

**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		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	
TELEPHONE NUMBER	DATE (MM/DD/YYYY)	<b>TYPE OF ACTION REQUESTED</b> (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	
NAME OF APPLICANT			
MAIL CONTROL NUMBER(S)			
LETTER/APPLICATION DATE	LICENSE NUMBER(S)		

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"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <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