

## B.4 Request for a Sealed Source or Device Evaluation (NRC Form 567)

NRC FORM 567 (1-1999)		U.S. NUCLEAR REGULATORY COMMISSION	
<b>REQUEST FOR A SEALED SOURCE OR DEVICE EVALUATION</b>			
<b>INSTRUCTIONS:</b> 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. <b>NOTE:</b> Retain a copy of this request with the application and background files.			
REQUESTER		REGION/LOCATION:	
TELEPHONE NUMBER	DATE	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> HQ <input type="checkbox"/> LFRB	
NAME OF APPLICANT		<b>TYPE OF ACTION REQUESTED (Check as appropriate)</b>	
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> SOURCE REVIEW <input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)	
LETTER/APPLICATION DATE	LICENSE NUMBER(S)	<input type="checkbox"/> DEVICE REVIEW <input type="checkbox"/> CUSTOM REVIEW	
COMMENTS:			
<b>FOR SSSS USE ONLY</b>			
REVIEWER	MODEL NUMBERS	NUMBER ASSIGNED	
DATE RECEIVED	DATE ASSIGNED	DATE TO FEES	
<b>TYPE OF ACTION (Indicate the number of each type)</b>			
<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 <input type="checkbox"/> 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		
<b>FOR FEE USE ONLY</b>			
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			