



March 4, 2002

Director of Nuclear Material Safety and Safeguards
ATTN: GLTS
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555-0001

To Whom It May Concern:

Recently, TAMKO Roofing Products, Inc. (TAMKO) received a Nuclear Material Registration form at the (b)(7)(F) facility. The registration form combined sources from the two TAMKO facilities located in (b)(7)(F). One is located at (b)(7)(F) and the other facility is located at (b)(7)(F). Each facility contains some of the devices listed in the packet. We have submitted a packet, which is attached to the letter, for each facility.

TAMKO is requesting that in the future each facility be listed separately in the Nuclear Devices Registration Program because they are two separate facilities.

Thank you for your cooperation.

Sincerely,

Peter Reich
Peter Reich
General Manufacturing Manager
TAMKO Roofing Products, Inc. - (b)(7)(F)

Information in this record was deleted
in accordance with the Freedom of Information
Act, exemptions 7F
FOIA/PA-2011-0313

NM5510
B-1



GL-700152-01
02/08/2002
NRC FORM 664
01 - 2001
10 CFR 31.5

SECTION 1
PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

EXPIRES: 01/31/2004

Estimated burden per response to comply with this mandatory collection, request: 20 minutes. NRC will use this information to track general licensees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

Complete all six sections of this registration form. If any of the preprinted information is incorrect, provide the changes in the applicable boxes. USE CAPITAL LETTERS.

General License

SECTION 1 - GENERAL LICENSEE INFORMATION

Registration Number

GL-700152-01

Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.

Company Name: TAMKO ROOFING PRODUCTS

TAMKO ROOFING PRODUCTS INC.

Department:

Address Line 1: (b)(7)(F)

(b)(7)(F)

Address Line 2:

City: (b)(7)(F)

(b)(7)(F)

State: MO

MO

Zip Code: (b)(7)(F)

(b)(7)(F)

For NRC Use Only (Do not write here)	Category	
Packet Receipt Date (MMDDYY)		
Accession Number		



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SECTION 1
PAGE 2 of 2

SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)

Enter the name, telephone number and title of the person who is the responsible individual for the device(s).

Last Name: ABEL OR

R E I C H

First Name: DAVE

P E T E R

Middle Initial:

Telephone: (417) 624-6644

4 1 7 6 2 4 6 6 4 4

Extension: 3454

3 5 0 0

Title: CURRENT SAFETY OFFICER

G E N E R A L M A N U F A C T U R I N G M G R

Enter the mailing address where correspondence regarding your device(s) should be sent.
This address should be specific to the use or storage location of your device(s).

Department:

Address Line 1: (b)(7)(F)

(b)(7)(F)

Address Line 2:

City: (b)(7)(F)

(b)(7)(F)

State: MO

M O

Zip Code:

(b)(7)(F)

(b)(7)(F)



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SECTION 2

PAGE 1 of 9

Manufacturer Name: NDC Systems

[illegible]

1	9	<u>3</u>	<u>3</u>	-	1	9	-	6	L			
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[illegible]

(b)(7)(F)

(b)(7)(F)

1	2	2	8	1	9	9	9
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☐ Not in possession of device
(Also complete Section 4.)

Y Y' Y Y'

Manufacturer Name: Taylor Instruments

[illegible][illegible][illegible][illegible]

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Not in possession of device
(Also complete Section 4.)

Y Y Y Y



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SECTION 2 - DEVICES SUBJECT TO REGISTRATION**SECTION 2**

Our records indicate that you have these devices. Please update the information as necessary.

PAGE 2 of 9**NRC Device Key****478881**

Manufacturer Name: OHMART/VEGA CORPORATION

OH MART VEGA CORPORATION

Manufacturer License Number: 34-00639-03G

34-00639-03G

Device Model: SH-F1

OH MART DENSART SH-FI

Device Serial Number: (b)(7)(F)

(b)(7)(F)

Isotope: (b)(7)(F)

Receipt Date: 02/15/1995

☐ Not in possession of device
(Also complete Section 4.)

(b)(7)(F)

01151995

MM DD YYYY

NRC Device Key**478882**

Manufacturer Name: OHMART/VEGA CORPORATION

OH MART VEGA CORPORATION

Manufacturer License Number: 34-00639-03G

34-00639-03G

Device Model: SH-F1

OH MART DENSART SH-FI

Device Serial Number: (b)(7)(F)

(b)(7)(F)

Isotope: (b)(7)(F)

Receipt Date: 02/15/1995

☐ Not in possession of device
(Also complete Section 4.)

