

<b>NRC FORM 7</b> (6-2006) 10 CFR 110	<b>U.S. NUCLEAR REGULATORY COMMISSION</b>	<b>APPROVED BY OMB: NO. 3150-0027</b> <b>EXPIRES: 06/30/2009</b> 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.
<b>APPLICATION FOR NRC EXPORT/IMPORT LICENSE, AMENDMENT, OR RENEWAL</b> (See Instructions on Page 5)		

<b>PART A. FOR NRC USE ONLY</b>	<input checked="" type="checkbox"/> PUBLIC    OR <input type="checkbox"/> NON-PUBLIC	DATE RECEIVED <b>FEB 17 2009</b>
LICENSE NUMBER <b>RTB104.10</b>	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 <b>The University of Texas                  M.D. Anderson Cancer Center                  1515 Holcombe Blvd                  Houston, TX 77030                  (TXL00466)</b>	1a. NAME OF APPLICANT'S CONTACT <b>John W. Poston, Jr.</b>	1b. APPLICANT'S REFERENCE NUMBER
	1c. PHONE NUMBER <b>713-745-6852</b>	1d. FAX NUMBER <b>713-745-2025</b>
	1e. E-MAIL ADDRESS <b>JPoston@MDAnderson.Org</b>	
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 <b>3/10/2009</b>	5. LAST SHIPMENT DATE <b>12/31/2009</b>	6. PROPOSED EXPIRATION DATE <b>12/31/2009</b>
-----------------------	--	--	--

**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)
--	---	---

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)
			<b>MM RECD                  FEB 17 2009</b>

11. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME)
--

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 <b>PEB W 10</b>	DOCKET NUMBER	ADAMS ACCESSION NUMBER	<input checked="" type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC
-----------------------------------	---------------	------------------------	---

**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  <b>Best Theratronics 413 March Road Ottawa, Ontario K2K 0E4 Canada</b>	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)	

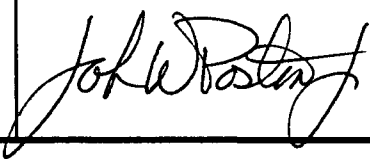
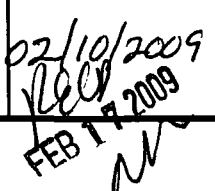
15. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOURCES, NUCLEAR FACILITIES  <b>Cesium-137 Sealed Sources Chemical Form: Element Physical Form: Solid Grammacell 3000</b>	15a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq)  <b>112.8 TBq (3048 Ci)</b>	15b. MAX ENRICHMENT OR WGT %	15c. MAX 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 checked="" type="checkbox"/> NO	17a. COPIES OF RECIPIENTS' AUTHORIZATIONS PROVIDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
---	---

**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  <b>John W. Poston, Jr., Ph.D., CHP Radiation Safety Officer</b>	18b. SIGNATURE - AUTHORIZED OFFICIAL  	18c. DATE  <b>02/10/2009</b> 
---	--	---

**Nicole McClain**

---

**From:** Poston Jr, Jay [jposton@mdanderson.org]  
**Sent:** Tuesday, February 17, 2009 4:21 PM  
**To:** Nicole McClain  
**Subject:** Import Fee Exemption

Dear Ms. McClain,

I respectfully request an exemption to the import fee as per 10CFR170.12 as M. D. Anderson Cancer Center is a part of the University of Texas and should be considered to be an educational institute.

If you have any questions, please don't hesitate to call.

Regards,  
Jay

**JAY POSTON, PhD, LMP, CHP, CSP**  
Radiation Safety Officer  
**THE UNIVERSITY OF TEXAS M. D. ANDERSON CANCER CENTER**  
Environmental Health and Safety - Unit 713  
P.O. Box 301439 - Houston, Texas 77230-1439  
Phone: 713.745.6852 Fax: 713.745.2025  
[jposton@mdanderson.org](mailto:jposton@mdanderson.org)

*mm  
REU*

**FEB 17 2009**