

McLAREN
REGIONAL MEDICAL CENTER

December 15, 2008

U.S. Nuclear Regulatory Commission
Region III
Materials Licensing Section
801 Warrenville Road
Lisle, Illinois 60532-4351

Dear Sir/Madam:

Please consider the following amendment to our License #21-04171-04, McLaren Regional Medical Center:

1.) Requested Authorization: 35.600 Remote Afterloader Unit(s) for

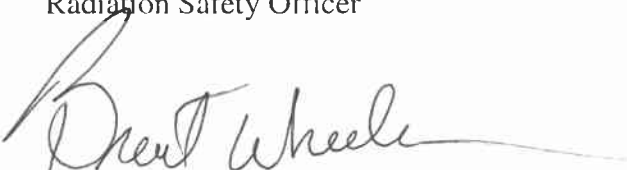
Authorized User: William E. Naill, Jr., M.D.

Attached is the NRC FORM 313A (AUS) completed for your review on William E. Naill, Jr., M.D.

If you have any questions, please contact Arthur Ewald at (810) 342-3805.

Sincerely,


Christopher J. Corlin, M.D.
Radiation Safety Officer


Brent Wheeler
VP Ancillary/Support Services

RECEIVED DEC 29 2008



401 South Ballenger Highway • Flint, Michigan 48532-3685 • (810) 342-2000

An Affiliated Teaching Hospital of the Michigan State University College of Human Medicine

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**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.400 and 35.600)
[10 CFR 35.490, 35.491, and 35.690]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User

State or Territory Where Licensed

William Edward Nail, JR M.D.

MICHIGAN

Requested

35.400 Manual brachytherapy sources 35.600 Teletherapy unit(s)

Authorization(s)

35.400 Ophthalmic use of strontium-90 35.600 Gamma stereotactic radiosurgery unit(s)

(check all that apply)

35.600 Remote afterloader unit(s)

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. Board Certification

- a. Provide a copy of the board certification. - Attachment A
- b. For 35.600, go to the table in 3.e. and describe training provider and dates of training for each type of use for which authorization is sought.
- c. Skip to and complete Part II Preceptor Attestation. - Two enclosed

2. Current 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above

- a. Go to the table in section 3.e. to document training for new device.
- b. Skip to and complete Part II Preceptor Attestation.

3. Training and Experience for Proposed Authorized User

- a. Classroom and Laboratory Training 35.490 35.491 35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	University of Wisconsin Hospital and Clinics Madison Wisconsin	~ 100 hours ✓	1983 - 1985
Radiation protection	University of Wisconsin Hospital and Clinics Madison Wisconsin	~ 50 hours ✓	1983 - 1985
Mathematics pertaining to the use and measurement of radioactivity	University of Wisconsin Hospital and Clinics Madison Wisconsin	~ 50 hours ✓	1983 - 1985
Radiation biology	University of Wisconsin Hospital and Clinics Madison Wisconsin	~ 100 hours ✓	1983 - 1985

Total Hours of Training: ~ 300 hours

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	/
Checking survey meters for proper operation	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	/
Preparing, implanting, and safely removing brachytherapy sources	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	/
Maintaining running inventories of material on hand	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	/
Using administrative controls to prevent a medical event involving the use of byproduct material	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	/
Using emergency procedures to control byproduct material	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	/

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	/	/
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history	/	/	/
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User		
/	/		

d. Supervised Work and Clinical Experience for 10 CFR 35.690

- Remote afterloader unit(s)
 Teletherapy unit(s)
 Gamma stereotactic radiosurgery unit(s)

Supervised Work Experience		Total Hours of Experience: 200 HRS.	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks	HACKLEY Hospital 1700 Clinton Street Muskegon, Michigan 49443 LICENSE: 21-04125-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2007-2008
✓ Preparing treatment plans and calculating treatment doses and times	HACKLEY Hospital 1700 Clinton Street Muskegon, Michigan 49443	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2007-2008
✓ Using administrative controls to prevent a medical event involving the use of byproduct material	HACKLEY Hospital 1700 Clinton Street Muskegon, Michigan 49443	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2007-2008
✓ Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	HACKLEY Hospital 1700 Clinton Street Muskegon, Michigan 49443	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2007-2008
✓ Checking and using survey meters	HACKLEY Hospital 1700 Clinton Street Muskegon, Michigan 49443	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2007-2008
✓ Selecting the proper dose and how it is to be administered	HACKLEY Hospital 1700 Clinton Street Muskegon, Michigan 49443	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2007-2008

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	HACKLEY Hospital 1700 Clinton Street Muskegon, Michigan 49443 UNIVERSITY of Wisconsin Hospital Madison, Wisconsin	2007-2008 ----- 1983-1985
Supervising Individual Dr. JACK Wang, M.D.		License/Permit Number listing supervising individual as an Authorized User 21-04125-01

e. For 35.600, describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Device operation	HACKLEY Hospital 1700 Clinton Street Muskegon, Michigan 49443 June 2007 - May 2008	/	/
Safety procedures for the device use	HACKLEY Hospital 1700 Clinton Street Muskegon, Michigan 49443 June 2007 - May 2008	/	/
Clinical use of the device	HACKLEY Hospital 1700 Clinton Street Muskegon, Michigan 49443 June 2007 - May 2008	/	/
Supervising Individual. <i>If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)</i> Dr. JACK Wang, M.D.		License/Permit Number listing supervising individual as an Authorized User 21-04125-01	

Authorized for the following types of use:

- Remote afterloader unit(s)
 Teletherapy unit(s)
 Gamma stereotactic radiosurgery unit(s)

f. Provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each requested authorization:

For 35.490:

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 200 hours of
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

For 35.491:

I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

Board Certification

I attest that William Edward Nail Jr, M.D. has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.690(a)(1).

