

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

REQUESTER		REGION/LOCATION:	
TELEPHONE NUMBER <div>DATE (MM/DD/YYYY)</div>		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> OCHCO <input type="checkbox"/> LFARB	
NAME OF APPLICANT		<b>TYPE OF ACTION REQUESTED</b> <i>(Check as appropriate)</i>	
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> SOURCE REVIEW <input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)	
LETTER/APPLICATION DATE		<input type="checkbox"/> DEVICE REVIEW	
LICENSE NUMBER(S)		<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)*

<input 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"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW
<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> AMENDMENT
<input 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
	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 type="checkbox"/> 9C <input type="checkbox"/> 9D
AMOUNT RECEIVED	CHECK NUMBER	DATE OF CHECK	LOG
APPROVED BY			DATE OF RETURN

COMMENTS