

REQUEST FOR A SEALED SOURCE OR DEVICE EVALUATION

INSTRUCTIONS: Send this request AND a copy of all related letters/applications and drawings to the Chief, Sealed Source Safety Section, OWFN Mail Stop O-6 H3. Change the License Tracking System milestone to 19 and assign to reviewer code 1-5.
NOTE: Retain a copy of this request with the application and background files.

REQUESTER U.S. Dept. of Energy		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> HQ <input type="checkbox"/> LFARB	
TELEPHONE NUMBER	DATE	TYPE OF ACTION REQUESTED <i>(Check as appropriate)</i> <input type="checkbox"/> SOURCE REVIEW <input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S) <input type="checkbox"/> DEVICE REVIEW <input type="checkbox"/> CUSTOM REVIEW	
NAME OF APPLICANT Larry Boyd			
MAIL CONTROL NUMBER(S)			
LETTER/APPLICATION DATE 04/14/2004	LICENSE NUMBER(S)		

COMMENTS:
P.O. Box 2008
Oak Ridge, TN 37831-6390

FOR SSSS USE ONLY

REVIEWER John Jankovich	MODEL NUMBERS SR-CF 100, 3000, & 2000 Series	NUMBER ASSIGNED 04-37
DATE RECEIVED 04/28/2004	DATE ASSIGNED 04/28/2004	DATE TO FEES 04/28/2004

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 checked="" type="checkbox"/> AMENDMENT	<input 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 checked="" type="checkbox"/> LICENSING ACTION REQUIRED (IF KNOWN)	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> OTHER <i>(Specify)</i>			

	TOTAL NUMBER OF REVIEW HOURS	NOTES Amendment request to inactivate certificates NR-277-S-104-S, NR-277-S-106-S, NR-277-S-107-S.
	NUMBER OF DEFICIENCY LETTERS	
	NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY

TYPE OF FEE		FEE CATEGORY	
		<input type="checkbox"/> 9A <input type="checkbox"/> 9B <input checked="" type="checkbox"/> 9C <input type="checkbox"/> 9D	
AMOUNT RECEIVED	CHECK NUMBER	DATE OF CHECK	LOG
APPROVED BY			DATE OF RETURN

COMMENTS