		· · · ·	· · · ·							
NRC FORM 7 (5-2003) 10 CFR 110 APPLICATION FOR LICENSE TO EXPORT NUCLEAR MATERIAL AND EQUIPMENT (See Instructions on Reverse)					Estimated burden per response to comply with this mandatory collection request: 2.4 hours. This submittal is reviewed to ensure that the applicable statutory, regulatory, and policy considerations are satisfied. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0027), 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					
1. APPLICANT'S a.				2. NRC USE DOCKET NUMBER						
and the second	PPLICANT'S NAME A	ND ADDRE	SS				<u> </u>	00	10	
a. NAME CHILDREN'S HO			• •· ·, ·	].	4. SUPPLIEF (Complete if					
b. STREET ADDRESS (Facility Site) 1600 7TH AVENUE SO.					a. NAME					
c. CITY BIRMINGHAM			e. ZIP CODE 35233	b. STREET ADDRESS						
f. TELEPHONE NUMBER (205) 558-2064	g. FAX (205) 558-2	2707	h. E-MAIL seth.diamond@c	c. CITY		d. STATE	STATE e. ZIP CODE			
5. FIRST SHIPMENT SCHEDULED	6. FINAL SH SCHEDL		7. APPLICANT'S CONTRACTUA DELIVERY DATE		AL 8. PROPOSED LICENSE EXPIRATION DATE		9. CONTRACT NO.		NO.	
	ł									
a. NAME MDS Nordion b. STREET ADDRESS (Facility Site) 447 March Road c. CITY Ottawa 12. INTERMEDIATE FOREIGN CONSIGNEE a. NAME, Not Applicable b. STREET ADDRESS (Facility Site) c. CITY 14. INTERMEDIATE FOREIGN CONSIGNEE a. NAME					(Include plant or facility name)     MDS Nordion manufactures and distributes sealed sources and devices and will accept returned sources from     customers for inspection, disposal, recycling or reuse.     Tha. DATE REQUIRED     13. INTERMEDIATE END USE     13a. DATE REQUIRED     15. INTERMEDIATE END USE					
Not Applicable   b. STREET ADDRESS (Facility Site)					Not applicable					
c. CITY d. COUNTRY					15a. DATE REQUIRED					
15. COM 16. COM CODE (Include chemical and physical form of nuclear material; give dollar nuclear equipment and components)					18. MAX. ELEMENT WEIGHT	19. MAX. WT. %	20. MAX. I WEIG		21. UNIT	
Return (1) one sealed source (model ISO-1000) and device Gammacell 1000 Elite Blood Irradiator chemical: cesium 137 chemical form: element physical form: solid					N/A	N/A	Activity			
22. FOREIGN OBLIGATIONS Not Applicable	BY COUNTRY AND PERC	ENTAGE (Us	e separate sheet if nec	essary)	<b>.</b>	<b>I</b>				
23. ADDITIONAL INFORMA Sethodice	tion on consignees, e mond <u>C</u> Chsy	-		DN (Use sep	parate sheet if necessary;					
24. The applicant certific correct to the best o	s that this application	~		10, Code o	f Federal Regulations; a	nd that all li	nformation in t	his applica	tion is	
5. AUTHORIZED OFFIC:AL	a. SIGNATURE	Din	my MSel	s <i>SB</i> 3	b. TITLE Black Back Q	sality	Officer			
BC FORM 7 (5+2003)							PRINTED	ON RECYCL	ED PAPER	

----