

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 Department of the Army		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 (Check as appropriate) <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 NR-1129-D-102-S	
NAME OF APPLICANT Vernon E. Vondera			
MAIL CONTROL NUMBER(S)			
LETTER/APPLICATION DATE 02/05/2001	LICENSE NUMBER(S)		

COMMENTS:

**US Army Tank - Automotive & Armaments Command
1 Rock Island Arsenal
Rock Island, IL 61299-7630**

FOR SSSS USE ONLY

REVIEWER M. Burgess	MODEL NUMBERS M43A1	NUMBER ASSIGNED 01-10
DATE RECEIVED 02/13/2001	DATE ASSIGNED 02/13/2001	DATE TO FEES 02/13/2001

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

TOTAL NUMBER OF REVIEW HOURS	NOTES Amendment to above-noted certificate for their M43A1 Chemical Agent Detector.
NUMBER OF DEFICIENCY LETTERS	
NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY

TYPE OF FEE <i>No fee required</i>		FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D	
AMOUNT RECEIVED <i>Under fee rule</i>	CHECK NUMBER	DATE OF CHECK	LOG
APPROVED BY <i>[Signature]</i>	DATE OF RETURN <i>3/20/01</i>		
COMMENTS			