


<b>NRC FORM 7</b> (11-2012) 10 CFR 110		 <b>U. S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0027</b> <b>EXPIRES: (11/30/2015)</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 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, 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 OR IMPORT          LICENSE, AMENDMENT, RENEWAL,          OR CONSENT REQUEST(S)</b> <i>(See Instructions on Pages 4 and 5)</i>					
<b>PART A. FOR NRC USE ONLY</b>		<input checked="" type="checkbox"/> <b>PUBLIC</b> <b>OR</b> <input type="checkbox"/> <b>NON-PUBLIC</b>		<b>DATE RECEIVED</b> <div style="font-size: 1.2em; font-family: cursive;">4-23-14</div>	
<b>LICENSE NUMBER</b> <div style="font-size: 1.2em; font-family: cursive;">PXB 6.17</div>		<b>DOCKET NUMBER</b> <div style="font-size: 1.2em; font-family: cursive;">11006027</div>		<b>ADAMS ACCESSION NUMBER</b>	
<b>PART B. TO BE COMPLETED FOR ALL LICENSES, AMENDMENTS, RENEWALS, OR CONSENT REQUESTS</b> (If more space is needed to complete any of the items, use Pages 3-4 first, and then attach additional sheets, if necessary.)					
<b>1. NAME AND ADDRESS OF APPLICANT/LICENSEE</b>  Alpha-Omega Services, Inc. 9156 Rose Street Bellflower, CA 90706		<b>1a. NAME OF APPLICANT'S CONTACT</b> Troy Hedger, RSO		<b>1b. APPLICANT'S REFERENCE NUMBER</b> AMD 17	
		<b>1c. PHONE NUMBER</b> <div style="text-align: center;">(562) 804-0604</div>		<b>1d. FAX NUMBER</b> <div style="text-align: center;">(562) 461-3221</div>	
		<b>1e. E-MAIL ADDRESS</b> License@alpha-omegaserv.com			
<b>2. TYPE OF ACTION REQUESTED (Check One)</b> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <input type="checkbox"/> <b>EXPORT</b> (Parts B, C, E)         </div> <div style="text-align: center;"> <input type="checkbox"/> <b>IMPORT</b> (Parts B, D, E)         </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> <b>AMENDMENT/RENEWAL</b>            Current License Number:  <div style="text-align: center;">PXB6.16</div> </div> <div style="text-align: center;"> <input type="checkbox"/> <b>CONSENT REQUEST</b>            (Parts B, C)            Current License Number:         </div> </div>					
<b>3. CONTRACT NUMBER(S)</b>		<b>4. FIRST SHIPMENT DATE</b>		<b>5. LAST SHIPMENT DATE</b>	
<b>6. PROPOSED EXPIRATION DATE</b>					
<b>PART C. TO BE COMPLETED FOR EXPORT LICENSES, AMENDMENTS, OR RENEWALS</b> (If more space is needed to complete any of the items, use Pages 3-4 first, and then attach additional sheets, if necessary.)					
<b>7. NAME(S) / ADDRESS(ES) OF SUPPLIERS AND/OR OTHER PARTIES TO THE EXPORT</b> See Page 3		<b>8. NAME(S) / ADDRESS(ES) OF INTERMEDIATE FOREIGN CONSIGNEE(S)</b>		<b>9. NAME(S) / ADDRESS(ES) OF ULTIMATE FOREIGN CONSIGNEE(S)</b>	
<b>7a. FUNCTION(S) PERFORMED/SERVICE(S) PROVIDED</b>		<b>8a. INTERMEDIATE USE(S)</b>		<b>9a. ULTIMATE END USE(S)</b>	
<b>10. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOURCES, NUCLEAR FACILITIES, EQUIPMENT, OR COMPONENTS; FOR NUCLEAR EQUIPMENT INCLUDE TOTAL DOLLAR VALUE OF EQUIPMENT FOR EXPORT</b>		<b>10a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq)</b>		<b>10b. MAX ENRICHMENT OR WGT %</b>	
<b>10c. MAX ISOTOPE WGT (KG)</b>					
<b>11. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME)</b>					

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(11-2012)  
10 CFR 110

U. S. NUCLEAR REGULATORY COMMISSION

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

LICENSE NUMBER <b>8X36.17</b>	DOCKET NUMBER <b>11006027</b>	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	18b. SIGNATURE -- AUTHORIZED OFFICIAL 	18c. DATE <b>04/18/2014</b>
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*Only 23-49  
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10 CFR 110

U. S. NUCLEAR REGULATORY COMMISSION

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

LICENSE NUMBER XB6.17	DOCKET NUMBER 11006027	ADAMS ACCESSION NUMBER	<input checked="" type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC
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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)

Bayfront HMA Medical Center, LLC  
D/b/a Bayfront Medical Center  
701 Sixth Street South  
St. Petersburg, FL 33701

Harborview Medical Center  
325 9th Avenue  
Gamma Knife Suite  
Seattle, WA 98133

## Amend the following existing locations

#20

Hoag Memorial Hospital Presbyterian  
One Hoag Drive  
Newport Beach, CA 92658

#21

Indiana University Medical Center  
535 Barnhill Drive  
Indianapolis, IN 46202

#33

MidMichigan Gamma Knife Facility  
4000 Wellness Drive, Room 160  
Midland, MI 48670

#37

Wake Forest Baptist Health  
Radiation Oncology Department  
Comprehensive Cancer Center  
Medical Center Boulevard  
Winston-Salem, NC 27157

#41

Palmetto Health Richland  
7 Medical Park  
Columbia, SC 29203

Handwritten: 42344 Jan