

**NRC FORM 398
PERSONAL QUALIFICATION
STATEMENT -- LICENSEE**

OBJECTIVES

- Electronic Information Exchange (EIE) submission
- NRC Form 398 overview/administrative points
- Application Types in a 398
 - **NEW:** Reactor Operator (RO)/Senior Reactor Operator-Instant (SROI)
 - **UPGRADE:** Senior Reactor Operator-Upgrade (SROU)
 - **REAPPLICATION:** Applicants who have had their application denied.
 - **RENEWAL:** Any RO or SRO with an active license
- Things to consider/recommendations
- Questions?

Electronic submittals for Operator Licensing Applications

<https://www.nrc.gov/site-help/e-submittals.html>

Electronic Information Exchange Secure setup

<https://www.nrc.gov/site-help/e-submittals/getting-started.html>

EIE login

<https://eie.nrc.gov/eie/adj/termsOfService.eie>

PERSONALLY IDENTIFIABLE INFORMATION - WITHHOLD UNDER 10 CFR 2.390

NRC FORM 398 (07-05-2023) 10 CFR 55.31, 55.33 55.42, 55.47, 55.51, and 55.57.			U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0090 Estimated burden per response to comply with this mandatory collection request: 2.56 hours. NRC requires this information to ensure that applicants/licensees meet all the requirements for taking reactor operations. For more information regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to Infocollections.Resource@nrc.gov , and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0090), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; email: omb_submission@omb.eop.gov . The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.	EXPIRES: 01/31/2026 DATE RECEIVED (To be completed by NRC)
PERSONAL QUALIFICATION STATEMENT -- LICENSEE					
1. Last Name	2. First Name	3. Middle Initial	Suffix	4. Birth Date: (MM/DD/YYYY)	5. Email Address (Electronic correspondence option)
6. Address (Number & Street, line 1)		7. Address (Suite, Unit No, etc., line 2)		8. City	9. State
					10. Zip Code
11. Type of Application (Check applicable boxes)			12. Deferrals/Excusals/Waivers (See instructions, check all that apply and justify in item 25)		
<input type="checkbox"/> A. NEW	<input type="checkbox"/> E. REAPPLICATION		<input type="checkbox"/> a. DEFERRAL	<input type="checkbox"/> b. EXCUSAL	<input type="checkbox"/> c. WAIVER
<input type="checkbox"/> B. RENEWAL	<input type="checkbox"/> 1 - FIRST DENIAL	<input type="checkbox"/> 1 - ELIGIBILITY	<input type="checkbox"/> 1 - WRITTEN (Category)	<input type="checkbox"/> 1 - WRITTEN (Category)	
<input type="checkbox"/> C. UPGRADE	<input type="checkbox"/> 2 - SECOND DENIAL	<input type="checkbox"/> 2 - EXPERIENCE	<input type="checkbox"/> 2 - OPERATING (Category)	<input type="checkbox"/> 2 - OPERATING (Category)	
<input type="checkbox"/> D. MULTI-UNIT (amend to include additional unit)	<input type="checkbox"/> 3 - THIRD DENIAL			<input type="checkbox"/> 3 - MEDICAL	
	<input type="checkbox"/> 4 - WITHDRAWAL			<input type="checkbox"/> 4 - OTHER	
13. Type of License Applied for: <input type="checkbox"/> OPERATOR (RO) <input type="checkbox"/> SENIOR OPERATOR (SRO) <input type="checkbox"/> LIMITED (LSRO)					
14. Docket and Licensing Information					
Docket Number	<input type="checkbox"/> RO	License Number(s)	Expiration Date(s)	Facility Docket Number (Separate multiple docket numbers by ",")	
055 -	<input type="checkbox"/> LSRO			<input type="checkbox"/> 050	
	<input type="checkbox"/> SRO			<input type="checkbox"/> 052	
15. Name of Applicant's Facility		16. Facility Docket Number	17. Additional Facility Docket Number(s) (Multi-unit Licenses)		