(b)(7)(F)

01151995

MM DD YYYY



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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

Our records indicate that you have these devices. Please update the information as necessary.

PAGE 3 of 9

NRC Device Key

478903

Manufacturer Name: OHMART/VEGA CORPORATION

OHMARTVEGA CORPORATION

Manufacturer License Number: 34-00639-03G

34-00639-03G

Device Model: SH-F2

OHMART DENSART SH-FI

Device Serial Number: (b)(7)(F)

(b)(7)(F)

Isotope: (b)(7)(F)

Receipt Date: 08/15/1993

(b)(7)(F)

07 15 1993

☐ Not in possession of device
(Also complete Section 4.)

MM

DD

YYYY

NRC Device Key

21506

Manufacturer Name: FIFE Corporation

FIFE CORPORATION

Manufacturer License Number: 35-15511-03G

35-15511-03G

Device Model: 8600

MPC7041

Device Serial Number:

(b)(7)(F)

Isotope: (b)(7)(F)

Receipt Date: 05/15/1983

(b)(7)(F)

01 15 1983

☐ Not in possession of device
(Also complete Section 4.)

MM

DD

YYYY



02/08/2002

SECTION 2

PAGE 5 of 9

Manufacturer Name: FIFE Corporation

[illegible][illegible][illegible][illegible]

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MM DD YYYY

Manufacturer Name: BARBER-COLMAN COMPANY

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3	6	-	0	4	4	-	0	2				
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B	A	R	B	E	R		C	O	L	E	M	A	N		I	N	D	E	V			
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b)(7)(F)

b)(7)(F)

0	9	1	5	1	9	8	4
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MM DD YYYY



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SECTION 2

PAGE 6 of 9

[illegible][illegible][illegible][illegible]

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MM DD YYYY

[illegible][illegible][illegible][illegible]

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MM DD YYYY



02/08/2002

SECTION 2

PAGE 7 of 9

289131

[illegible][illegible][illegible][illegible]

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MM DD : YYYY

35457

[illegible][illegible][illegible][illegible]

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MM DD YYYY



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SECTION 2

PAGE 8 of 9

Manufacturer Name: BARBER-COLMAN COMPANY

[illegible][illegible][illegible][illegible]

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MM DD : YYYY

Manufacturer Name: BARBER-COLMAN COMPANY

[illegible][illegible][illegible][illegible]

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MM DD YYYY



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SECTION 2

PAGE 9 of 9

46623

[illegible][illegible][illegible][illegible]

(b)(7)(F)

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☐ Not in possession of device
(Also complete Section 4.)

Y Y Y Y



SECTION 3
PAGE 1 of 1

PAGE 1 of 1

Manufacturer/Initial Transferor Name

[illegible][illegible][illegible][illegible]

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YYYY

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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SECTION 4
PAGE 1 of 11

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Transfer Date:

1	3	0	1	0		
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DD

Y Y Y Y

☐ Whereabouts Unknown (complete Part 1 only) ☐ Transferred to another general licensee (complete Parts 2 and 3)
☒ Never Possessed the Device (complete Part 1 only) ☐ Disposed of/Transferred to a Specific Licensee
☐ Returned to Manufacturer (complete Part 1 only) or other manufacturer. (complete Part 2)

[illegible][illegible][illegible][illegible][illegible][illegible]

State: Zip Code:

Last Name:

[illegible][illegible]

7

[illegible][illegible]



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SECTION 4

PAGE 4 of 11

2

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Transfer Date:

2	1	5	7	3		
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Y Y Y Y

Location of the Device:

- ☐ Whereabouts Unknown (complete Part 1 only) ☐ Transferred to another general licensee (complete Parts 2 and 3)
☒ Never Possessed the Device (complete Part 1 only) ☐ Disposed of/Transferred to a Specific Licensee
☐ Returned to Manufacturer (complete Part 1 only) or other manufacturer. (complete Part 2)

Part 2 License Number of Recipient (if applicable):

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

Page 1

Zip Code:

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Part 3

Enter the name of the individual responsible for this device:

Last Name:

[illegible]

First Name:

[illegible]

Middle Initial:

7

Telephone Number:

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Extension:

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Title:

[illegible]



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SECTION 4

PAGE 3 of 4

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

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Transfer Date:

2	1	6	5	7		
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DD

Y Y Y Y

☐ Whereabouts Unknown (complete Part 1 only) ☐ Transferred to another general licensee (complete Parts 2 and 3)
☒ Never Possessed the Device (complete Part 1 only) ☐ Disposed of/Transferred to a Specific Licensee
☐ Returned to Manufacturer (complete Part 1 only) or other manufacturer. (complete Part 2)

