

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

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

FOR SSSS USE ONLY	
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TYPE OF ACTION <i>(Indicate the number of each type)</i>	
1	1
2	1
3	1
4	1
5	1
6	1
7	1
8	1
9	1
10	1
11	1
12	1
13	1
14	1
15	1
16	1
17	1
18	1
19	1
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88	1
89	1
90	1
91	1
92	1
93	1
94	1
95	1
96	1
97	1
98	1
99	1
100	1

<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

NRC FORM 567 (09-2013)