OR $\$$

Training and Experience

I attest that William Edward Nail Jr, M.D. has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

AND

U.S. NUCLEAR REGULATORY COMMISSION

NRC FORM 313A (AUS)
(10-2007)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

I attest that WILLIAM EDWARD NATHAN JR. MD has received training required in 35.690(c) for device operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

I attest that WILLIAM EDWARD NATHAN JR. MD has achieved a level of competency sufficient to achieve a level of competency sufficient to function independently as an authorized user for,

- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

Fifth Section

Complete the following for preceptor attestation and signature:

I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

- 35.400 Manual brachytherapy sources 35.600 Teletherapy unit(s)
 35.400 Ophthalmic use of strontium-90 35.600 Gamma stereotactic radiosurgery unit(s)
 35.600 Remote afterloader unit(s)

Name of Preceptor

DR. JACK WANG, M.D.

License/Permit Number/Facility Name

21-04125-01

Signature

Telephone Number

1-313-766-2266
1-313-745-8191

Date

10/14/08



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May 1, 2008

Re: W. Edward Naill, MD- HDR Preceptorship Attestation

To Whom It May Concern:

It is a pleasure to support the application of Dr. Naill for high dose rate brachytherapy. I have worked with Dr. Naill for approximately seven years.

Since June 2007 until now, Dr Naill has been supervised in this preceptorship for HDR brachytherapy patient evaluation, treatment planning and HDR treatment delivery. In addition, patients were evaluated in consultations, simulations, and follow-up. This preceptorship which started in June 2007 is being completed now, coinciding with the merger of Hackley Hospital with Mercy Hospital, concluding the radiation oncology practice at Hackley Hospital.

If additional information is needed, please do not hesitate to contact me.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Jack Wang'.

Jack Wang, MD
Director of Radiation Oncology
Hackley Hospital Cancer Center

JW/bam

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	/	/
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User	
/	/	

e. For 35.600, describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Device operation	Great Lakes Cancer Institute 4100 BEECHER Road Flint, Michigan 48532 June 2008 - October 2008	/	/
Safety procedures for the device use	Great Lakes Cancer Institute 4100 BEECHER Road Flint, Michigan 48532 June 2008 - October 2008	/	/
Clinical use of the device	Great Lakes Cancer Institute 4100 BEECHER Road Flint, Michigan 48532 June 2008 - October 2008	/	/
Supervising Individual. <i>If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)</i>		License/Permit Number listing supervising individual as an Authorized User	
Dr. HESHAM E. GAYAR M.D.		21-04171-04	

Authorized for the following types of use:

- Remote afterloader unit(s)
 Teletherapy unit(s)
 Gamma stereotactic radiosurgery unit(s)

f. Provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each requested authorization:

For 35.490:

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 200 hours of
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

For 35.491:

I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.690(a)(1).

OR

Training and Experience

I attest that William Edward Nail JRMD has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

AND

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

I attest that William Edward Nail JR MD has received training required in 35.690(c) for device
Name of Proposed Authorized User
operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

I attest that William Edward Nail JR MD has achieved a level of competency sufficient to
Name of Proposed Authorized User
achieve a level of competency sufficient to function independently as an authorized user for:

- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

Fifth Section

Complete the following for preceptor attestation and signature:

I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

- 35.400 Manual brachytherapy sources 35.600 Teletherapy unit(s)
 35.400 Ophthalmic use of strontium-90 35.600 Gamma stereotactic radiosurgery unit(s)
 35.600 Remote afterloader unit(s)

Name of Preceptor	Signature	Telephone Number	Date
Dr. HESHAM E. GAYAR		810-342-3800	12-12-08

License/Permit Number/Facility Name

21-04171-04

McLaren Regional Medical Center
401 South Ballenger Highway
Flint, Michigan 48532

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology,
and the Association of University Radiologists*

Hereby certifies that

William Edward Nail, Jr., M.D.

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this twenty-sixth day of May, 1988

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of
Radiation Oncology*

M. Paul Capp, M.D.

President

Frank H. L. Zedden, M.D.

