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| NRC FORM 7 (07-2019) 10 CFR 110 | | U. S. NUCLEAR REGULATORY COMMISSION | | APPROVED BY OMB: NO. 3150-0027 EXPIRES: 02/28/2022 | |
|  | | APPLICATION FOR NRC EXPORT OR IMPORT LICENSE, AMENDMENT, RENEWAL, OR CONSENT REQUEST(S) <i>(See Instructions on Pages 4 and 5)</i> | | | |
| PART A. FOR NRC USE ONLY | | <input checked="" type="checkbox"/> Public OR <input type="checkbox"/> Non-Public | | Date Received 09/17/19 JMS | |
| License Number PXB232.00 | | Docket Number 11006366 | | 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 University of Miami Hospital and Clinics/ Sylvester Comprehensive Cancer Center 1475 NW 12th Avenue Miami, FL 33136 | | 1a. Name of Applicant's Contact Edward C. Pombier | | 1b. Applicant's Reference Number | |
| | | 1c. Office Telephone Number (305) 243-6360 | | 1d. Office Facsimile Telephone Number (305) 547-1658 | |
| | | 1e. Applicant's E-mail Address epombier@miami.edu | | | |
| 2. Type of Action Requested (Check one) | | <input checked="" type="checkbox"/> Export (Parts B, C, E) <input type="checkbox"/> Amendment/Renewal Current License Number: | | | |
| <input type="checkbox"/> Import (Parts B, D, E) <input type="checkbox"/> Consent Request (Parts B, C) Current License Number: | | | | | |
| 3. Contract Number(s) | | | 4. First Shipment Date 09/28/2019 | 5. Last Shipment Date 09/28/2019 | 6. Proposed Expiration Date 12/31/2019 |
| 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 U. S. Suppliers and/or other U. S. Parties to the Export Best Theratronics Limited 7643 Fullerton Road Springfield, VA 22153 | | 8. Name(s)/Address(es) of Intermediate Foreign Consignee(s) | | 9. Name(s)/Address(es) of Ultimate Foreign Consignee(s) Best Theratronics Limited 413 March Road Ottawa, Ontario K2KOE4 | |
| 7a. Function(s) Performed/Service(s) Provided Source Removal and Packaging for Transport | | 8a. Intermediate Use(s) | | 9a. Ultimate End Use(s) Beneficial Reuse | |
| 10. Description of Radioactive Materials, Sealed Sources, Nuclear Facilities, Equipment, or Components; for Nuclear Equipment include Total Dollar Value of Equipment for Export Sealed source (3) Best Theratronics Ltd. Model C-146 Cobalt 60 sources from a ViewRay Unit | | 10a. Maximum Total Volume/ Element WGT (KG), or Total Activity (TBq) 896.78 TBq | | 10b. Max Enrichment or WGT% | 10c. Max Isotope WGT (KG) |
| 11. Foreign origin (or obligations by country and, if known, by percentage of maximum total volume) | | | | | |

NRC FORM 7

(07-2019)
10 CFR 110

U. S. NUCLEAR REGULATORY COMMISSION

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

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|-----------------------------|---------------------------|------------------------|---|
| License Number PXB232.00 | Docket Number 11006366 | 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.)

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|---|---|--|---------------------------|
| 12. Name(s)/Address(es) of Foreign Suppliers and/or other Foreign Parties to Import | 13. Name(s)/Address(es) of Foreign or U. S. 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. Maximum 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)

(If more space is needed to complete any of the items, use Pages 3-4 first, and then attach additional sheets, if necessary.)

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| 17. Additional Information provided on pages 3, 4, and/or separate sheets? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 17a. Copies of Recipient's Authorizations Provided? <input checked="" type="checkbox"/> Yes <input 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 <i>Edward Pombier</i> | 18b. Signature -- Authorized Official Edward C. Pombier Digitally signed by Edward C. Pombier Date: 2019.09.17 07:59:33 -04'00' |
| 18c. Date | |