


<b>NRC FORM 7</b> (02-2016) 10 CFR 110		<b>U. S. NUCLEAR REGULATORY COMMISSION</b>	<b>APPROVED BY OMB: NO. 3150-0027</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 FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollections.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>EXPIRES: 11/30/2018</b>
<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>		DATE RECEIVED <b>11-7-2016</b>
LICENSE NUMBER <b>KB 212.00</b>		DOCKET NUMBER <b>11006280</b>		ADAMS ACCESSION NUMBER
<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.)				
1. NAME AND ADDRESS OF APPLICANT/LICENSEE  University of Kentucky Radiation Safety Office 102 Animal Pathology Lexington, KY 40546-0076		1a. NAME OF APPLICANT'S CONTACT Gerald Schlenker		1b. APPLICANT'S REFERENCE NUMBER BB2016
		1c. PHONE NUMBER (859) 323-6308		1d. FAX NUMBER (859) 323-4752
		1e. E-MAIL ADDRESS glschl1@email.uky.edu		
2. TYPE OF ACTION REQUESTED <i>(Check One)</i> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> <b>EXPORT</b> (Parts B, C, E)         </div> <div> <input type="checkbox"/> <b>IMPORT</b> (Parts B, D, E)         </div> <div> <input type="checkbox"/> <b>AMENDMENT/RENEWAL</b> Current License Number: _____         </div> <div> <input type="checkbox"/> <b>CONSENT REQUEST</b> (Parts B, C) Current License Number: _____         </div> </div>				
3. CONTRACT NUMBER(S) PO# 4500068253		4. FIRST SHIPMENT DATE 11/28/2016	5. LAST SHIPMENT DATE 11/28/2017	6. PROPOSED EXPIRATION DATE 11/28/2017
<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.)				
7. NAME(S) / ADDRESS(ES) OF SUPPLIERS AND/OR OTHER PARTIES TO THE EXPORT  University of Kentucky Radiation Safety Office 102 Animal Pathology Lexington, KY 40546-0076		8. NAME(S) / ADDRESS(ES) OF INTERMEDIATE FOREIGN CONSIGNEE(S)  Best Theratronics, Ltd. 413 March Road Ottawa, Ontario K2K 0E4		9. NAME(S) / ADDRESS(ES) OF ULTIMATE FOREIGN CONSIGNEE(S)  Best Theratronics, Ltd. 413 March Road Ottawa, Ontario K2K 0E4
7a. FUNCTION(S) PERFORMED/SERVICE(S) PROVIDED Return Source to Foreign Consignee		8a. INTERMEDIATE USE(S) Disposal		9a. ULTIMATE END USE(S) Disposal
10. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOURCES, NUCLEAR FACILITIES, EQUIPMENT, OR COMPONENTS; FOR NUCLEAR EQUIPMENT INCLUDE TOTAL DOLLAR VALUE OF EQUIPMENT FOR EXPORT  Double encapsulated C-1610 sealed source assembly. Cesium-137 Chloride powder.		10a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq)  12.0 TBq	10b. MAX ENRICHMENT OR WGT %  N/A	10c. MAX ISOTOPE WGT (KG)  N/A
11. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME) N/A				

*Handwritten signature and date:*  
 11-7-16

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) (Continued)

LICENSE NUMBER <i>PXB 212.00</i>	DOCKET NUMBER <i>11006250</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 type="checkbox"/> YES <input checked="" 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 Gerald Schlenker, Radiation Safety Officer	18b. SIGNATURE - AUTHORIZED OFFICIAL <i>Gerald Schlenker</i>	18c. DATE <i>10/7/16</i>

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