[illegible][illegible][illegible][illegible][illegible][illegible]

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Enter the name of the individual responsible for this device:

[illegible][illegible]

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[illegible]



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SECTION 4

PAGE 4 of 11

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Transfer Date:

NRC Device Key:
(from Section 2 or 6)

2	1	6	6	4		
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MM

DD

Y Y Y Y

Location of the Device:

- ☐ Whereabouts Unknown (complete Part 1 only) ☐ Transferred to another general licensee (complete Parts 2 and :
☒ Never Possessed the Device (complete Part 1 only) ☐ Disposed of/Transferred to a Specific Licensee
☐ Returned to Manufacturer (complete Part 1 only) or other manufacturer. (complete Part 2)

Part 2 License Number of Recipient (if applicable):

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

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Zip Code:

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Part 3

Enter the name of the individual responsible for this device:

Last Name:

[illegible]

First Name:

[illegible]

Middle Initial:

1

Telephone Number:

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Extension:

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Title:

[illegible]



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SECTION 4

PAGE 4 of 11

5

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Transfer Date:

3	5	4	1	3		
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(from Section 2 or 6)

[illegible]

MM

DD

YYYY

Location of the Device:

- ☐ Whereabouts Unknown (complete Part 1 only) ☐ Transferred to another general licensee (complete Parts 2 and 3)
☒ Never Possessed the Device (complete Part 1 only) ☐ Disposed of/Transferred to a Specific Licensee
☐ Returned to Manufacturer (complete Part 1 only) or other manufacturer. (complete Part 2)

Part 2 License Number of Recipient (if applicable):

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

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Zip Code:

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Part 3

Enter the name of the individual responsible for this device:

Last Name:

[illegible]

First Name:

[illegible]

Middle Initial:

□

Telephone Number:

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Extension:

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Title:

[illegible]



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SECTION 4

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Provide information about devices listed in Section 2 or 6, but no longer in your possession.

6

Transfer Date:

3	5	4	1	4		
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[illegible]

MM

DD

Y Y Y Y

Location of the Device:

- ☐ Whereabouts Unknown (complete Part 1 only) ☐ Transferred to another general licensee (complete Parts 2 and 3)
☒ Never Possessed the Device (complete Part 1 only) ☐ Disposed of/Transferred to a Specific Licensee
☐ Returned to Manufacturer (complete Part 1 only) or other manufacturer. (complete Part 2)

Part 2 License Number of Recipient (if applicable):

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

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Zip Code:

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Part 3

Enter the name of the individual responsible for this device:

Last Name:

[illegible]

First Name:

[illegible]

Middle Initial:

1

Telephone Number:

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Extension:

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Title:

[illegible]



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SECTION 4

PAGE 1 of 11

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Transfer Date:

NRC Device Key:
(from Section 2 or 6)

2	8	9	1	3	1	
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MM

DD

Y Y Y Y

Location of the Device:

- ☐ Whereabouts Unknown (complete Part 1 only) ☐ Transferred to another general licensee (complete Parts 2 and 3)
☒ Never Possessed the Device (complete Part 1 only) ☐ Disposed of/Transferred to a Specific Licensee
☐ Returned to Manufacturer (complete Part 1 only) or other manufacturer. (complete Part 2)

Part 2 License Number of Recipient (if applicable):

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

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Zip Code:

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Part 3 **Enter the name of the individual responsible for this device:**

Last Name:

[illegible]

First Name:

[illegible]

Middle Initial:

7

Telephone Number:

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Extension:

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Title:

[illegible]



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SECTION 4

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8

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Transfer Date:

3	5	4	5	7		
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YYYY

☐ Whereabouts Unknown (complete Part 1 only) ☐ Transferred to another general licensee (complete Parts 2 and 3)
☒ Never Possessed the Device (complete Part 1 only) ☐ Disposed of/Transferred to a Specific Licensee
☐ Returned to Manufacturer (complete Part 1 only) or other manufacturer. (complete Part 2)

[illegible][illegible][illegible][illegible][illegible][illegible]

State:

--	--

 Zip Code:

--	--	--	--	--

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--	--	--

Last Name:

[illegible][illegible]

7

[illegible][illegible]



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SECTION 4

PAGE 1 of 11

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Transfer Date:

NRC Device Key:
(from Section 2 or 6)

2	8	9	1	6	9	
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MM

DD

YYYY

Location of the Device:

