



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

MATERIAL LICENSE

JAY STUART HAFT CO., INC.

3004 29th Avenue E.  
Bradenton, Florida 34282-1210

License No. 09-21481-02E  
Docket No. 030-31708  
Amendment No. 01

In accordance with letter dated October 16, 1991, License No. 09-21481-02E  
is hereby terminated.

FOR THE U. S. NUCLEAR REGULATORY COMMISSION

Date: JAN 16 1992

BY:

*original signed by  
mike lamastea*  
Medical, Academic, and Commercial  
Use Safety Branch  
Division of Industrial and  
Medical Nuclear Safety  
Washington, DC 20555

*1-16-92*  
*1-16-92*  
*1-16-92*

9204090342 920116  
NMSS LIC30  
MATLSLICENSING PDR

060166

*MLDO  
Send copy to  
P.I.*

JAN 16 1992

Jay Stuart Haft Co., Inc.  
ATTN: Mr. Jeffrey Scott  
Radiation Safety Officer  
P. O. Box 11210  
Bradenton, Florida 34282-1210

Dear Mr. Scott:

Enclosed is Amendment No. 01 terminating License No. 09-21481-02E .

If you have any questions, please call me at (301) 504-2611.

Sincerely,

Torre Taylor  
Commercial Section  
Medical, Academic, and Commercial  
Use Safety Branch  
Division of Industrial and  
Medical Nuclear Safety, NMSS

Enclosure: As stated

DISTRIBUTION

License File  
MLamastra

NMSS r/f  
State Programs

IMAB r/f

IMNS Central File

TTaylor Region II

PSantiago

JEGlenn

OPC: IMAB

: IMAB

NAME: TTaylor

: PSantiago

DATE: 01/14/92

: 01/16/92

OFFICIAL RECORD COPY

JAY HAFT

NRC HEADQUARTERS

MATERIAL LICENSE TERMINATION/RETIREMENT FORM

(To be completed only by Headquarters Section Leader or person authorized to sign licenses)

LICENSEE NAME Jay Stuart Holt Co, Inc LICENSE NO. 09-31481-02F

ADDRESS 3004 29th Avenue E. DOCKET NO. 030-31302

Bradenton, Florida 34182-1810 EXPIRATION DATE 12-31-94

LICENSE IS EXPIRED \_\_\_\_\_

BEING TERMINATED X

Basis for termination/retirement:

1. Superseded by License No. \_\_\_\_\_

Transfer documents to new license folder. Date Transferred \_\_\_\_\_  
By \_\_\_\_\_

2. Other In accordance with request dated  
October 16, 1992

DATE JAN 16 1992

Authorized Signature

BY [Signature]

ACTION BY IRM:  
Retire old license.

ACTION BY IMOB:  
Change status in computer.  
Status changed to 04 on 01-17-92  
by M. Moriarty

DISTRIBUTION:  
IRM - Retired Folder  
OC/LFDCB  
Region Licensing Section

HAFT MARINE PRODUCTS, INC.  
P.O. BOX 11210  
BRADENTON, FLORIDA 34202-1210 U.S.A.  
TEL 813/746-7161 FAX 813/746-7166



030-31208

October 16, 1991

Mr. Mike Lamastra  
USNRC - Mail Stop 683  
Washington, DC 20555

Dear Mr. Lamastra:

This letter is to inform you of our wish to terminate our licenses #09-21481-02E and #NR0410D101E, which I have written about under separate cover to Steve Baggett and Earl Wright.

All materials that we distributed under these licenses have been returned to the manufacturer in Sweden, and an acknowledgement of receipt there will be made available for your inspection if needed.

I have enclosed a product transfer report that shows all movement of the products from the last report up to the time the balance was returned to Sweden.

We apologize for the fact that this intention to cancel was not disclosed to you sooner. Our former bookkeeper who received the mail, apparently did not understand the importance of the deadline for cancellation which was only made known to me yesterday by certified letter from the USNRC collection branch.

Please let me know if you require any further information in relation to this matter.

Sincerely,

JAY STUART HAFT CO., INC.

*Jeffrey Scott*  
Jeffrey Scott  
Radiation Safety Officer

pc: Bruce Carrico, USNRC

- encl: •Product transfer report  
•July 16 Annual Report  
•Shipping info of balance of product to Sweden.

