



Phone: (417) - 624 - 6644
Fax: (417) - 624 - 4409

Document Control Desk/GLTS
Director, Office of Federal and State Materials
and Environmental Management Programs
US Nuclear Regulatory Commission
11545 Rockville Pike
Rockville, MD 20852-2738

Date: February 8, 2010

Subject: Annual Registration Fee of Devices
License # GL-711438-13

Dear Nuclear Regulatory Commission,

Please find enclosed the completed General Licensee Registration form, which we have received in the mail. Additional to this completed form, I have enclosed a copy of the check for the fee of \$310.00 (check# 745621)

If you have questions or comment, I may be reached at 1-417-624-6644 Ext 3721

Respectfully,
For TAMKO Building Products, Inc. By,

A handwritten signature in black ink, appearing to read "Dan K. Hollingshead".

Daniel K. Hollingshead
General Manufacturing Manager

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

FSMEIO
B-16



U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

Estimated burden per response to comply with this mandatory collection request: 20 minutes. NRC will use this information to track trans general licensees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocenters@nrc.gov 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.

For NRC Use Only (Do not write here)	Category	<input type="text"/>	<input type="text"/>
Packet Receipt Date (MMDDYYYY)		<input type="text"/>	
		<input type="text"/>	
Accession Number		<input type="text"/>	
		<input type="text"/>	



SECTION 1
PAGE 2 of 2

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

[illegible][illegible]

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

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(b)(7)(F)

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12/16/2009

SECTION 2

PAGE 2 of 5

Distributor/Distributed By: NDC INFRARED ENGINEERING, INC.

[illegible][illegible]

NDC INFRARED ENGINEERING

[illegible][illegible]

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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

PAGE 3 of 5

Distributor/Distributed By: NDC INFRARED ENGINEERING, INC.

[illegible][illegible]

NDC INFRARED ENGINEERING

[illegible][illegible]

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☐ 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

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[illegible][illegible]

NDC INFRARED ENGINEERING

[illegible][illegible]

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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

PAGE 5 of 5

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

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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 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

PAGE 1 of 1

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

[illegible]

Initial Transferor Name

[illegible]

Initial Transferor License Number (if known)

[illegible]

Device Model Number (Not Source Model)

[illegible]

Device Serial Number

[illegible]

How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

- ☐ Manufacturer/Initial Transferor listed above

☐ Other General Licensee

Date Transferred:

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☐ Other Source

(Received)

MM

DD

YYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

- [illegible]





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SECTION 4

PAGE 1 of 1

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

Transfer Date:

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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) ☐ Transferred to a Specific Licensee (Not the manufacturer)
☐ Returned to Manufacturer (complete Part 1 only) (complete Part 2)

Part 2 License Number of Recipient (if transferred to a specific licensee):

[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 5 - CERTIFICATION

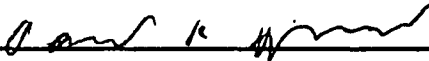
SECTION 5
PAGE 1 of 1

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 website at:

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



2/10/2010

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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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: