

March 14, 1990

Mr. Bruce Carrico
Nuclear Regulatory Commission
Mail Stop OWFN-6H3
Washington, D.C. 20555

Subject: Application for Licence to Distribute THORN Security
MF312 Ionisation Chamber Smoke Detector

Dear Mr. Carrico:

Pursuant to our conversation enclosed is our application and fee of \$580.00 along with (2) sets of documentation required for THORN Automated Systems request to be the licenced distributor of THORN Security LTD detectors in the U.S.A.

THORN Security Limited filed an application for registration of model MF312 ion chamber smoke detector with Mr. Stephen Baggett of the NRC in Washington D.C. on October 25, 1989. Included in their application was information required for 10 CFR PT 32.26-.27-.28.29. I understand this application has not yet been processed and that our application to distribute will be processed along with it.

I would also reaffirm that THORN Automated Systems fully understands its responsibilities in maintaining proper transfer records, quality assurance, and test records.

THORN Automated Systems will distribute this product from our headquarters located at 835 Sharon Drive, Westlake, OH 44145. Detectors will be shipped to end-users in their original packages with no modifications. Labeling will be in accordance with NRC regulations.

I would also note that these detectors are intended for use in industrial/commercial fire detection systems. They are not intended for sale to the general public for domestic applications.

We have also filed applications for licence to possess these detectors with Mr. Bill Adam at NRC District III Glen Ellyn, IL 60137 on 3/14/90.

License Fee Information
on Application

9501260224 940916
PDR RC *
SSD PDR

MAR 16 1990

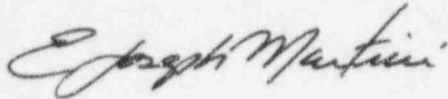
020953

- 2 -

I would also note that professional consultants have been retained to perform required training of our personnel to conform to all NRC test and safety regulations.

Thank you for your assistance and please feel free to contact me if you have any questions.

Very truly yours,



E. Joseph Martini

Vice President of Manufacturing/Operations

cc: R. Elzer
L. Kaiser
D. Ross

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 03255
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____

LICENSE FEE TRANSMITTAL

A. REGION HQ

1. APPLICATION ATTACHED

Applicant/Licensee: THORN AUTOMATED SYSTEMS INC.
Received Date: 900316
Docket No: 3031618
Control No.: 020953
License No.:
Action Type: New Licensee

2. FEE ATTACHED \$580.00
Amount:
Check No.: 022943

3. COMMENTS

Signed [Signature]
Date 3/16/90

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

1. Fee Category and Amount: 3H \$580

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

3. OTHER _____

Signed [Signature]
Date 3/20/90

R1201021

LICENSING TRACKING SYSTEM

DATE: 03/16/90
PAGE: 1

LTS WORKSHEET

DOCKET NO : 03031616 LICENCE NO : _____ STATUS: 3
MAIL CONTROL: 020953 RECEIPT DATE : 900316 . ACTION TYPE: 2
FED. GOVT : N INST. CODE : 23772 LICENSE REGION: 0
ISSUE DATE: _____ ORIGINAL DATE: _____ EXPIRATION DATE: _____
NAME : THORN AUTOMATED SYSTEMS INC. DECOM FIN ASSUR REQD: _
SUBM: _
DEPT/BUREAU: _____ CONT PLAN REQD: _ APPRV: _
BUILDING : _____
STREET : 835 SHARON DRIVE
CITY : WESTLAKE STATE: OH ZIP: 44145
CONTACT PERSON: E. JOSEPH MARTINI PHONE: _____
PRIMARY PGM CODE : 03255 SECONDARY PGM CODES: _____
INSPECTION REGION: 3 PRIORITY CODE: _ INSPECTION CATEGORY: _
RADIATION SAFETY OFFICER: _____
STATES WHERE USE IS AUTHORIZED: _
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: STORAGE ONLY:
TEMPORARY JOB SITES: INCINERATION:
BURIAL:
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:	___		

INDIVIDUAL USERS

AUTHORIZATION

NAME

ADDRESS WHERE MATERIAL IS USED OR POSSESSED

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

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

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STATE: _____

DECOMMISSIONING FINANCIAL ASSURANCE INFORMATION

PAGE: 4

DOCKET: 03031616 LIC: _____ NAME: THORN AUTOMATED SYSTEMS INC.

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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