

NRC FORM 7
(6-2006)
10 CFR 110

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0027

EXPIRES: 06/30/2009

APPLICATION FOR NRC EXPORT/IMPORT LICENSE, AMENDMENT, OR RENEWAL

(See Instructions on Page 5)

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 and FOIA/Privacy Services Branch (T-5 F52), 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 collection.

PART A. FOR NRC USE ONLY		<input type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC	DATE RECEIVED 8-23-06
LICENSE NUMBER IBP0062	DOCKET NUMBER	ADAMS ACCESSION NUMBER	

PART B. TO BE COMPLETED FOR ALL LICENSES, AMENDMENTS, OR RENEWALS
(If more space is needed to complete any of the items, use Pages 3-4 first, and then attach additional sheets, if necessary.)

1. NAME AND ADDRESS OF APPLICANT/LICENSEE PSL MEDICAL CENTER 1719 E. 19th AVE DENVER, CO 80218		1a. NAME OF APPLICANT'S CONTACT DAVID HERRON	1b. APPLICANT'S REFERENCE NUMBER BI-1
		1c. PHONE NUMBER 303-839-6530	1d. FAX NUMBER 303-839-7447
		1e. E-MAIL ADDRESS David.herron@healthcare.com	
2. TYPE OF NRC LICENSE REQUESTED (Check One)			
<input type="checkbox"/> EXPORT (Parts B, C, E) <input checked="" type="checkbox"/> IMPORT (Parts B, D, E) <input type="checkbox"/> COMBINED EXPORT/IMPORT (Parts B, C, D, E) <input type="checkbox"/> AMENDMENT/RENEWAL Existing License Number: _____			
3. CONTRACT NUMBER(S)	4. FIRST SHIPMENT DATE	5. LAST SHIPMENT DATE	6. PROPOSED EXPIRATION DATE 8/30/2011

PART C. TO BE COMPLETED FOR EXPORT ONLY OR COMBINED LICENSES, AMENDMENTS, OR RENEWALS
(If more space is needed to complete any of the items, use Pages 3-4 first, and then attach additional sheets, if necessary.)

7. NAME(S) / ADDRESS(ES) OF SUPPLIERS AND/OR OTHER PARTIES TO THE EXPORT	8. NAME(S) / ADDRESS(ES) OF INTERMEDIATE FOREIGN CONSIGNEE(S)	9. NAME(S) / ADDRESS(ES) OF ULTIMATE FOREIGN CONSIGNEE(S)	
		RECEIVED OIP 2006 AUG 23 AM 9:00	
7a. LIST FUNCTIONS PERFORMED/SERVICE PROVIDED	8a. INTERMEDIATE USE(S)	9a. ULTIMATE END USE(S)	
10. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOURCES, NUCLEAR FACILITIES, EQUIPMENT, OR COMPONENTS	10a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq)	10b. MAX ENRICHMENT OR WGT %	10c. MAX ISOTOPE WGT (KG)
11. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME)			

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LICENSE NUMBER	DOCKET NUMBER	ADAMS ACCESSION NUMBER	<input type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC
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PART D. TO BE COMPLETED FOR IMPORT ONLY, OR COMBINED LICENSES, AMENDMENTS, OR RENEWALS
(If more space is needed to complete any of the items, use Pages 3-4 first, and then attach additional sheets, if necessary.)

12. NAME(S) / ADDRESS(ES) OF FOREIGN SUPPLIERS AND/OR OTHER PARTIES TO IMPORT MDS NORDION ION TECHNOLOGIES 447 MARCH ROAD OTTAWA, ONTARIO CANADA K2K 1X8	13. NAME(S) / ADDRESS(ES) OF INTERMEDIATE CONSIGNEE(S)	14. NAME(S) / ADDRESS(ES) OF ULTIMATE CONSIGNEE(S) <div style="text-align: right; font-size: small;"> RECEIVED OIP 2006 AUG 23 AM 9:05 </div>
12a. NRC EXPORT LICENSE NUMBER(S) (if applicable) CANADIAN NUCLEAR SAFETY NSP FOL-11A.00/2005	13a. LICENSE NUMBER(S) / EXPIRATION DATE(S)	14a. LICENSE NUMBER(S) / EXPIRATION DATE(S)
	13b. INTERMEDIATE USE(S)	14b. INTERMEDIATE USE(S)

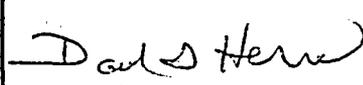
15. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOURCES, NUCLEAR FACILITIES GAMMA CELL 3000 BLOOD IRRADIATOR Cesium 137 Chemical form: Element Physical form: Solid Activity: 1450 Ci	15a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq) N/A	15b. MAX ENRICHMENT OR WGT % N/A	15c. MAX ISOTOPE WGT (KG) N/A
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16. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME)
 N/A

PART E. TO BE COMPLETED FOR ALL LICENSES, AMENDMENTS, OR RENEWALS

17. ADDITIONAL INFORMATION PROVIDED ON PAGES 3, 4, AND/OR ON SEPARATE SHEETS? <input type="checkbox"/> YES <input type="checkbox"/> NO	17a. COPIES OF RECIPIENTS' AUTHORIZATIONS PROVIDED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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18. CERTIFICATION: I, the applicant's authorized official, hereby certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, and that all information provided is correct to the best of my knowledge.

18a. PRINT NAME AND TITLE OF AUTHORIZED OFFICIAL DAVID HERRON RADIATION SAFETY OFFICER PSL MEDICAL CENTER	18b. SIGNATURE -- AUTHORIZED OFFICIAL 	18c. DATE 8/7/06
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ADDITIONAL INFORMATION (Reference applicable block numbers from page 1 and/or page 2 for each entry)

IS. TO BE IMPORTED IS A BLOOD IRRADIATOR
FOR MEDICAL USE. A SEALED SOURCE
OF CS-137 IN SOLID FORM IS INCLUDED.
NO WASTE OR SPECIAL FORM IS TO
BE IMPORTED.

2006 AUG 23 AM 9:01

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