Page 1 of

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APPLICATION FOR NRC EXPORT/IMPORT LICENSE, AMENDMENT, OR RENEWAL (See Instructions on Page 5) Service Branch (1-5 F62), U.S. Nuclear Requires y and to the Dec Mice, Office of Maragement and Budget, (See Instructions on Page 5) PART A. FOR NRC USE ONLY PUBLIC OR Non-RUBBIC PART A. FOR NRC USE ONLY PUBLIC OR Non-RUBBIC PART A. FOR NRC USE ONLY PUBLIC OR Non-RUBBIC PART B. TO BE COMPLETED FOR ALL LICENSES, AMENDMENTS, OR RENEWALS ADAMS ACCESSION NGMBER LICENSE NUMBER BOCKET NUMBER ADAMS ACCESSION NGMBER LICENSE NUMBER Information collection collection ADAMS ACCESSION NGMBER ADAMS ACCESSION NGMBER Information collection collection ADAMS ACCESSION NGMBER LICENSE NUMBER Information collection collection ADAMS ACCESSION NGMBER <td< th=""><th>IRC FORM 7 U ≻2006) 0 CFR 110</th><th></th><th>onse to comply w sure that the appl nents regarding 1</th><th>ith this mandatory licable statutory, r burden estimate</th><th>y collection requiatory, and to the Record</th><th>olicy considerati s and FOIA/Priv</th></td<>	IRC FORM 7 U ≻2006) 0 CFR 110		onse to comply w sure that the appl nents regarding 1	ith this mandatory licable statutory, r burden estimate	y collection requiatory, and to the Record	olicy considerati s and FOIA/Priv			
PART A. FOR NRC USE ONLY PUBLIC OR INNERULE PUBLIC OR INNERULE PART B. TO BE COMPLETED FOR ALL LICENSES, AMENDMENTS, OR RENEWALS (If more space is needed to complete any of the items, use Pages 34 first, and then attach additional sheets, if necessary) AMME AND ADDRESS OF APPLICANT/LICENSEE Rhode Island Hospital S93 Eddy Street Providence, RI 02903 T. VAME AND ADDRESS OF APPLICANT/LICENSEE Rhode Island Hospital S93 Eddy Street Providence, RI 02903 C. TYPE OF NRC LICENSE REQUESTED (Check One) EXPORT (Parts B, C, E) (Information of the internation of the items, use Pages 34 first, and then attach additional sheets, if necessary) C. TYPE OF NRC LICENSE REQUESTED (Check One) C. TYPE OF NRC LICENSES (Check One) C. TYPE OF NRC LICENS	LICENSE, AMER	are satisfied. Send comments regarding burden estimate to the Records and FOIA/Privac Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 2055-0001 or by internet e-mail to infocollects@nc.gov, and to the Desk Officer, Office of Information an Regulatory Affairs, NEOB-10202, (3150-0027), Office of Management and Budget, Washingtor DC 20503. If a means used to impose an information collection does not display a currently vali OMB control number, the NRC may not conduct or sponsor, and a person is not required to							
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NRC FORM 7 (8-2006)	U.S. NUCLEAR REGULATORY COMMISSION										
APPLICATION FOR NRC EXPORT/IMPORT LICENSE, AMENDMENT, OR RENEWAL (Continued)											
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 447 March Road Ottawa, Ontario,K2K 1X8 CANADA	ESS(ES) OF INTERMEDIATE	14. NAME(S) / ADDRESS(ES) OF ULTIMATE CONSIGNEE(S) Dr. Peter J. Quesenberry M.D. CORO WEST 1 Hoppin Street Providence, RI 02903									
12a. NRC EXPORT LICENSE NUMBER(S) (if applicable)	13a. LICENSE NUMB	ER(S) / EXPIRATION DATE(S)	14a. LICENSE NUMBER(S) /	EXPIRATION DATE(S)							
	13b. INTERMEDIATE USE(S)		14b. INTERMEDIATE USE(S) 200 - F							
15. DESCRIPTION OF RADIOACTIVE MATERIALS, SE NUCLEAR FACILITIES Cesium-137 Two sealed sources Chemical Form:Element Physical Form: Solid Device is in Gamma Cell 40	15a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq) 155.4TBq (4200Ci)	15b. MAX ENRICHMENT OR WGT %									
16. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME)											
PART E. TO BE COMPLETED FOR <u>ALL</u> LICENSES, AMENDMENTS, OR RENEWALS											
17. ADDITIONAL INFORMATION PROVIDED ON PAGES 3, 4, AND/OR ON SEPARATE SHEETS?											
18. CERTIFICATION: I, the applicant's authorized official, hereby certify that this application is prepared in conformity with Title10, Code of Federal Regulations, and that all information provided is correct to the best of my knowledge.											
18a. PRINT NAME AND TITLE OF AUTHORIZED OFFIC August Cordeiro Vice President for Patient Support Serv Chief Administrator Officer	18b. SIGNATURE - AUTHORIZI	18c. DATE 02/02/2007									

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