

*Copy to Pat Seaberg
to make call
on change!*

Seatt

CORPORATION

2820 Thatcher Road
Downers Grove, Illinois
U.S.A. 60515-4040
PHONE 708-963-1580
FAX 708-960-9302

November 22, 1995

Mr. Steve Bagget
U.S. Nuclear Regulatory Commission-Scaled Source Section
Division of Industrial and Medical Nuclear Safety
Washington DC, 20555

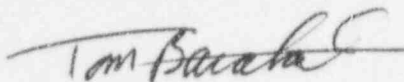
SUBJECT: License No. 12-15537-02E

Dear Mr. Bagget:

Effective December 15, 1995, Seatt Corporation's assets will be sold to The Coleman Company. A new company will be incorporated by Coleman and called Seatt. There will be no changes to the way we are currently maintaining our licensing and conducting business. Everyone employed with the existing Seatt Corporation will be working for the new Seatt under ownership of the Coleman Company. It is my understanding that this acquisition of our assets will not require any changes or notification to you other than this letter.

I would appreciate a short note from you confirming my understanding by December 1, 1995.

Sincerely,



Tom Barakat
QA & Regulatory Manager

TB/mic

9701140137 961230
PDR RC * PDR
SSD

Seatt
CORPORATION

2820 Thatcher Road
Downers Grove, Illinois 60515-4040

7-8F5

Steve Bagget
U.S. Nuclear Regulatory Commission-Scaled
Source Section
Division of Industrial and Medical Nuclear Safety
Washington DC, 20555



NOV 27 1995

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 mile. to 19 and assign to reviewer code I-5.

NOTE: Retain a copy of this request with the application and background files.

REQUESTER <i>Susan Greene</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	DATE <i>10/12/95</i>	TYPE OF ACTION REQUESTED (Check as appropriate)	
APPLICANT'S NAME <i>Scatt Corp</i>		<input type="checkbox"/> SOURCE REVIEW	<input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)
MAIL CONTROL NUMBER(S) <i>021674</i>		<input type="checkbox"/> DEVICE REVIEW	
LETTER/APPLICATION DATE <i>10/12/95</i>	LICENSE NUMBER(S) <i>12-15537-07E</i>	<input type="checkbox"/> CUSTOM REVIEW	<i>NR 545-D101-E</i>
COMMENTS: <i>2820 Thatcher Rd Downers Grove, IL 60515-4040</i>			
FOR SSSS USE ONLY			
REVIEWER <i>Dugan</i>	MODEL NUMBERS <i>TNRC</i>	NUMBER ASSIGNED <i>95-101</i>	
DATE RECEIVED <i>10/16/95</i>	DATE ASSIGNED <i>11/3/95</i>	DATE TO FEES <i>n/a</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 checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT
<input checked="" type="checkbox"/> NO SAFETY EVALUATION REQUIRED 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>- all use same chambers - no fee for update unless something change changes</i>	
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	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
(8-93)

U. S. NUCLEAR REGULATORY COMMISSION

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REQUESTER <i>Sison Greene</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 <i>10/12/95</i>	TYPE OF ACTION REQUESTED (Check as appropriate)	
APPLICANT'S NAME <i>Scott Corp</i>		<input type="checkbox"/> SOURCE REVIEW	<input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)
MAIL CONTROL NUMBER(S) <i>021679</i>		<input type="checkbox"/> DEVICE REVIEW	
LETTER/APPLICATION DATE <i>10/12/95</i>	LICENSE NUMBER(S) <i>12-15537-01E</i>	<input type="checkbox"/> CUSTOM REVIEW	<i>NR 545-D101-E</i>

COMMENTS:
*2820 Thatcher Rd
Downers Grove, Ill 60515-4040*

FOR SSSS USE ONLY

REVIEWER <i>Dugan</i>	MODEL NUMBERS <i>TATC</i>	NUMBER ASSIGNED <i>95-101</i>
DATE RECEIVED <i>10/16/95</i>	DATE ASSIGNED <i>11/3/95</i>	DATE TO FEES <i>2/96</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 checked="" type="checkbox"/> NO SAFETY EVALUATION REQUIRED 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>- all use same chambers - no fee for update unless something changes change</i>
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	MATANN UPDATED AS REQUIRED		
DATE OF CHECK	LOG	MATSYS UPDATED AS REQUIRED		
APPROVED BY	DATE RETURN	DATE		

COMMENTS