



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: March 4, 2011

Subject: Annual Registration Fee of Devices
License # GL-711438-15

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 \$320.00 (check# 110619)

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 7F
FOIA/PA-2011-0313

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PAGE 1 of 2
U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

EXPIRES: 03/31/2010

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 and FOIA/Privacy Services Branch (7-5 F2), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infolinks@nrc.gov to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (315 C-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.

General License **SECTION 1 - GENERAL LICENSEE INFORMATION**
Registration Number
GL-711438-15

Company Name: TAMKO BUILDING PRODUCTS

[illegible]

Department:

[illegible]

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

[illegible]**Address Line 2:**[illegible]

City: (b)(7)(F)

[illegible]

State: MO

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Zip Code:

(b)(7)(F)

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For NRC Use Only

(Do not write here)

Category: [] []

Pack Receipt Date (MMDDYYYY)

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Accession Number:

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PAGE 2 of 2

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

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Department

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(b)(7)(F)

State: MO Zip Code: 64108 - 0000



12/29/2010

SECTION 2

PAGE 1 of 5

Distributor/Distributed By: NDC INFRARED ENGINEERING, INC.

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N D C I N F R A R E D E N G I N E E R I N

[illegible][illegible]

MM DD YYYY

| | Isotope (e.g. AM241) | Activity (e.g. 100) | Unit (e.g. mCi) |
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| 1 | (b)(7)(F) | (b)(7)(F) | (b)(7)(F) |
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12/29/2010

SECTION 2

PAGE 3 of 5

Distributor/Distributed By: NDC INFRARED ENGINEERING, INC.

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

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

YY.YY

Unit (e.g. mCi)

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SECTION 2

PAGE 4 of 5

Distributor/Distributed By: NDC INFRARED ENGINEERING, INC.

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

YYYY

Unit (e.g. mCi)

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SECTION 2

PAGE 5 of 5

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

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

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) |
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SECTION 3

PAGE 1 of 1

Manufacturer Name

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Unit (e.g. mCi)

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PAGE 1 of 1

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Transfer Date:

NRC Device Key:
(from Section 2 or 6)

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) ☐ 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):

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Part 3

Enter the name of the individual responsible for this device:

Last Name:

First Name:

Middle Initial:

Telephone Number:

Extension:

Title:





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SECTION 5 - CERTIFICATION

SECTION 5
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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>)



3/9/11

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: