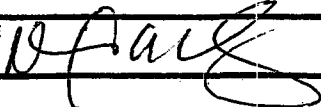


IMPORT
APPLICATION FOR LICENSE TO ~~EXPORT~~
NUCLEAR MATERIAL AND EQUIPMENT

(See Instructions on Reverse)

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 Management Branch (T-8 E8), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollect@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.

1. APPLICANT'S USE		a. DATE OF APPLICATION 1/3/06		b. APPLICANT'S REFERENCE		2. NRC USE		a. DOCKET NUMBER		b. LICENSE NUMBER IBP0034			
3. APPLICANT'S NAME AND ADDRESS						4. SUPPLIER'S NAME AND ADDRESS (Complete if applicant is not supplier)							
a. NAME Pitt County Memorial Hospital						a. NAME MDS Nordion							
b. STREET ADDRESS (Facility Site) 2100 Stantonsburg Road						b. STREET ADDRESS 447 March Road							
c. CITY Greenville			d. STATE NC		e. ZIP CODE 27835		c. CITY Ottawa, ON			d. STATE Canada			
f. TELEPHONE NUMBER 252-744-2933		g. FAX 252-744-1443		h. E-MAIL rushingd@mail.ecu.edu		e. ZIP CODE K2K1X8							
5. FIRST SHIPMENT SCHEDULED		6. FINAL SHIPMENT SCHEDULED		7. APPLICANT'S CONTRACTUAL DELIVERY DATE		8. PROPOSED LICENSE EXPIRATION DATE 12/31/06		9. CONTRACT NO.					
10. ULTIMATE FOREIGN CONSIGNEE						11. ULTIMATE END USE (Include plant or facility name) Pitt County Memorial Hospital Blood Bank							
a. NAME						11a. DATE REQUIRED							
b. STREET ADDRESS (Facility Site)						13. INTERMEDIATE END USE							
c. CITY						13a. DATE REQUIRED							
d. COUNTRY						15. INTERMEDIATE END USE							
12. INTERMEDIATE FOREIGN CONSIGNEE						15a. DATE REQUIRED							
a. NAME													
b. STREET ADDRESS (Facility Site)													
c. CITY													
d. COUNTRY													
14. INTERMEDIATE FOREIGN CONSIGNEE													
a. NAME													
b. STREET ADDRESS (Facility Site)													
c. CITY													
d. COUNTRY													
16. COM CODE		17. DESCRIPTION (Include chemical and physical form of nuclear material; give dollar value of nuclear equipment and components)				18. MAX. ELEMENT WEIGHT		19. MAX. WT. %		20. MAX. ISOTOPE WEIGHT		21. UNIT	
		MDS Nordion GC3000 Elan Blood Irradiator Cesium 137											
22. FOREIGN OBLIGATIONS BY COUNTRY AND PERCENTAGE (Use separate sheet if necessary) None													
23. ADDITIONAL INFORMATION ON CONSIGNEES, END USES, AND PRODUCT DESCRIPTION (Use separate sheet if necessary)													
24. The applicant certifies that this application is prepared in conformity with Title 10, Code of Federal Regulations; and that all information in this application is correct to the best of his/her knowledge.													
25. AUTHORIZED OFFICIAL		a. SIGNATURE 				b. TITLE Radiator Safety Officer							