RECEIVED BY LFMS	
Date	10/23/91
Log	Oct 1 HQ
to	Ref
Date Completed	11/2/91

**FEE EXEMPT**  
*Termination*

021311

HAFT MARINE PRODUCTS, INC.  
P.O. BOX 11817  
BRADENTON, FLORIDA 34202-1219 U.S.A.  
TEL 813-746 7101 FAX 813-746 7100



October 16, 1991

USNRC  
Office of Nuclear Material safety  
and Nuclear Safeguards  
Washington, DC 20555

FINAL PRODUCT TRANSFER REPORT

Report for period of July 16, 1991 to October 15, 1991 in regards to materials  
License #09-21481-02E.

Product Model - Silva AB Marine Compass  
Type 70'NB  
342 Millicuries                      0 sold

Product Model - Silva AB Marine Compass  
Type 80  
55 Millicuries  
  
4 sold - 220 Millicuries

Balance of 67 each type 80 compasses returned to Sweden via Federal Express  
on 10/15/91. No type 70UNB were left.

Sincerely,

JAY STUART HAFT CO., INC.

Jeffrey Scott  
Radiation Safety Officer

cc: Region II  
USNRC  
Office of inspection and enforcement  
101 Marietta St., Ste. 2100  
Atlanta, GA 30303

*(43 compasses)*

REC'D

OCT 18 1991

A SIMPSON - LAWRENCE CO

HOLDING FACT ON QUALITY SINCE 1902

*copy in product  
transfer file  
1-6-92 TNYA*



# JAY STUART HAFT CO. INC. MARINE EQUIPMENT

P.O. BOX 11215  
BRADENTON, FLORIDA 34282-1215 U.S.A

July 16, 1991

U.S. Nuclear Regulatory Commission  
Division of Fuel Cycle and Material Safety  
Office of Nuclear Material Safety and  
Nuclear Safeguards  
Washington, D. C. 20555

Attn: Steven L. Baggett

Annual Report for Materials License #09-21481-02E  
for the year ending June 30, 1991.

Product Model--SILVA 7B Marine Compass  
Type 70UNE  
342 Millicuries

108 Sold -- 36,936 Millicuries

Product Model--SILVA AB Marine Compass  
Type 80 (Improved Modification of Type 60)  
55 Millicuries

5 Sold -- 275 Millicuries

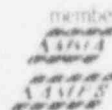
Respectfully submitted,

Renee Dunn  
Bookkeeper

JAY STUART HAFT CO., INC.

CC: Region II  
U. S. Nuclear Regulatory Commission  
Office of Inspection & Enforcement  
101 Marietta St., Suite 3100  
Atlanta, GA 30303

*original is product transfer file*  
*8-16-92*



400-7675 6326

W/BILL FOR ALL INTERNATIONAL SHIPMENTS  
SHIPMENTS BETWEEN THE U.S. & PUERTO RICO



Origin Station ID

Destination Station ID

J/16/91

SENDER Type or press hard. Complete white areas

CONSIGNEE

Special Express Account Number

Telephone No. (TELEX No. important)

11221-3404-4

813-746-7161

Company Name

JAY STUART HART COMPANY INC

From (Sender's Name)

STEVE SCOTT

Street Address (No P.O. Box Number)

Street Address

3004 29TH AVE EAST

City/Town

BRADENTON

State/Province

County

ZIP/Postal Code

FL 054 342065278

Send / References (If Needed. First 24 characters will appear on invoice.)

COMPASSES

Identification Number for Customs purposes (e.g. IN/IVAT/ETN) (if already required)

Country

Post and Notify Telephone Number

Post Station ID

Contact Name

SILVA SWEDEN AB

To (Consignee's Name)

Telephone No. (TELEX No. important)

08-35 90 50

Street Address (No P.O. Box Number)

Street Address

KUSK... JAN 4, 8-191

City/Town

State/Province

Country

ZIP/Postal Code

SOLLENTUNA

SWEDEN

Destination Customs Broker and Telephone No. (TELEX No.)

SWEDEN.

