

XBP99

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 submission 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-6 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollect@nrc.gov , and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (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 3-12-08
LICENSE NUMBER XBP99	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 ST. VINCENT MEDICAL CNTY 2131 W. 3 rd ST LOS ANGELES CA. 90057	1a. NAME OF APPLICANT'S CONTACT MARK SHUCK	1b. APPLICANT'S REFERENCE NUMBER	1c. PHONE NUMBER 213484-7153	1d. FAX NUMBER 213484-7999
		1e. E-MAIL ADDRESS MARKSHUCK@DOCHS.ORG		

2. TYPE OF NRC LICENSE REQUESTED (Check One)

EXPORT (Parts B, C, E)
 IMPORT (Parts B, D, E)
 COMBINED EXPORT/IMPORT (Parts B, C, D, E)
 AMENDMENT/RENEWAL (Existing License Number)

3. CONTRACT NUMBER(S)	4. FIRST SHIPMENT DATE	5. LAST SHIPMENT DATE	6. PROPOSED EXPIRATION DATE
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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) MOS NORDION 447 March Road Ottawa, Ontario Canada K2K1X8
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7a. LIST FUNCTIONS PERFORMED/SERVICE PROVIDED	8a. INTERMEDIATE USE(S)	9a. ULTIMATE END USE(S)
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10. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOURCES, NUCLEAR FACILITIES, EQUIPMENT, OR COMPONENTS CESIUM 137	10a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq) 617Ci	10b. MAX ENRICHMENT OR WGT %	10c. MAX ISOTOPE WGT (KG)
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11. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME)

XBP99

NRC FORM 7
(6-2006)
10 CFR 110

U.S. NUCLEAR REGULATORY COMMISSION

APPLICATION FOR NRC EXPORT/IMPORT
LICENSE, AMENDMENT, OR RENEWAL (Continued)

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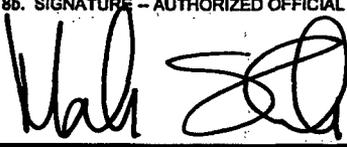
PART D. TO BE COMPLETED FOR IMPORT ONLY, OR COMBINED LICENSES, AMENDMENTS, OR RENEWALS
(If more space is needed to complete any of the items, use Pages 3-4 first, and then attach additional sheets, if necessary.)

12. NAME(S) / ADDRESS(ES) OF FOREIGN SUPPLIERS AND/OR OTHER PARTIES TO IMPORT	13. NAME(S) / ADDRESS(ES) OF INTERMEDIATE CONSIGNEE(S)	14. NAME(S) / ADDRESS(ES) OF ULTIMATE CONSIGNEE(S)	
12a. NRC EXPORT LICENSE NUMBER(S) (if applicable)	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	15a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq)	15b. MAX ENRICHMENT OR WGT %	15c. MAX ISOTOPE WGT (KG)
16. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME)			

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 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 MARK SHUCK DIRECTOR of facilities op.	18b. SIGNATURE -- AUTHORIZED OFFICIAL 	18c. DATE 3-5-08
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