

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

REQUESTER	
TELEPHONE NUMBER	DATE (MM/DD/YYYY)
NAME OF APPLICANT	
MAIL CONTROL NUMBER(S)	
LETTER/APPLICATION DATE	LICENSE NUMBER(S)

REGION/LOCATION:	
<input type="checkbox"/> I	<input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> OCHCO <input type="checkbox"/> LFARB
TYPE OF ACTION REQUESTED (Check as appropriate)	
<input type="checkbox"/> SOURCE REVIEW	<input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)
<input type="checkbox"/> DEVICE REVIEW	
<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