NEW RO/SROI APPLICATION

PERSONALLY IDENTIFIABLE INFORMATION - WITHHOLD UNDER 10 CFR 2.390

<p>NRC FORM 398 (07-05-2023) 10 CFR 55.31, 55.33, 55.35, 55.47, 55.53, and 55.57.</p>	 <p>U.S. NUCLEAR REGULATORY COMMISSION</p> <p>PERSONAL QUALIFICATION STATEMENT -- LICENSEE</p>	<p>APPROVED BY OMB: NO. 3150-0090 Estimated burden per response to comply with this mandatory collection request: 2.56 hours. NRC requires this information to ensure that applicants/licensees meet all the requirements for taking reactor operator examinations. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to Infocollections.Resource@nrc.gov, and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0090), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; email: ora_submission@omb.eop.gov. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.</p>	<p>EXPIRES: 01/31/2026</p> <p>DATE RECEIVED <i>(To be completed by NRC)</i></p>		
1. Last Name	2. First Name	3. Middle Initial	Suffix	4. Birth Date: (MM/DD/YYYY)	5. Email Address (Electronic correspondence option)
6. Address (Number & Street, line 1)	7. Address (Suite, Unit No., etc., line 2)	8. City		9. State	10. Zip Code

Applicant Information:

- Names must match the name on a valid government issue ID or birth certificate
- Birth date (not today's date)
- Email address is an agreement to receive electronic correspondence from the NRC
- If no email is provided, mailing address entered will be used for correspondence

PERSONAL QUALIFICATION STATEMENT -- LICENSEE (INSTRUCTIONS)

How to complete this form: You must complete items 1- 4 and 6-10 and additional items as specified below in the instructions for Block 11, "Type of Application." For additional guidance refer to NUREG-1021, "Operator Licensing Examination Standards for Power Reactors," or NUREG-1478 "Non-Power Reactor Operator Licensing Examiner Standards."

5. EMAIL ADDRESS If you provide an email address, you are electing to receive operator licensing correspondence from the NRC, electronically. If you do not provide an email address, the NRC will correspond using mail to the address you provided in Items 6-10.

- New RO/SROI – complete items 1-4 and 6-10 & block 11
- NUREG-1478, Non-Power Reactor Operator Licensing Examiner Standards for RTRs; ES-202N lists eligibility requirements

11. Type of Application (Check applicable boxes)	
<input checked="" type="checkbox"/> A. NEW	<input type="checkbox"/> E. REAPPLICATION
<input type="checkbox"/> B. RENEWAL	<input type="checkbox"/> 1 - FIRST DENIAL
<input type="checkbox"/> C. UPGRADE	<input type="checkbox"/> 2 - SECOND DENIAL
<input type="checkbox"/> D. MULTI-UNIT (amend to include additional unit)	<input type="checkbox"/> 3 - THIRD DENIAL
	<input type="checkbox"/> 4 - WITHDRAWAL

New RO/SROI applicant fill out items 11-23

11. TYPE OF APPLICATION

A. NEW - "X" if you are a new applicant at this facility (i.e., this is your first request to take the site-specific NRC exam at this facility). Complete items 11-13, 14 (if applicable), and 15-23. If 20.a and 20.b are checked "Yes" then item 21 does not have to be completed.

- Items 20.a and 20.b are not applicable to RTRs
- Item 21 is required for new RO applicants at RTRs

12. Deferrals/Excusals/Waivers (See instructions, check all that apply and justify in item 25)					
<input type="checkbox"/> a. DEFERRAL		<input type="checkbox"/> b. EXCUSAL		<input type="checkbox"/> c. WAIVER	
<input type="checkbox"/> 1 - ELIGIBILITY	<input type="checkbox"/> 1 - WRITTEN	(Category)	<input type="checkbox"/> 1 - WRITTEN	(Category)	
<input type="checkbox"/> 2 - EXPERIENCE	<input type="checkbox"/> 2 - OPERATING	(Category)	<input type="checkbox"/> 2 - OPERATING	(Category)	
			<input type="checkbox"/> 3 - MEDICAL		
			<input type="checkbox"/> 4 - OTHER		

13. Type of License Applied for:	<input checked="" type="checkbox"/> OPERATOR (RO)	<input type="checkbox"/> SENIOR OPERATOR (SRO)	<input type="checkbox"/> LIMITED (LSRO)
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- Deferrals/Excusals/Waivers: we will discuss later in more detail
- Applicants check the appropriate box, this example RO or SRO for new applicants