Identification Number for Customs purposes (e.g. IN/IVAT/ETN) (if already required)

## SERVICES

- 1 ☒ Priority  
16 ☐ FEDEX Letter Envelope 12 ☐ FEDEX Pak

Thru-Airplane Services Available Between U.S. &amp; Puerto Rico Only

30 ☐ Economy ☐ Trade80 ☐ Delivered Heavyweight

## SPECIAL HANDLING

Not All Options Available To All Countries

3 ☐ Saturday Delivery 8 ☐ Saturday Pick Up4 ☐ Dangerous Goods (see attached Shipper's Declaration)14 ☐ Cargo Aircraft Only

## DUTIES AND TAXES

Not All Options Available To All Countries

3 ☒ Bill Sender7 ☐ Bill Consignee

Fax In FedEx Account Number Below

8 ☐ Bill Third Party

## TRANSPORTATION CHARGES

Not All Options Available To All Countries

3 ☒ Bill Sender5 ☐ Cash/Check in Advance2 ☐ Bill Consignee

Fax In FedEx Account Number or Credit Card Number Below

3 ☐ Bill Third Party4 ☐ Credit Card

400-7675 6326

## INVOICE INFORMATION Information provided must match information on accompanying Commercial Invoice

Country of Export **USA** DIM Shipment ☐ Chargeable Weight ☐ lbs ☐ kg Total Volume ☐ cu ft ☐ cu m

No. of Pkgs **1** Weight **27** Full & Complete Description of Contents **SIGHTING COMPASSES** Declared Value for Customs **\$1837.00** Country of Manufacture **SWEDEN**

Customs Commodity Code No. (Harmonized Code REQUIRED) **9015.30** Export Declaration Section is completed

Total Pkgs **1** Total Weight **27** Total Declared Value for Customs **\$1837.00** CHT assumed unless indicated below ☐ DIM ☐ FOB ☐ US

Base Charges **\$1837.00** Declared Value **\$1837.00** DCA/TPA **US**

Duty/Tax **0.00** Other **0.00** Clearance **0.00** Total **0.00**

Received At **1 C Regular Stop** **2 C On-Car Side** **3 C Drop Box** **4 C BSC** **5 C Station**

Signature of Sender **STEVE SCOTT** Signature of Consignee **SILVA SWEDEN AB**

Warning: Commodity values for U.S. Air Mail destination must be indicated in Export Declaration Information. Division penalty for U.S. is \$1000.

Received At: Shipment is subject to the conditions of the Air Mail Agreement. The carrier is not responsible for loss or damage to the contents of the shipment.

Sender's Signature **STEVE SCOTT** Consignee's Signature **SILVA SWEDEN AB**

## COMPLETE ONLY IF SHIPMENT IS TO BE EXPORTED FROM THE U.S.

## EXPORT DECLARATION INFORMATION

Consignee's name, address, and telephone number (if different from the sender's) must be indicated in the space provided. If the consignee is a foreign entity, the name must be in English.

By: **SC** RequiredDate: **30 JAN 1991**

Country of Ultimate Destination

**SWEDEN**

Form to Transcription

☐ Related ☒ Non-Related

Quantity (Number of Units)

Export License No. (If Applicable)

Export License No. (If Applicable)

Export License No. (If Applicable)

Export License No. (If Applicable)

Export License No. (If Applicable)

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Export License No. (If Applicable)



CUSTOMER



INVOICE

Oct. 16, 1991  
DATE

INVOICE NO.

## JAY STUART HAFT CO. INC. MARINE EQUIPMENT DISTRIBUTORS

PHONE (813) 746-7161  
TELEX 808778 JAY HAFT BHTNP. O. BOX 11218  
5716 AVENUE BRANCH  
BRADENTON, FL 34202S  
O  
L  
D  
T  
OS  
H  
I  
P  
T  
OSILVA Sweden AB  
Kuskvagen 4, S-191  
Sollentuna, Sweden

CUSTOMER		P. O. NO.		OUR ORDER NO.		ORDER DATE		SHIP DATE		SLM		COD	
TERMS				SHIPPING INSTRUCTIONS				SPECIAL INSTRUCTIONS					
QUANTITY			ITEM NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	AMOUNT						
ORDER	SHIP	S/O											
	67		80 B	Sighting Compasses		\$27.42	\$1837.27						
				Not a sale. Compasses of Swedish manufacture and origin. Being returned for credit.									
				For J.S. Haft <i>J.R. Haft</i>									
NO RETURNS WITHOUT PRIOR WRITTEN AUTHORIZATION			TAXES		PAY THIS AMOUNT								
			CITY	COUNTY				STATE					



HAFT MARINE PRODUCTS, INC.

P.O. BOX 11210

BRADENTON, FLORIDA 34222-1210 U.S.A.

TEL 813 746 7121 FAX 813 746 7112



October 16, 1991

Mr. Steve Baggett  
NMSS  
Washington, DC 20555

Dear Mr. Baggett:

This letter is to inform you of our wish to inactivate our License No. 09-21481-02E. All materials that we distributed under this license have been returned to Sweden, and an acknowledgement of receipt will be available for your inspection if needed.

