPHONE/NUMBER	DATE	TYPE OF ACTION REQUESTED (Check as appropriate)	
APPLICANT'S NAME		<input type="checkbox"/> SOURCE REVIEW	
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S) <i>NR-643-D-101-5</i>	
LETTER/APPLICATION DATE		<input type="checkbox"/> DEVICE REVIEW	
LICENSE NUMBER(S)		<input type="checkbox"/> CUSTOM REVIEW <i>NR-643-D-102-5</i>	
COMMENTS: <i>Federal Highway Admin. 6300 Georgetown Pike McLean, VA 22107</i>			
<b>FOR SSSS USE ONLY</b>			
REVIEWER <i>K. Randall</i>		MODEL NUMBERS <i>MC-Dmd, Cmd-1</i>	
DATE RECEIVED <i>4/5/96</i>		NUMBER ASSIGNED <i>96-17</i>	
		DATE TO FEES <i>4/5/96</i>	
<b>TYPE OF ACTION (Indicate the number of each type)</b>			
<input checked="" type="checkbox"/> COMMERCIAL DISTRIBUTION (FORMAL)		<input type="checkbox"/> USE BY A SINGLE APPLICANT (CUSTOM)	
SOURCE (9C)  <input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	DEVICE (9A)  <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDMENT	SOURCE (9D)  <input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	DEVICE (9B)  <input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT
<input type="checkbox"/> NO SAFETY EVALUATION REQUIRED <input type="checkbox"/> NO FEES REQUIRED <input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> LICENSING ACTION REQUIRED IF KNOWN <div style="float: right;"> <input type="checkbox"/> YES  <input type="checkbox"/> NO         </div>	
TOTAL NUMBER OF REVIEW HOURS		NOTES	
NUMBER OF DEFICIENCY LETTERS			
NUMBER OF DEFICIENCY CALLS			
<b>FOR BILLING PURPOSES ONLY</b>			
<input type="checkbox"/> NAME CHANGE		<input type="checkbox"/> ADDRESS CHANGE	
		<input type="checkbox"/> NEW REGISTRATION - ADD TO BILLING	
		<input checked="" type="checkbox"/> PRODUCT INACTIVE - REMOVE FROM BILLING	
<b>FOR FEE USE ONLY</b>			
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	
DATE OF CHECK		LOG <i>Mar 96 ISSD</i>	
APPROVED BY <i>2 Determinations</i>		DATE RETURN <i>4/16/96</i>	
COMMENTS		DATE	

NRC FORM 567 (8-93)

ORIGINATOR'S COPY

4/4/96

Steve -

91-99

The attached registrations  
show billable in your  
system. Do you have  
other information  
than this?

Thanks,  
Sandy K.

Sandy,

I am going to look in the  
file for additional info.