15. Name of Applicant's Facility	<input checked="" type="checkbox"/> 050 <input type="checkbox"/> 052	16. Facility Docket Number	17. Additional Facility Docket Number(s) (Multi-unit Licenses)

Facility information:

- Fill in name of applicant's facility
- RTRs select 050
- Fill in your facility docket number (last 3 digits of docket number will suffice)

14. DOCKET AND LICENSING INFORMATION - Provide applicable information for the individual that is applying for the license. Include the individual's docket number if the applicant has previously been assigned a docket number. Leave blank if applicant has not been assigned a docket number. For power reactors, a docket number will be provided after the application is received, via NUREG-1021 Form 2.2-1, List of Applicants. If a license number is provided, then include the associated facility docket number for that license. For facility docket numbers, check the associated type (050 or 052) and then fill in the last 5 digits of the facility docket number.

18. Current Position at Facility		
<input type="checkbox"/> A. Plant Supervisor/Manager	<input type="checkbox"/> E. Shift Technical Advisor/Shift Engineer	<input type="checkbox"/> I. Trainee
<input type="checkbox"/> B. Assistant Plant Superintendent/Manager	<input type="checkbox"/> F. Instructor	<input type="checkbox"/> J. Non-Licensed Operator
<input type="checkbox"/> C. Shift Supervisor	<input type="checkbox"/> G. Senior Control Room Operator	<input type="checkbox"/> K. Other
<input type="checkbox"/> D. Staff Engineer	<input type="checkbox"/> H. Control Room Operator	

Current Position at Facility

- Select the appropriate response based on the applicant's position

19. Education								
a. High School	b. College			DEGREE CODES ("Highest Degree" obtained) 0 - None 1 - Certificate 2 - Associate 3 - Bachelor 4 - Master 5 - Doctoral	c. Vocational/Technical	Number of Months	Certificate Received	
	Major Area(s) of Study	Number of Years	HIGHEST DEGREE (Use Codes)		Type of Training			Yes
<input type="checkbox"/> Graduate							<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> GED Equivalency	Engineering						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No	Other:						<input type="checkbox"/>	<input type="checkbox"/>

Education

- **High School:** graduate, GED, or no; select one option
- **College:** Area of Study (engineering or other), # of years and highest degree according to codes 0 – 5 (if applicable)
- **Vocational/Technical:** type, number of months, certificate received yes or no (if applicable)

Job related experience and/or equivalent education required for eligibility considerations

19. EDUCATION - For college, enter the major area(s) of study, the number of years spent in each major area of study and the highest degree obtained (using degree codes listed on the form). For vocational/technical, enter the number of months for each type of training and whether a certificate was awarded. If additional space is needed, use item 25.

20. Power Reactor Operator Training Program	
a. Has the applicant completed the Operator Training Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is a "Plan" (as defined in 10 CFR 55.4) used in the Operator Training Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

21. Training (Since Last Application - See Instructions)								
a. Classroom	From (MM/YYYY)	To (MM/YYYY)	No. of Weeks		From (MM/YYYY)	To (MM/YYYY)	No. of Weeks	
1 - Nuclear Power Plant Fundamentals				d. Extra Person on Shift in Control Room				
2 - Plant Systems				e. Time on Shift Above 20% Power				
3 - Plant Procedures				f. Re-qualification				
				g. Other (Specify below)				
c. SRO Instruction								

Training: list the month/year from/to and number of weeks; do not double count time in areas; use NUREG-1478 for guidance

- Example lecture topics can be found in 10 CFR 55.59(c)(2)
- Must use formal facility training program in accordance with 10 CFR 55.31(a)(4); NRC may request verifiable information

21. TRAINING - (For power reactors, if "Yes" is checked in items 20.a and 20.b, then this item is not required to be completed.) All re-qualification training time is to be accounted for in item 21.f (unless items 20.a and 20. b are are checked "Yes"). Do not "double list" the time spent in re-qualification training for classroom or simulator time under items 21.a or 21.b.