We apologize for the fact that this intention to cancel was not disclosed to you sooner. Our former bookkeeper who received the mail, apparently did not understand the importance of the deadline for cancellation which was only made known to me yesterday by certified letter from the USNRC collection branch. I have also contacted Earl Wright in Atlanta in regards to terminating our license #09-21481-02E. Marnella Rodriguez had referred me to him for that particular license.

Please let me know if you require any further information in relation to this matter.

Sincerely,

JAY STUART HAFT CO., INC.

A handwritten signature in dark ink, appearing to read "Jeffrey Scott", is written over the printed name.

Jeffrey Scott  
Radiation Safety Officer

kt

cc: Bruce Carrico, USNRC

encl: Final Product Transfer Report and shipping documents for balance of product to Sweden.

11/7/91 - 1222

1st Dec 1991

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 03254  
Status Code: 0  
Fee Category: 3H  
Exp. Date: 19941231  
Fee Comments:  
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION HQ

1. APPLICATION ATTACHED

Applicant/Licensee: JAY STUART HAFT CO., INC.  
Received Date: 911018  
Docket No: 3031208  
Control No: 021311  
License No: 09-21481-0CE  
Action Type: Termination

2. FEE ATTACHED

Amount: /  
Check No.: /

3. COMMENTS

Signed [Signature]  
Date 10/22/91

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /☒/)

1. Fee Category and Amount: 3H

2. Correct Fee Paid. Application may be processed for:  
Amendment /  
Renewal /  
License /

**FEE EXEMPT**  
*Termination*

3. OTHER /

Signed [Signature]  
Date 11/6/91

R1201021

## LICENSING TRACKING SYSTEM

DATE 10/18/91  
PAGE 1

## LTS WORKSHEET

DOCKET NO : 03031208      LICENSE NO : 09-21481-02E      STATUS: 0  
MAIL CONTRL J21311      RECEIPT DATE : J11018      ACTION TYPE: 5  
DUE DATE : 920116  
FED. GOVT : N      INST CODE : 21481      LICENSE REGION: 0  
ISSUE DATE: 891222      ORIGINAL DATE: 891222      EXPIRATION DATE: 19941231  
NAME : JAY STUART HAFT CC, INC.      DECOM FIN ASSUR REQD: N  
SUBM: ...  
DEPT/BUREAU: \_\_\_\_\_      CONT PLAN REQD: N      APPRV: \_\_\_\_\_  
BUILDING : \_\_\_\_\_  
STREET : 3004 29TH AVENUE E  
CITY : BRADENTON      STATE: FL      ZIP: 34208  
CONTACT PERSON: JEFFREY SOJT      PHONE: 813-748-7161  
PRIMARY PGM CODE : 03254      SECONDARY PGM CODES: \_\_\_\_\_  
INSPECTION REGION: 2      PRIORITY CODE: 5      INSPECTION CATEGORY: E  
RADIATION SAFETY OFFICER: \_\_\_\_\_  
STATES WHERE USE IS AUTHORIZED: 1      0 - ALL LISTED STATES  
1 - SAME AS STATE IN ADDRESS  
2 - ALL STATES  
3 - NON-AGREEMENT STATES  
AUTHORIZED STATES: \_\_\_\_\_ (USE ONLY IF ABOVE IS ZERO)  
REPORTING IDENTIFICATION SYMBOL: \_\_\_\_\_  
APPROVAL FOR REDISTRIBUTION: N      STORAGE ONLY: N  
TEMPORARY JOB SITES: N      INCINERATION: N  
BURIAL: N  
EXEMPTIONS: (1) \_\_\_\_\_ (2) \_\_\_\_\_

