| NRC FORM 755  | 755 U.S. NUCLEAR REGULATORY COMMISSION |   |                 | APPROVED BY OMB: NO. 3150-0214 EXPIRES: (MM/DD/YYYY)   |           |  |  |  |
|---|--|---|-----------------|--|-----------|--|--|--|
| 10 CFR 37.77(b) reau  |  |   | requirements in | Estimated burden per response to comply with this collection request: 8 minutes. This form is a voluntary means of fulfilling the requirements in 10 CFR 37.77. The information provided will be used to meet the requirement in 10 CFR 37.77 for licensees to       |           |  |  |  |
|   |  |   |                 | dvance notification of shipment of Category 1 quantities of radioactive material to NRC and States. The notification to<br>s allows States to be aware of shipments in their jurisdictions, to provide escorts if they consider them necessary, and to               |           |  |  |  |
| Drug and Les  | NRC OF SHIF                            | MENTS OF  | respond to any  | y incidents that require a State response. The notification to the NRC provides information with other government agencies to respond in the event of an incident. NRC may share this information with other government agencies                                     |           |  |  |  |
| STAN STAN   | CATEGORY 1 Q                           | UANTITIES OF  | to ensure secu  | urity. Send comments regarding burden estimate to the Information Services Branch (T-6 A10M), U.S. Nuclear<br>mimission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and the OMB reviewer at   |           |  |  |  |
| HIN NOS   | RADIOACTIV                             | E MATERIAL  | OMB Office of I | Information and Regulatory Affairs, (3150-0214), Attn: Desk Officer for the Nuclear Regulatory Commission, 725   |           |  |  |  |
| ****  |  |   | person is not r | I, Washington, DC 20503; e-mail: <u>oira_submission@omb.eop.gov</u> . The NRC may not conduct or sponsor, and a<br>required to respond to, a collection of information unless the document requesting or requiring the collection<br>ntity valid OMB control number. |           |  |  |  |
| Notification Date:  |  | Shipping Identification:                                    |                 |  |           | Notification Revision Number:              |  |  |
|   |  |   | ()              |  |           |  |  |  |
|   | SHIPPER INFORMATION:                   |   |                 |  |           |  |  |  |
| Name of Shipper*:   |  | Name of Shipper's Point of Contact*:                        |                 |  |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
| Shipper's Address*:   |  | Telephone Number for Point of Contact*: (Include area code) |                 |  |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
| Shipper's License Number*: (Include Import, export, or transshipment, when applicable)        |  |   |                 | Type of Shipment:  |           |  |  |  |
|   |  |   |                 | Domestic Export Import Transshipment   |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
| POINT OF ORIGIN INFORMATION:  |  |   |                 |  |           |  |  |  |
| Point of Origin Address*: (Include city, state, and zip code)                                 |  |   |                 | Contact Name:  |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
|   |  |   |                 | Telephone Number for Contact: (Include area code)  |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
| RECIPIENT (Consignee) INFORMATION:  |  |   |                 |  |           |  |  |  |
| Name of Consignee*:   |  |   |                 | Name of Consignee's Point of Contact:  |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
| Consigned's Address*: (Include City state and zin code)                                       |  |   |                 | Telephone Number for Consignee Contact: (Include area code)  |           |  |  |  |
| Consignee's Address*: (Include City, state, and zip code)                                     |  |   |                 |  |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
| Recipient's (consign  | nee) License Number*:                  | Radioactive Isotope*:                                       |                 |  | Estimated | d Activity*: (Preferably in terabecquerel) |  |  |
|   |  |   |                 |  |           |  |  |  |
| Description of Shipment*: (e.g., physical form and number of sources or flasks or containers) |  |   |                 |  |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
| END USE OF SHIPMENT:  |  |   |                 |  |           |  |  |  |
| Name of Carrier(s)*:  |  |   |                 | Name of Carrier(s) Point of Contact:   |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
| Carrier(s) Address:*(Include City, state, and zip code)                                       |  |   |                 | Telephone Number for Carrier(s) Contact*: (Include area code)  |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |
|   |  |   |                 |  |           |  |  |  |

NRC FORM 755 (MM-YYYY) 10 CFR 37.77(b)

## ADVANCE NOTIFICATION TO THE NRC OF SHIPMENTS OF CATEGORY 1 QUANTITIES OF RADIOACTIVE MATERIAL (Continued)

| Planned Departure Da  | te and Time of Shipment*  | Actual Confirmed Departure Date and Time of Shipment* |        |  |  |  |  |
|---|---------------------------|---|--------|--|--|--|--|
| Date:   | Time:                     | Date:   | _Time: |  |  |  |  |
|   |                           |   |        |  |  |  |  |
| Planned Date and Time of Shipment Arrival   |                           | Actual Confirmed Date and Time of Shipment Arrival    |        |  |  |  |  |
| Date:   | _Time:                    | Date:   | Time:  |  |  |  |  |
|   |                           |   |        |  |  |  |  |
| Routing Information:  |                           |   |        |  |  |  |  |
|   |                           |   |        |  |  |  |  |
| Mode(s) of Transportation:  |                           |   |        |  |  |  |  |
|   |                           |   |        |  |  |  |  |
| Estimated Time and Date that Shipment is Expected to Enter Each State Along the Route*:   |                           |   |        |  |  |  |  |
|   |                           |   |        |  |  |  |  |
|   |                           |   |        |  |  |  |  |
|   |                           |   |        |  |  |  |  |
|   |                           |   |        |  |  |  |  |
| For Import/Exports Include Point of L   | J.S. Entry or Departure*: |   |        |  |  |  |  |
|   |                           |   |        |  |  |  |  |
|   |                           |   |        |  |  |  |  |
|   |                           |   |        |  |  |  |  |
|   |                           |   |        |  |  |  |  |
|   |                           |   |        |  |  |  |  |
| Point of Contact, with Telephone Number for Current Shipment Information*:  |                           |   |        |  |  |  |  |
|   |                           |   |        |  |  |  |  |
|   |                           |   |        |  |  |  |  |
|   |                           |   |        |  |  |  |  |
|   |                           |   |        |  |  |  |  |
| *This symbol indicates that the information is required by 10 CFR 37.77(b). The other items are voluntary but are requested by the U.S. Nuclear Regulatory Commission (NRC) to enable it to provide more accurate and detailed information for any emergency response.  |                           |   |        |  |  |  |  |
|   |                           |   |        |  |  |  |  |
| Note that the preferred notification method to the NRC is through the Operations Center by e-mail or facsimile at least 4 days before the scheduled shipping date. The notification to the NRC may be made by e-mail to RAMQC_SHIPMENTS@nrc.gov or by fax to (301) 816-5151. Shippers should coordinate with States as indicated in 10 CFR 37.77(a). The NRC requests that the shipper also notify the agency with a confirmation of the departure date within 1 day after the actual shipment departure and with a confirmation of the arrival date within 1 day after the actual shipment departure and with a confirmation of the arrival. |                           |   |        |  |  |  |  |
| Under 10 CFR 37.77(c)(1), any change in the shipment information supplied above must be provided to the States and the NRC as soon as the information becomes available but before the commencement of the shipment. Under 10 CFR 37.77(c)(2), notification of changes to the shipment schedule while the shipment is in transit must be made immediately to the NRC Operations Center and the appropriate States.  |                           |   |        |  |  |  |  |