PERSONAL QUALIFICATION STATEMENT -- LICENSEE (Continued)

1. Last Name	2. First Name	3. Middle Initial	Suffix	Docket Number
				055 -

23. Nuclear Experience Details

POSITION TITLE	FROM DATE (MM/YYYY)	TO DATE (MM/YYYY)	MONTHS	FACILITY	DUTIES

NAME at the top

Nuclear experience details- 'relevant' position title, from date, to date, # months, facility and duties; use box 25 or provide a separate document for providing additional nuclear experience details

23. EXPERIENCE DETAILS - (For power reactors, if "Yes" is checked in items 20.a and 20.b, then this item is not required to be completed unless applicant is a certified instructor seeking an SRO license.) For each position held, provide position title, time in position (from/to and number of months), facility, and a description of duties performed while in that position. Do not double count time. If you had overlapping duties, the time should reflect the amount of time you were assigned to those particular duties. In no case should the number of months reported exceed the number of months that are in that time period. If more space is needed, use block 25, or attach a separate document to this form.

22. Significant Control Manipulations							
DESCRIPTION		PLANT	SIMULATOR	DESCRIPTION		PLANT	SIMULATOR
a.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	f.		<input type="checkbox"/>	<input type="checkbox"/>
b.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	g.		<input type="checkbox"/>	<input type="checkbox"/>
c.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	h.		<input type="checkbox"/>	<input type="checkbox"/>
d.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	i.		<input type="checkbox"/>	<input type="checkbox"/>
e.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	j.		<input type="checkbox"/>	<input type="checkbox"/>

Significant Control Manipulations: plant or simulator

- Since there are currently no RTR simulators, only select plant for RTRs

Description: in accordance with 10 CFR 55.31(a)(5) – at least FIVE diverse manipulations that affect REACTIVITY or POWER LEVEL

- Examples are provided in 10 CFR 55.59(c)(3)(i)(A-F), (R), (T), (W), and (X).

22. SIGNIFICANT CONTROL MANIPULATIONS - If you are a NEW applicant (item 11.a), you must provide evidence that you have successfully manipulated the controls of the facility for which a license is sought. Describe (date, time, type, and magnitude) at least five significant control manipulations that affect reactivity or power level and whether the manipulations were performed in the plant or on the simulator. If needed, use item 25, or attach a separate document to this form.

25. Comments

Examples of Comments:

- no changes since last medical
- justification for waiver/excusal/deferral
- nuclear experience details

NRC FORM 398
(07-05-2023)
10 CFR 55.31, 55.33,
55.35, 55.47, 55.53,
and 55.57.

U.S. NUCLEAR REGULATORY COMMISSION

PERSONAL QUALIFICATION STATEMENT -- LICENSEE (Continued)

1. Last Name	2. First Name	3. Middle Initial	Suffix	Docket Number
				055 -
26. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY A FACILITY LICENSEE, IS ATTACHED				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Fill out name on each page of the application

NRC Form 396: has a medical form been submitted with Form 398, yes or no

- New RO/SROI needs BOTH NRC Forms 396 & 398

27. Signatures

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

27a. I certify under penalty of perjury that the information in this document and attachments is true and correct in accordance with the instructions. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

Signature - Applicant

Date

27b. CHECK APPLICABLE BOX(ES) FOR TYPE OF APPLICATION (i.e., check 1 if item 11 a, c, d, or e is checked; check 2 if item 11 b is checked; and check 3 if item 12 a, b, or c is checked.)

1. I certify that: (1) the above named individual has successfully completed the facility licensee's requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; (2) the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties; and (3) the facility will be made available for the examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct in accordance with the instructions.

Certification of training program completion: the senior management representative on site is the only person that will receive the results in addition to the applicant.

- **Certification and signatures important note:** Any false statement or omission in this document, may be subject to enforcement

Training Coordinator	
Typed or Printed Name and Title (Training Coordinator)	
Signature - Training Coordinator	Date
Senior Management Representative on Site	
Typed or Printed Name and Title (Senior Management Representative on Site)	
Signature - Senior Management Representative on Site	Date

Type/Print Name and Title in addition to the Signature and Date for:

