



UNITED STATES
NUCLEAR REGULATORY COMMISSION

WASHINGTON, D. C. 20555-0001

September 10, 1996

NOTE TO: Sandy Kimberley, LFDCB

FROM: Kim Randall, IMAB

A handwritten signature in cursive script, reading "Kim Randall", is written over the printed name "Kim Randall, IMAB".

SUBJECT: SSD ASSIGNMENT # 96-17

This is in response to the Federal Highway Administration (FHA)'s request to terminate their registration certificates NR-643-D-101-S and NR-643-D-102-S. These devices are custom-built for the FHA and the devices are loaned to the state highway departments, universities and other FHA offices for evaluation. The request to inactivate their certificates can not be granted because their request does not meet the definition of an inactivate product.

If you have any questions, please feel free to contact me at 415-7607.

9610160068 960910
PDR RC *
SSD PDR

NRC FORM 567

(8-93)

U. S. NUCLEAR REGULATORY COMMISSION

REQUEST FOR A SEALED SOURCE OR DEVICE EVALUATION

INSTRUCTIONS: Send this request AND a copy of all related letters/applications and drawings to: The Sealed Source Safety Section, ATTN: Chief, OWFN Mail Stop 6 H3. Change the License Tracking System milestone to 19 and assign to reviewer code I-5.

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

REQUESTER <i>Dept of Transportation</i>		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> HQ <input checked="" type="checkbox"/> LFDCB	
TELEPHONE/NUMBER	DATE	TYPE OF ACTION REQUESTED (Check as appropriate)	
APPLICANT'S NAME		<input type="checkbox"/> SOURCE REVIEW <input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)	
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> DEVICE REVIEW <i>NR-643-D-101-5</i>	
LETTER/APPLICATION DATE		<input type="checkbox"/> CUSTOM REVIEW <i>NR-643-D-102-5</i>	
LICENSE NUMBER(S)			

COMMENTS: *Federal Highway Admin
6300 Georgetown Pk
McLean, VA 22107*

FOR SSSS USE ONLY		
REVIEWER <i>K. Randall</i>	MODEL NUMBERS <i>MC-Dmd, Cmd-1</i>	NUMBER ASSIGNED <i>96-17</i>
DATE RECEIVED <i>4/5/96</i>	DATE ASSIGNED <i>4/5/96</i>	DATE TO FEES <i>4/5/96</i>

TYPE OF ACTION (Indicate the number of each type)			
<input checked="" 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 checked="" 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 <input type="checkbox"/> NO FEES REQUIRED		<input type="checkbox"/> LICENSING ACTION REQUIRED IF KNOWN	
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TOTAL NUMBER OF REVIEW HOURS		NOTES	
NUMBER OF DEFICIENCY LETTERS			
NUMBER OF DEFICIENCY CALLS			

FOR BILLING PURPOSES ONLY			
<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> NEW REGISTRATION - ADD TO BILLING	<input checked="" type="checkbox"/> PRODUCT INACTIVE - REMOVE FROM BILLING

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	MATANN UPDATED AS REQUIRED	
DATE OF CHECK <i>Free Estimate</i>	LOG <i>M 961553</i>	MATSYS UPDATED AS REQUIRED	
APPROVED BY <i>2 Determinations</i>	DATE RET. <i>4/16/96</i>	DATE	
COMMENTS			

NRC FORM 567

U. S. NUCLEAR REGULATORY COMMISSION

(8-93)

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TELEPHONE/NUMBER	DATE	TYPE OF ACTION REQUESTED (Check as appropriate)	
APPLICANT'S NAME		<input type="checkbox"/> SOURCE REVIEW	<input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> DEVICE REVIEW	<i>NR-643-D-101-5</i>
LETTER/APPLICATION DATE	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW	<i>NR-643-D-102-5</i>

COMMENTS

*Federal Highway Admin.
6300 Georgetown Pike
McLean, VA 22107*

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REVIEWER <i>K. Randall</i>	MODEL NUMBERS <i>MC-Dmd, Cmd-1</i>	NUMBER ASSIGNED <i>96-17</i>
DATE RECEIVED <i>4/5/96</i>	DATE ASSIGNED <i>4/5/96</i>	DATE TO FEES <i>4/5/96</i>

TYPE OF ACTION (Indicate the number of each type)

<input checked="" 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 checked="" 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 <input type="checkbox"/> NO FEES REQUIRED		<input type="checkbox"/> LICENSING ACTION REQUIRED IF KNOWN	
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

TOTAL NUMBER OF REVIEW HOURS	NOTES
NUMBER OF DEFICIENCY LETTERS	
NUMBER OF DEFICIENCY CALLS	

FOR BILLING PURPOSES ONLY

<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> NEW REGISTRATION - ADD TO BILLING	<input checked="" type="checkbox"/> PRODUCT INACTIVE - REMOVE FROM BILLING
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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	MATANN UPDATED AS REQUIRED	
DATE OF CHECK <i>Free Example</i>	LOG <i>Mar 96 1550</i>	MATSYS UPDATED AS REQUIRED	
APPROVED BY <i>2 Determinations</i>	DATE RETURN <i>4/16/96</i>	DATE	

COMMENTS

4/4/96

Steve -

91-99

The attached registrations
show billable in your
system. Do you have
other information
than this?

Thanks,
Sandy K.

Sandy,

I am going to look in the
file for additional info.