- ☐ Whereabouts Unknown (complete Part 1 only) ☐ Transferred to another general licensee (complete Parts 2 and 3)
☒ Never Possessed the Device (complete Part 1 only) ☐ Disposed of/Transferred to a Specific Licensee
☐ Returned to Manufacturer (complete Part 1 only) or other manufacturer. (complete Part 2)

Part 2 License Number of Recipient (if applicable):

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

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Zip Code:

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Part 3

Enter the name of the individual responsible for this device:

Last Name:

[illegible]

First Name:

[illegible]

Middle Initial:

7

Telephone Number:

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Extension:

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Title:

[illegible]



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SECTION 5 - CERTIFICATION

SECTION 5
PAGE 1 of 1

I hereby certify that:

- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed, and the device information on this form has been checked against the device labeling.
- C. I am aware of the requirements of the general license, provided in 10 CFR 31.5.

(Copies of applicable regulations may be viewed at the NRC web site at www.nrc.gov/NRC/CFR/index.html)

Re to Reel

3/4/02

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

DATE

WARNING: FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL ASPECTS. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY WRONG STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER IN ITS JURISDICTION.



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SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6
PAGE 1 of 2

NRC Device Key: 35397

Manufacturer License No: 3G-044-02

Manufacturer Name: BARBER-COLMAN COMPANY

Model Number: 015030

Serial #:

(b)(7)(F)

Transfer Date: 11/15/1984

Isotope:

(b)(7)(F)

Activity:

(b)(7)(F)

Unit:

(b)(7)(F)

NRC Device Key: 35398

Manufacturer License No: 3G-044-02

Manufacturer Name: BARBER-COLMAN COMPANY

Model Number: 015030

Serial #:

(b)(7)(F)

Transfer Date: 11/15/1984

Isotope:

(b)(7)(F)

Activity:

(b)(7)(F)

Unit:

(b)(7)(F)

NRC Device Key: 35399

Manufacturer License No: 3G-044-02

Manufacturer Name: BARBER-COLMAN COMPANY

Model Number: 015030

Serial #:

(b)(7)(F)

Transfer Date: 11/15/1984

Isotope:

(b)(7)(F)

Activity:

(b)(7)(F)

Unit:

(b)(7)(F)

NRC Device Key: 35439

Manufacturer License No: 3G-044-02

Manufacturer Name: BARBER-COLMAN COMPANY

Model Number: FL-KR

Serial #:

(b)(7)(F)

Transfer Date: 05/15/1983

Isotope:

(b)(7)(F)

Activity:

(b)(7)(F)

Unit:

(b)(7)(F)

NRC Device Key: 35440

Manufacturer License No: 3G-044-02

Manufacturer Name: BARBER-COLMAN COMPANY

Model Number: FL-KR

Serial #:

(b)(7)(F)

Transfer Date: 08/15/1984

Isotope:

(b)(7)(F)

Activity:

(b)(7)(F)

Unit:

(b)(7)(F)

NRC Device Key: 35369

Manufacturer License No:

Manufacturer Name:

Model Number: FLPKR122STGP

Serial #:

Transfer Date: 05/15/1983

Isotope:

(b)(7)(F)

Activity:

(b)(7)(F)

Unit:

(b)(7)(F)



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SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6
PAGE 2 of 2

NRC Device Key: 35370

Manufacturer License No:

Manufacturer Name:

Model Number: FL.PKR122STGP

Serial #:

Transfer Date: 08/15/1984

Isotope: (b)(7)(F)

Activity:

(b)(7)(F)

Unit: (b)(7)(F)

NRC Device Key: 35449

Manufacturer License No: 3G-044-02

Manufacturer Name: BARBER-COLMAN COMPANY

Model Number: MM-KR

Serial #:

Transfer Date: 02/15/1984

Isotope: (b)(7)(F)

Activity:

(b)(7)(F)

Unit: (b)(7)(F)

NRC Device Key: 35375

Manufacturer License No:

Manufacturer Name:

Model Number: MM1YKR78STGP

Serial #:

Transfer Date: 02/15/1984

Isotope: (b)(7)(F)

Activity:

(b)(7)(F)

Unit: (b)(7)(F)

NRC Device Key: 10020

Manufacturer License No: 20-01382-16G;

Manufacturer Name: LFE CORPORATION

Model Number: SCL-77A

Serial #:

Transfer Date: 08/15/1969

Isotope: (b)(7)(F)

Activity:

(b)(7)(F)

Unit: (b)(7)(F)