- **Training Coordinator**
- **Senior Management Representative on Site**

		FOR NRC USE			
Deferral/Excusal/Waiver Requests (Check or Complete items, as applicable)		GRANTED BY		DENIED BY	
		HEADQUARTERS	REGION	HEADQUARTERS	REGION
Deferral	Eligibility				
	Experience				
Excusal	Written				
	Operating				
Waiver	Written				
	Operating				
	Medical				
	Other				
Explanation:					
<input type="checkbox"/> MEETS REQUIREMENTS <input type="checkbox"/> DOES NOT MEET REQUIREMENTS					
Signature					Date

NRC Use only, **do not** fill out this section

SRO UPGRADE APPLICATION

11. Type of Application (Check applicable boxes)			
<input type="checkbox"/>	A. NEW	<input type="checkbox"/>	E. REAPPLICATION
<input type="checkbox"/>	B. RENEWAL		<input type="checkbox"/> 1 - FIRST DENIAL
<input checked="" type="checkbox"/>	C. UPGRADE		<input type="checkbox"/> 2 - SECOND DENIAL
<input type="checkbox"/>	D. MULTI-UNIT (amend to include additional unit)		<input type="checkbox"/> 3 - THIRD DENIAL
			<input type="checkbox"/> 4 - WITHDRAWAL

Type of application

- Upgrade only applicable for an already licensed RO seeking SRO license
- Multi-unit currently not applicable for RTRs

12. Deferrals/Excusals/Waivers (See instructions, check all that apply and justify in item 25)					
<input type="checkbox"/>	a. DEFERRAL	<input type="checkbox"/>	b. EXCUSAL	<input checked="" type="checkbox"/>	c. WAIVER
<input type="checkbox"/>	1 - ELIGIBILITY	<input type="checkbox"/>	1 - WRITTEN (Category)	<input checked="" type="checkbox"/>	1 - WRITTEN (Category) ALL
<input type="checkbox"/>	2 - EXPERIENCE	<input type="checkbox"/>	2 - OPERATING (Category)	<input type="checkbox"/>	2 - OPERATING (Category)
				<input type="checkbox"/>	3 - MEDICAL
				<input type="checkbox"/>	4 - OTHER

13. Type of License Applied for:

OPERATOR (RO)



SENIOR OPERATOR (SRO)

LIMITED (LSRO)

A SROU can request a written examination waiver in accordance with 10 CFR 55.47 given the written examination requirement in 10 CFR 55.43

C. UPGRADE - "X" if you hold an RO license and are applying to upgrade your license to an SRO at the same facility. Complete items 11-18, 21 and 23 relevant to the SRO upgrade. If items 20.a and 20.b are checked "Yes", then item 21 does not have to be completed.

12. EXCUSAL/DEFERRAL/WAIVER - Refer to NUREG-1021 or NUREG-1478 for additional guidance.

a. DEFERRAL - "X" if you are requesting a deferral of certain requirements to be able to sit for the scheduled NRC exam. Check which requirements (1 - Eligibility or 2 - Experience) you are requesting deferral of. Identify the specific requirement and indicate the expected completion time for each requirement in item 25.

b. EXCUSAL - "X" if you are requesting to have a previously passed portion of the NRC exam excused. Indicate which requirements of the requested portion you are requesting excusal from (1 - Written or 2 - Operating) and indicate the category.

For Non-Power Reactors: For written exam excusals, check box 12.b.1 and enter a category of "A": to request an excusal of category A, enter a category of "B" to request an excusal of category B, enter a category of "C" to request an excusal of category C. For operating test excusals, check box 12.b.2 and enter a category of "ALL" to request excusal of an operating test. Individual categories of the operating test will not be excused. Provide justification in item 25.

14. Docket and Licensing Information				
Docket Number	<input type="checkbox"/> RO	License Number(s)	Expiration Date(s)	Facility Docket Number (Separate multiple docket numbers by ";")
055 -	<input type="checkbox"/> LSRO			<input checked="" type="checkbox"/> 050
	<input type="checkbox"/> SRO			<input type="checkbox"/> 052
15. Name of Applicant's Facility	<input checked="" type="checkbox"/> 050	16. Facility Docket Number	17. Additional Facility Docket Number(s) (Multi-unit Licenses)	
	<input type="checkbox"/> 052			

Docket and Licensing Information

- **Docket number:** Enter applicant docket number (last 5 digits will suffice)
- **License number:** Enter applicant's current RO license number
- **Expiration date of current license**
- **Facility information:** Name, docket type and docket number (last 3 digits will suffice)