## POSSESSION LIMIT INFORMATION

PAGE 2

MATERIAL TYPE	_____	FORM CODE	_____	AGGREGATE CODE	_____
MODEL NUMBER	_____				
DESCRIPTION	_____				
TOTAL QUANTITY	_____	UNIT	_____		
OTHER	_____	# SOURCES	_____		
MATERIAL TYPE	_____	FORM CODE	_____	AGGREGATE CODE	_____
MODEL NUMBER	_____				
DESCRIPTION	_____				
TOTAL QUANTITY	_____	UNIT	_____		
OTHER	_____	# SOURCES	_____		
MATERIAL TYPE	_____	FORM CODE	_____	AGGREGATE CODE	_____
MODEL NUMBER	_____				
DESCRIPTION	_____				
TOTAL QUANTITY	_____	UNIT	_____		
OTHER	_____	# SOURCES	_____		
MATERIAL TYPE	_____	FORM CODE	_____	AGGREGATE CODE	_____
MODEL NUMBER	_____				
DESCRIPTION	_____				
TOTAL QUANTITY	_____	UNIT	_____		
OTHER	_____	# SOURCES	_____		
MATERIAL TYPE	_____	FORM CODE	_____	AGGREGATE CODE	_____
MODEL NUMBER	_____				
DESCRIPTION	_____				
TOTAL QUANTITY	_____	UNIT	_____		
OTHER	_____	# SOURCES	_____		
MATERIAL TYPE	_____	FORM CODE	_____	AGGREGATE CODE	_____
MODEL NUMBER	_____				
DESCRIPTION	_____				
TOTAL QUANTITY	_____	UNIT	_____		
OTHER	_____	# SOURCES	_____		

## INDIVIDUAL USERS

PAGE 3

NAME

AUTHORIZATION

## ADDRESS WHERE MATERIAL IS USED OR POSSESSED

BUILDING:  
ROOM:  
STREET:  
CITY:  
STATE:

BUILDING:  
ROOM:  
STREET:  
CITY:  
STATE:

BUILDING:  
ROOM:  
STREET:  
CITY:  
STATE:

BUILDING:  
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BUILDING:  
ROOM:  
STREET:  
CITY:  
STATE:

BUILDING:  
ROOM:  
STREET:  
CITY:  
STATE:

## DECOMMISSIONING FINANCIAL ASSURANCE INFORMATION

PAGE: 4

DOCKET: 03031208 LIC: 09-21481-02E NAME: JAY STUART HAFT CO, INC.

PARTY ISSUING MECHANISM: ASSUR TYPE: (C=CERT D=DFP)  
NAME: MECH TYPE: \_\_\_\_\_  
ADDR1: MECH AMOUNT: \_\_\_\_\_  
ADDR2: APPROVED? DATE: \_\_\_\_\_  
CITY: EXPIRES ? DATE: \_\_\_\_\_  
STATE: ZIP: \_\_\_\_\_

PARTY ISSUING MECHANISM: ASSUR TYPE: (C=CERT D=DFP)  
NAME: MECH TYPE: \_\_\_\_\_  
ADDR1: MECH AMOUNT: \_\_\_\_\_  
ADDR2: APPROVED? DATE: \_\_\_\_\_  
CITY: EXPIRES ? DATE: \_\_\_\_\_  
STATE: ZIP: \_\_\_\_\_

PARTY ISSUING MECHANISM: ASSUR TYPE: (C=CERT D=DFP)  
NAME: MECH TYPE: \_\_\_\_\_  
ADDR1: MECH AMOUNT: \_\_\_\_\_  
ADDR2: APPROVED? DATE: \_\_\_\_\_  
CITY: EXPIRES ? DATE: \_\_\_\_\_  
STATE: ZIP: \_\_\_\_\_

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NAME: MECH TYPE: \_\_\_\_\_  
ADDR1: MECH AMOUNT: \_\_\_\_\_  
ADDR2: APPROVED? DATE: \_\_\_\_\_  
CITY: EXPIRES ? DATE: \_\_\_\_\_  
STATE: ZIP: \_\_\_\_\_

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NAME: MECH TYPE: \_\_\_\_\_  
ADDR1: MECH AMOUNT: \_\_\_\_\_  
ADDR2: APPROVED? DATE: \_\_\_\_\_  
CITY: EXPIRES ? DATE: \_\_\_\_\_  
STATE: ZIP: \_\_\_\_\_

PARTY ISSUING MECHANISM: ASSUR TYPE: (C=CERT D=DFP)  
NAME: MECH TYPE: \_\_\_\_\_  
ADDR1: MECH AMOUNT: \_\_\_\_\_  
ADDR2: APPROVED? DATE: \_\_\_\_\_  
CITY: EXPIRES ? DATE: \_\_\_\_\_  
STATE: ZIP: \_\_\_\_\_

PARTY ISSUING MECHANISM: ASSUR TYPE: (C=CERT D=DFP)  
NAME: MECH TYPE: \_\_\_\_\_  
ADDR1: MECH AMOUNT: \_\_\_\_\_  
ADDR2: APPROVED? DATE: \_\_\_\_\_  
CITY: EXPIRES ? DATE: \_\_\_\_\_  
STATE: ZIP: \_\_\_\_\_