

NRC FORM 7  
(11-2012)  
10 CFR 110



U. S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0027

EXPIRES: (11/30/2015)

**APPLICATION FOR NRC EXPORT OR IMPORT  
LICENSE, AMENDMENT, RENEWAL,  
OR CONSENT REQUEST(S)**  
(See Instructions on Pages 4 and 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 Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@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>PART A. FOR NRC USE ONLY</b>  | <input checked="" type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC | DATE RECEIVED<br><b>10-23-15</b> |
| LICENSE NUMBER<br><b>PXB6.19</b> | DOCKET NUMBER<br><b>11006027</b>                                                  | ADAMS ACCESSION NUMBER           |

**PART B. TO BE COMPLETED FOR ALL LICENSES, AMENDMENTS, RENEWALS, OR CONSENT REQUESTS**  
(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<br><br>Alpha-Omega Services, Inc.<br>9156 Rose Street<br>Bellflower, CA 90706                                                                                                                                                               | 1a. NAME OF APPLICANT'S CONTACT<br>Troy Hedger, RSO | 1b. APPLICANT'S REFERENCE NUMBER<br>Amd. 19 |
|                                                                                                                                                                                                                                                                                       | 1c. PHONE NUMBER<br>(562) 977-6831                  | 1d. FAX NUMBER<br>(562) 461-3221            |
|                                                                                                                                                                                                                                                                                       | 1e. E-MAIL ADDRESS<br>License@alpha-omegaserv.com   |                                             |
| 2. TYPE OF ACTION REQUESTED (Check One)                                                                                                                                                                                                                                               |                                                     |                                             |
| <input type="checkbox"/> EXPORT (Parts B, C, E) <input type="checkbox"/> IMPORT (Parts B, D, E) <input checked="" type="checkbox"/> AMENDMENT/RENEWAL (Current License Number: <b>PXB6.18</b> ) <input type="checkbox"/> CONSENT REQUEST (Parts B, C) (Current License Number: _____) |                                                     |                                             |
| 3. CONTRACT NUMBER(S)                                                                                                                                                                                                                                                                 | 4. FIRST SHIPMENT DATE                              | 5. LAST SHIPMENT DATE                       |
| 6. PROPOSED EXPIRATION DATE                                                                                                                                                                                                                                                           |                                                     |                                             |

**PART C. TO BE COMPLETED FOR EXPORT 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<br>See Page 3                                                                                           | 8. NAME(S) / ADDRESS(ES) OF INTERMEDIATE FOREIGN CONSIGNEE(S)     | 9. NAME(S) / ADDRESS(ES) OF ULTIMATE FOREIGN CONSIGNEE(S) |                           |
| 7a. FUNCTION(S) PERFORMED/SERVICE(S) PROVIDED                                                                                                                                    | 8a. INTERMEDIATE USE(S)                                           | 9a. ULTIMATE END USE(S)                                   |                           |
| 10. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOURCES, NUCLEAR FACILITIES, EQUIPMENT, OR COMPONENTS; FOR NUCLEAR EQUIPMENT INCLUDE TOTAL DOLLAR VALUE OF EQUIPMENT FOR EXPORT | 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)                                                                                                   |                                                                   |                                                           |                           |

**10-2378**  
**Dr. H**

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LICENSE, AMENDMENT, RENEWAL, OR CONSENT REQUEST(S) (Continued)**

|                                  |                                  |                        |                                                                                   |
|----------------------------------|----------------------------------|------------------------|-----------------------------------------------------------------------------------|
| LICENSE NUMBER<br><i>8x06.19</i> | DOCKET NUMBER<br><i>11006027</i> | ADAMS ACCESSION NUMBER | <input checked="" type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC |
|----------------------------------|----------------------------------|------------------------|-----------------------------------------------------------------------------------|

**PART D. TO BE COMPLETED FOR IMPORT 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 U. S. CONSIGNEE(S) |                           |
| 12a. NRC EXPORT LICENSE NUMBER(S)<br>(if applicable)                          | 13a. LICENSE NUMBER(S) / EXPIRATION DATE(S)                       | 14a. LICENSE NUMBER(S) / EXPIRATION DATE(S)              |                           |
|                                                                               | 13b. INTERMEDIATE USE(S)                                          | 14b. ULTIMATE END 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, RENEWALS OR CONSENT REQUEST(S)**

|                                                                                                                                                   |                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 17. ADDITIONAL INFORMATION PROVIDED ON PAGES 3, 4, AND/OR ON SEPARATE SHEETS? <input checked="" type="checkbox"/> YES <input 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<br>Carl Tunnell, Alternate RSO | 18b. SIGNATURE -- AUTHORIZED OFFICIAL<br><i>Carl Tunnell</i> | 18c. DATE<br>10/15/2015 |
|---------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------|

*10/23/15  
JW*



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LICENSE NUMBER

DOCKET NUMBER

ADAMS ACCESSION NUMBER



PUBLIC

OR



NON-PUBLIC

ADDITIONAL INFORMATION (Reference applicable block numbers from page 1 and/or page 2 for each entry)

Add additional Parties to Export (Page 1, Part C, #7)

The Swedish Radiosurgery Center  
Suite A10 James Tower  
550 17th Avenue  
Seattle, WA 98122

Robert Wood Johnson University Hospital  
Gamma Knife Suite  
10 Plum Street  
New Brunswick City, NJ 08901

Amend the following locations:

#59

Sutter Gamma Knife Center  
2800 L Street  
Sacramento, CA 95816

10-23-15