



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

NOTE TO: SSD FILES NR-0504-D-109-B, NR-0504-D-111-B, NR-0504-S-117-S
FROM: MICHELE L. BURGESS *mb*
DATE: SEPTEMBER 9, 1999
RE: CHANGE OF OWNERSHIP- USE OF CHECKLIST

A checklist was not used for this review due to the fact that it was a change of ownership only, and no review was performed on technical content. Statements were made that (1) the current company is being sold in its entirety to the new company, and (2) the new owners agree to abide by all constraints, conditions, requirements, commitments, and representations identified in the existing licenses (the letter listed the three registration certificates among the licenses.)

In addition, the licensee states that there have been no changes made to the product since last registration.

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 Nuclear Research Corp.		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 type="checkbox"/> LFCB	
TELEPHONE NUMBER	DATE	TYPE OF ACTION REQUESTED (Check as appropriate)	
APPLICANT'S NAME Earl Pollock		<input type="checkbox"/> SOURCE REVIEW	<input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> DEVICE REVIEW	NR-504-D-109-B
LETTER/APPLICATION DATE 8/13/99		<input type="checkbox"/> CUSTOM REVIEW	NR-504-D-111-B
LICENSE NUMBER(S) 37-02401-05E		NR-504-D-117-5	
COMMENTS: 125 Titus AVENUE WARRINGTON, PA 18976			

FOR SSSS USE ONLY

REVIEWER M. Burgess	MODEL NUMBERS SH SERIES, LS-101 etc.	NUMBER ASSIGNED 99-51
DATE RECEIVED 8/17/99	DATE ASSIGNED 8/17/99	DATE TO FEES 8/17/99

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

TOTAL NUMBER OF REVIEW HOURS	NOTES NAME AND OWNERSHIP CHANGE TO ABOVE LICENSE AND REGISTRATION CERTIFICATE
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 type="checkbox"/> PRODUCT INACTIVE - REMOVE FROM BILLING
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FOR FEE USE ONLY

TYPE OF FEE Fee Not Required	FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D		
AMOUNT RECEIVED Per 8/9/99 Rule and no review	CHECK NUMBER	<input type="checkbox"/> MATANN UPDATED AS REQUIRED	
DATE OF CHECK Aug 99, 5540	LOG	<input type="checkbox"/> MATSYS UPDATED AS REQUIRED	
APPROVED BY M. SSS & Admin in future	DATE RETURN 8/30/99	DATE	

COMMENTS