



SECTION 1
PAGE 1 of 2
U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0188

EXPIRES: 03/31/2010

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.

SECTION 1 - GENERAL LICENSEE INFORMATION

GL-700152-13

Company Name: TAMKO BUILDING PRODUCTS, INC.

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

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

A 10x10 grid of squares. The grid is composed of 10 columns and 10 rows. The squares are arranged in a pattern where the top row has 10 white squares. The second row has 9 white squares, with the first square shaded black. The third row has 8 white squares, with the first two squares shaded black. The fourth row has 7 white squares, with the first three squares shaded black. The fifth row has 6 white squares, with the first four squares shaded black. The sixth row has 5 white squares, with the first five squares shaded black. The seventh row has 4 white squares, with the first six squares shaded black. The eighth row has 3 white squares, with the first seven squares shaded black. The ninth row has 2 white squares, with the first eight squares shaded black. The tenth row has 1 white square, with the first nine squares shaded black.

Act, exemptions 7F
FOIA-PA-2011-0313

FSMEIO

B-7

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: FINDLEY

LENKER

First Name: G ROBERT

Middle Initial:

SHANNON

Telephone: (417) 624-6644

Extension: 3500

Title: GENERAL MFG MANAGER

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)

Address Line 2:

City: (b)(7)(F)

State: MO

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



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SECTION 2

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

MM DD YYYY

Unit (e.g. mCi)

(b)(7)(F)

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[illegible]

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2

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[illegible]

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3

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[illegible]

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4

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[illegible]

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5

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[illegible]

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6

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[illegible]

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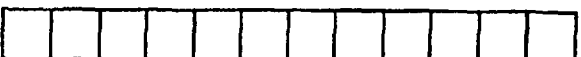


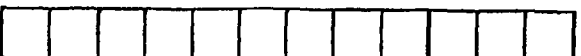
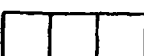

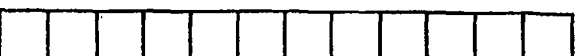


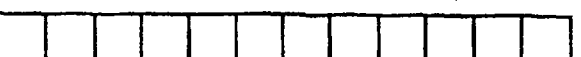
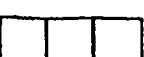
[illegible][illegible][illegible][illegible][illegible]

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

MM DD YYYY

Unit (e.g. mCi)

	(b)(7)(F)	(b)(7)(F)	(b)(7)(F)
1			
2			
3			
4			
5			
6			





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

NRC Device Key **714199** **(Internal Control Number)**

Distributor/Distributed By: FIFE Corporation

[illegible]

Distributor License Number: 35-15511-03G

[illegible]

Manufacturer Name: FIFE CORPORATION

[illegible]

Device Model (Not Source Model): 8600

[illegible]

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

[illegible]

Transfer Date (Receipt Date): 01/15/1983

[illegible]

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

MM

DD

YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	(b)(7)(F)	(b)(7)(F)	(b)(7)(F)
2			
3			
4			
5			
6			





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

NRC Device Key **35409** **(Internal Control Number)**

Distributor/Distributed By: BARBER-COLMAN COMPANY

[illegible]

Distributor License Number: 3G-044-02

[illegible]

Manufacturer Name: BARBER-COLMAN COMPANY

[illegible]

Device Model (Not Source Model): 015202

[illegible]

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

[illegible]

Transfer Date (Receipt Date): 09/15/1984

[illegible]

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

MM

DD

YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	(b)(7)(F)	(b)(7)(F)	(b)(7)(F)
2			
3			
4			
5			
6			



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[illegible]


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SECTION 5 - CERTIFICATION

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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 website at:
<http://www.nrc.gov/reading-rm/doc-collections/cfr>)



12/23/08

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

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