NRC FORM 7
(02-2016)
10 CFR 110

U. S. NUCLEAR REGULATORY COMMISSION

APPLICATION FOR NRC EXPORT OR IMPORT LICENSE, AMENDMENT, RENEWAL, OR CONSENT REQUEST(S)

(See Instructions on Pages 4 and 5)

APPROVED BY OMB: NO. 3150-0027 EXPIRES: 11/30/2018

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 FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001,or by e-mail to 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.

PART A. FOR NRC USE ONLY	☑ PUBLIC OR ☐ NON-PUBLIC	DATE RECEIVED 8-18-16
LICENSE NUMBER PXB6.21	DOCKET NUMBER 11006027	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	1a. NAME OF APPLICANT'S CONTACT	1b. APPLICANT'S REFERENCE NUMBER
Alpha-Omega Services, Inc. 9156 Rose Street Bellflower, CA 90706	Troy Hedger, RSO	AMD 21
	1c. PHONE NUMBER (562) 977-6831	1d. FAX NUMBER (562) 461-3221
	1e. E-MAIL ADDRESS License@alpha-omegaserv.com	

2. TYPE OF ACTION REQUESTED *(Check One)*

☐ EXPORT (Parts B, C, E) ☐ IMPORT (Parts B, D, E) ☑ AMENDMENT/RENEWAL Current License Number: PXB6.20 ☐ 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	8. NAME(S) / ADDRESS(ES) OF INTERMEDIATE FOREIGN CONSIGNEE(S)	9. NAME(S) / ADDRESS(ES) OF ULTIMATE FOREIGN CONSIGNEE(S)
See Page 3		
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)

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LICENSE NUMBER	DOCKET NUMBER	ADAMS ACCESSION NUMBER	☑ PUBLIC OR ☐ NON-PUBLIC
PXB6.20	11006027		

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) *(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?	☑ YES ☐ NO	17a. COPIES OF RECIPIENTS' AUTHORIZATIONS PROVIDED?	☐ YES ☑ NO

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 OFFICIAL	18b. SIGNATURE -- AUTHORIZED OFFICIAL	18c. DATE
Carl Tunnell, Director Field Support; Alternate RSO	Carl Tunnell	8/15/2016

8-15-16
JMS

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6.21	11006027		

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

University of Pennsylvania
Pennsylvania Hospital Campus
800 Spruce Street
Philadelphia, PA 19107

Hackensack University Medical Center
John Theurer Cancer Center
92 2nd St
Hackensack, NJ 07601

Thomas Jefferson University and Hospitals
900 Walnut Street
Philadelphia, PA 19107

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8/18/14
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