

## B.5 Regional Technical Assistance Request Form

REGIONAL TECHNICAL ASSISTANCE REQUEST FORM	
Date: _____	
Mail and E-Mail to: _____, Division Director, NMSS	For E-mail, cc: IMNS Secretary
From: _____, Director Division of Nuclear Materials Safety, R_	
Licensee: _____	
License Number: _____	Docket Number: _____
Control Number: _____ (if applicable)	
Letter dated: _____ (if applicable)	
Enforcement Action being held in abeyance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suggested change in licensing procedure (enclosed):	
Problem/Issue:	
Action Requested:	
Recommended Action and Alternatives:	<input type="checkbox"/> Approve or <input type="checkbox"/> Reject
TARs addressing similar issues (subject and date):	
Background documents (identify those not sent electronically):	
Remarks:	
Headquarters Reviewer: _____	
Regional Reviewer: _____	
Reviewer Code: _____	
Reviewer Phone Number: _____	Fax Number: _____
Request Needed by: _____	