21. Training (Since Last Application - See Instructions)								
a. Classroom	From (MM/YYYY)	To (MM/YYYY)	No. of Weeks		From (MM/YYYY)	To (MM/YYYY)	No. of Weeks	
1 - Nuclear Power Plant Fundamentals				d. Extra Person on Shift in Control Room				
2 - Plant Systems				e. Time on Shift Above 20% Power				
3 - Plant Procedures				f. Requalification				
b. Simulator				g. Other (Specify below)				
c. SRO Instruction								

Training: requalification list the month/year from/to and number of weeks

REAPPLICATION

(Denial/Withdrawal)

E. REAPPLICATION - "X" if you have previously been denied a license. Complete items 11-19, 21-23, 25. Indicate whether you are applying after a first denial, second denial, or third denial. Describe, in detail, in items 21 and 25, the additional training completed since the last denial. If you previously withdrew an application, check item 11.E.4.

11. Type of Application (Check applicable boxes)	
<input type="checkbox"/> A. NEW	<input checked="" type="checkbox"/> E. REAPPLICATION
<input type="checkbox"/> B. RENEWAL	<input checked="" type="checkbox"/> 1 - FIRST DENIAL
<input type="checkbox"/> C. UPGRADE	<input type="checkbox"/> 2 - SECOND DENIAL
<input type="checkbox"/> D. MULTI-UNIT (amend to include additional unit)	<input type="checkbox"/> 3 - THIRD DENIAL
	<input type="checkbox"/> 4 - WITHDRAWAL

Select the appropriate first, second, or third denial

12. Deferrals/Excusals/Waivers (See instructions, check all that apply and justify in item 25)					
<input type="checkbox"/> a. DEFERRAL		<input type="checkbox"/> b. EXCUSAL		<input type="checkbox"/> c. WAIVER	
<input type="checkbox"/> 1 - ELIGIBILITY	<input type="checkbox"/> 1 - WRITTEN	(Category)	<input type="checkbox"/> 1 - WRITTEN	(Category)	
<input type="checkbox"/> 2 - EXPERIENCE	<input type="checkbox"/> 2 - OPERATING	(Category)	<input type="checkbox"/> 2 - OPERATING	(Category)	
			<input type="checkbox"/> 3 - MEDICAL		
			<input type="checkbox"/> 4 - OTHER		

Deferrals/Excusals/Waivers

- **10 CFR 55.35, "Re-applications"**
 - (a) new application 2 months, 6 months, 2 years
 - (b) excusal may be requested for previously passed portions
- **10 CFR 55.47, "Waiver of examination and test requirements"**
- **Deferral of eligibility or experience**
 - might accompany a waiver and may permit deferral until accomplishment of a regulatory requirement

21. Training (Since Last Application - See Instructions)							
a. Classroom	From (MM/YYYY)	To (MM/YYYY)	No. of Weeks		From (MM/YYYY)	To (MM/YYYY)	No. of Weeks
1 - Nuclear Power Plant Fundamentals				d. Extra Person on Shift in Control Room			
2 - Plant Systems				e. Time on Shift Above 20% Power			
3 - Plant Procedures							
b. Simulator							
c. SRO Instruction				g. Other (Specify below)			

Retraining or additional specialized training in the areas of weakness: list the month/year from/to and number of weeks

21. TRAINING - (For power reactors, if "Yes" is checked in items 20.a and 20.b, then this item is not required to be completed.) All re-qualification training time is to be accounted for in item 21.f (unless items 20.a and 20. b are are checked "Yes"). Do not "double list" the time spent in re-qualification training for classroom or simulator time under items 21.a or 21.b.

25. Comments

Comments for Reapplicants:

- Sufficient additional training documented to support the reapplication, excusals, waivers, and/or deferrals

27b. CHECK APPLICABLE BOX(ES) FOR TYPE OF APPLICATION (i.e., check 1 if item 11 a, c, d, or e is checked; check 2 if item 11 b is checked; and check 3 if item 12 a, b, or c is checked.)

1. I certify that: (1) the above named individual has successfully completed the facility licensee's requirements to be licensed as an Operator/Senior Operator pursuant to Title10, Code of Federal Regulations, Part 55; (2) the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties; and (3) the facility will be made available for the examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct in accordance with the instructions.