Secretary



ATTACHMENT B

HDR Focused Training:

25-26 October 2004 <i>10.0 Hours</i>	HDR Brachytherapy for prostate, gynecological and breast cancer. Seattle Prostate Institute
6 July 2006 <i>2.0 Hours</i>	PBI- Early Stage Breast Cancer. Mammosite Radiation Therapy Dr. Pamela Benitez, M.D. Beaumont Cancer Center Royal Oak, Michigan
October 2006 <i>3.0 Hours</i>	Nucletron Vendor Training
September 2006 <i>10.0 Hours</i>	On-Site Training Visit – HDR Dr. Joe Hsuh Radiation Oncologist University of California- San Francisco
20 July 2007 <i>12.5 Hours</i>	ABS 2007 GYN Brachytherapy School (HDR) Chicago, Illinois

HDR Clinical Preceptorship: #1

(See additional preceptorship #2 attachment for Flint, Michigan in new practice July 2008-Present)

June 2007- May 2008

HDR Cases

*200 Hours**

Preceptor: Dr. Jack Wang
Director of Radiation Oncology
Hackley Hospital Cancer Center
1700 Clinton Street
Muskegon, Michigan 49442
(SEE ATTACHED LETTER)

<u>Procedure</u>	<u>Patients</u>	<u>Fractions</u>
Vaginal Cylinder	9	39
PBI- HDR: Mammosite	16	160
HDR Surface Application: Freiburg Flap	4	28

* Including but not limited to:

- 1) Treatment plans/ calculating treatment doses and times.
- 2) Selecting proper dose and how it is to be administered.
- 3) Checking and using survey meters.
- 4) Using administrative controls to prevent a medical event involving the use of byproduct material.
- 5) Implementing emergency procedures.
- 6) Reviewing full calibration measurements/ periodic spot-checks.

HDR Clinical Preceptorship: #2

(See additional preceptorship #1 attachment for Dr. Jack Wang Muskegon, Michigan June 2007- May 2008)

July 2008- Present
HDR Cases
*144 Hours**

Preceptor: Dr. Hesham Gayar
Chairman of Radiation Oncology
Great Lakes Cancer Center
McLaren Regional Medical Center
4100 Beecher Road
Flint, Michigan 48532
(SEE ATTACHED LETTER)

<u>Procedure</u>	<u>Patients</u>	<u>Fractions</u>
GYN HDR	10	44
Breast HDR: Mammosite/Contura	7	70

* Including but not limited to:

- 1) Treatment plans/ calculating treatment doses and times.
- 2) Selecting proper dose and how it is to be administered.
- 3) Checking and using survey meters.
- 4) Using administrative controls to prevent a medical event involving the use of byproduct material.
- 5) Implementing emergency procedures.
- 6) Reviewing full calibration measurements/ periodic spot-checks.

Total Hours:

Preceptorship #1 = 200 Hours

Preceptorship #2 = 114 Hours

314 Hours

HDR CME, ABS Courses = 35 Hours

Total 349 Hours

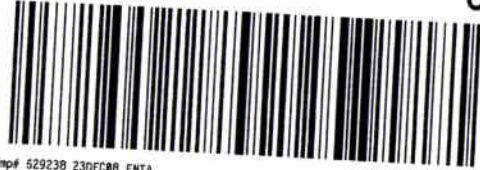
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Sender's Name Phone

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City Hunt State MI ZIP 48532

2 Your Internal Billing Reference

3 To Recipient's Name Phone

Company US Nuclear Regulatory Commission

Address Region III Materials Licensing Section

Address 801 Warrenville Road

City Hisle State IL ZIP 60532-4351



4a Express Package Service Packages up to 150 lbs.

1 FedEx Priority Overnight Next business morning 5 FedEx Standard Overnight Next business afternoon 6 FedEx First Overnight Delivery next business morning delivery to select locations

3 FedEx 2Day Second business day FedEx overnight rate not available. Maximum charge. (This amount only) 20 FedEx Express Saver Third business day Third business day

4b Express Freight Service Packages over 150 lbs. Delivery commitment may be prior to some areas

7 FedEx 1Day Freight* Next business day 8 FedEx 2Day Freight* Second business day 83 FedEx 3Day Freight* Third business day

5 Packaging * Declared value limit \$500

6 FedEx Envelope* 2 FedEx Pak* Includes FedEx Small Pak, FedEx Large Pak, and FedEx Specialty Pak 1 Other

6 Special Handling Include FedEx address in Section 3

3 SATURDAY Delivery Available only for FedEx Priority Overnight and FedEx 2Day to select ZIP codes 1 HOLD Weekday at FedEx Location Not available for FedEx First Overnight 31 HOLD Saturday at FedEx Location Available only for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods? One box must be checked
 No 4 Yes Shipper's Declaration required Yes Shipper's Declaration not required 6 Dry Ice Dry Ice 9.99 lbs. Cargo Aircraft Only
Dangerous Goods (including Dry Ice) cannot be shipped in FedEx packaging

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below
1 Sender Acct. No. in Section 1 will be billed 2 Recipient 3 Third Party 4 Credit Card 5 Cash/Check Obtain Recip Acct. No.

Total Packages Total Weight Total Charges
1 1
*Our liability is limited to \$100 unless you declare a higher value. See the FedEx Service Guide for details.

8 Release Signature Sign to address delivery without obtaining signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims

446

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