

NRC FORM 7 (02-2016) 10 CFR 110 **U. S. NUCLEAR REGULATORY COMMISSION** **APPROVED BY OMB: NO. 3150-0027** **EXPIRES: 11/30/2018**



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 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	<input checked="" type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC	DATE RECEIVED
LICENSE NUMBER PXB6.22	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 Alpha-Omega Services, Inc. 9156 Rose Street Bellflower, CA 90706	1a. NAME OF APPLICANT'S CONTACT Troy Hedger, RSO	1b. APPLICANT'S REFERENCE NUMBER AMD 22
	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: PXB6.21 CONSENT REQUEST (Parts B, C) Current 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 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 See Page 3	8. NAME(S) / ADDRESS(ES) OF INTERMEDIATE FOREIGN CONSIGNEE(S)	9. NAME(S) / ADDRESS(ES) OF ULTIMATE FOREIGN CONSIGNEE(S)
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7a. FUNCTION(S) PERFORMED/SERVICE(S) 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; 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)
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11. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME)

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

LICENSE NUMBER <i>PXB6.22</i>	DOCKET NUMBER <i>11006027</i>	ADAMS ACCESSION NUMBER	<input checked="" type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC
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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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	17a. COPIES OF RECIPIENTS' AUTHORIZATIONS PROVIDED? <input type="checkbox"/> YES <input checked="" 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 Carl Tunnell, Director Field Support; Alternate RSO	18b. SIGNATURE -- AUTHORIZED OFFICIAL 	18c. DATE <i>03/20/2017</i>
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PXB 6.22	11006027				

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

Bryan Medical Center
2300 South 16th Street
Lincoln, NE 68502

Mercy Health Center
4300 West Memorial Road
Oklahoma City, OK 73120

Larkin Community Hospital, Inc.
6129 Southwest 70th Street
South Miami, FL 33143

Akron General Medical Center
762 South Cleveland-Massillon Road
Montrose, OH 44333

Jewish Hospital, LLC.
4777 East Galbraith Road
Cincinnati, OH 45236

University of Mississippi Medical Center
350 West Woodrow Wilson Avenue
Jackson, MS 39216

Baptist Hospital of Miami, Inc.
Department of Radiation Oncology
8900 North Kendall Drive
Miami, FL 33176