

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

| | | | |
|-------------------------|-------------------|---|--|
| REQUESTER | | REGION/LOCATION: | |
| TELEPHONE NUMBER | DATE (MM/DD/YYYY) | <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 | | TYPE OF ACTION REQUESTED (<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