Certification of training program completion

3. I certify that the justifications provided in item 25 support the deferrals, excusals, and/or waivers requested in item 12 for the above named individual. I also certify under penalty of perjury that the information in this document and attachments is true and correct in accordance with the instructions.

RENEWAL APPLICATION

B. RENEWAL - "X" if you are renewing a current license. Complete items 11, 13, 14, 18, 20, 21.f and 24; if items 20.a and 20.b are checked "Yes", then item 21 does not have to be completed.

11. Type of Application (Check applicable boxes)	
<input type="checkbox"/> A. NEW	<input type="checkbox"/> E. REAPPLICATION
<input checked="" type="checkbox"/> B. RENEWAL	<input type="checkbox"/> 1 - FIRST DENIAL
<input type="checkbox"/> C. UPGRADE	<input type="checkbox"/> 2 - SECOND DENIAL
<input type="checkbox"/> D. MULTI-UNIT (amend to include additional unit)	<input type="checkbox"/> 3 - THIRD DENIAL
	<input type="checkbox"/> 4 - WITHDRAWAL

Type of application

- **Renewal:** for an individual licensed seeking to renew their license at that facility

14. Docket and Licensing Information				
Docket Number	<input type="checkbox"/> RO	License Number(s)	Expiration Date(s)	Facility Docket Number (Separate multiple docket numbers by ";")
055 -	<input type="checkbox"/> LSRO			<input type="checkbox"/> 050
	<input type="checkbox"/> SRO			<input type="checkbox"/> 052
15. Name of Applicant's Facility		16. Facility Docket Number	17. Additional Facility Docket Number(s) (Multi-unit Licenses)	
	<input type="checkbox"/> 050			
	<input type="checkbox"/> 052			

10 CFR 55.55, "Expiration"

- submit renewal application at least 30 days prior to expiration (timely renewal)
 - IF submitted 29 days or less, prior to expiration date, the NRC may process provided agency resources are available.

21. Training (Since Last Application - See Instructions)								
a. Classroom	From (MM/YYYY)	To (MM/YYYY)	No. of Weeks		From (MM/YYYY)	To (MM/YYYY)	No. of Weeks	
1. Nuclear Power Plant Fundamentals					11. Extra Practice on SIM in Control Room			
2. Plant Systems					12. Time on SIM ABOVE 20% Power			
3. Plant Procedures					f. Requalification			
4. Simulator					g. Other (Specify below)			
c. SRO Instruction								

Training: list the month/year from/to and number of weeks

- Renewals Requalification is 21.f

24. For Renewals Only						
a. Hours Operated at Facility	<input type="checkbox"/> < 100 (LESS THAN)	b. Date and result of last written comprehensive requalification exam and annual operating test.	MM/YYYY		Result	
	<input type="checkbox"/> 100 - 1000		W	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
	<input type="checkbox"/> > 1000 (MORE THAN)		O	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	

For Renewals Only

- **Hours Operated at Facility:** check the appropriate box
- **Date and result of last written comprehensive requalification exam and annual operating test**
 - Biennial written: write month and year of exam; select pass or fail
 - Annual operating test: write month and year of test; select pass or fail

27b. CHECK APPLICABLE BOX(ES) FOR TYPE OF APPLICATION (i.e., check 1 if item 11 a, c, d, or e is checked; check 2 if item 11 b is checked; and check 3 if item 12 a, b, or c is checked.)



2. I certify that the above named individual completed the approved requalification program (with the exceptions noted in Item 25) required by section 50.54(i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

2. Certification of requalification program completion



THINGS TO CONSIDER AND RECOMMENDATIONS

- Renewals: MINIMUM 30 days prior to expiration in accordance with 10 CFR 55.55
- Senior Management Representative who signs Form 398 receives license documents
- Signatures: sign as appropriate per duty position
- Legal name changes: submit letterhead request from licensee & facility to UNPO Branch Chief
- TYPED applications submitted through the Part 55 Electronic Information Exchange (EIE) is the preferred submittal method for all license documents
- Medicals: IF a review by the MRO is needed, recommend a minimum of 30 days

QUESTIONS?