



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

NOTE TO: SSD FILE NR-0160-D-101-E  
FROM: MICHELE L. BURGESS *MLB*  
DATE: JANUARY 27, 2000  
RE: CHANGE OF OWNERSHIP - USE OF CHECKLIST

A checklist was not used for this review due to the fact that it was name change only, and no review was performed on technical content. The following issues were addressed

- all items in IN 89-25, Rev. 1, dated 12/7/94
- the new company understands and agrees to abide by all statements, conditions, requirements, commitments and representations made by the old company
- the old company releases all information, including any items previously designated as proprietary, to the new company
- the old company is being sold in its entirety to the new company
- there have been no changes to the product since last registration

## 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.

<b>REQUESTER</b> <b>Air Products &amp; Controls, Inc.</b>		<b>REGION/LOCATION:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input checked="" type="checkbox"/> HQ <input type="checkbox"/> LFARB	
TELEPHONE NUMBER	DATE	<b>TYPE OF ACTION REQUESTED (Check as appropriate)</b>	
<b>NAME OF APPLICANT</b> <b>Robert Skaggs</b>		<input type="checkbox"/> SOURCE REVIEW <input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)	
<b>MAIL CONTROL NUMBER(S)</b> <b>305403</b>		<input type="checkbox"/> DEVICE REVIEW	
<b>LETTER/APPLICATION DATE</b> <b>08/16/1999</b>	<b>LICENSE NUMBER(S)</b> <b>21-23805-02E</b>	<input type="checkbox"/> CUSTOM REVIEW <b>NR-1060-D-101-E</b>	

**COMMENTS:**  
**RES Company has changed its name to Air Products & Controls, Inc.**

### FOR SSSS USE ONLY

<b>REVIEWER</b> Michele Burgess	<b>MODEL NUMBERS</b> Husman, 520	<b>NUMBER ASSIGNED</b> 99-56
<b>DATE RECEIVED</b> 09/24/1999	<b>DATE ASSIGNED</b> 09/24/1999	<b>DATE TO FEES</b> 09/24/1999

### TYPE OF ACTION (Indicate the number of each type)

<input checked="" type="checkbox"/> <b>COMMERCIAL DISTRIBUTION (FORMAL)</b>		<input type="checkbox"/> <b>USE BY A SINGLE APPLICANT (CUSTOM)</b>	
<b>SOURCE (9C)</b>	<b>DEVICE (9A)</b>	<b>SOURCE (9D)</b>	<b>DEVICE (9B)</b>
<input type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW
<input type="checkbox"/> AMENDMENT	<input checked="" type="checkbox"/> AMENDMENT	<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> AMENDMENT
<input type="checkbox"/> <b>NO SAFETY EVALUATION REQUIRED NO FEES REQUIRED</b>		<input type="checkbox"/> <b>LICENSING ACTION REQUIRED (IF KNOWN)</b>	
		<input type="checkbox"/> YES	
		<input type="checkbox"/> NO	

**OTHER (Specify)**

	<b>TOTAL NUMBER OF REVIEW HOURS</b>	<b>NOTES</b> Name change only to above registration certificate. Change to license completed on 9/24/99.
	<b>NUMBER OF DEFICIENCY LETTERS</b>	
	<b>NUMBER OF DEFICIENCY CALLS</b>	

### FOR FEE USE ONLY

<b>TYPE OF FEE</b>		<b>FEE CATEGORY</b>			
<i>No Fee Required</i>		<input type="checkbox"/> 9A	<input type="checkbox"/> 9B	<input type="checkbox"/> 9C	<input type="checkbox"/> 9D
<b>AMOUNT RECEIVED</b>	<b>CHECK NUMBER</b>	<b>DATE OF CHECK</b>		<b>LOG</b>	
	<i>Per 8/9/99 Rule</i>			<i>See 1 of 5500</i>	
<b>APPROVED BY</b>				<b>DATE OF RETURN</b>	
<i>Sh</i>				<i>9/28/99</i>	
<b>COMMENTS</b>					
<i>(Issued w/attached amendment.)</i>					