PAPERWORK REDUCTION ACT SUBMISSION DESIGNATED OF SURAL PLANS Defore completing this form. For additional form

vour agency's Paperwork Clearance Officer. Send two cop	r additional forms or assistance in completing this form, contact lies of this form, the collection instrument to be reviewed, the collection and Regulatory Affairs, Office of 5 17th Street NW, Washington, DC 20503.				
Agency/Subagency originating request	2. OMB control number				
U.S. Nuclear Regulatory Commission	✓ a. 3150 - 0014 b. None				
3. Type of information collection (check one)	4. Type of review requested (check one)				
a. New collection	<b>√</b> a. Regular c. Delegated				
b. Revision of a currently approved collection	b. Emergency - Approval requested by (date):				
c. Extension of a currently approved collection	Will this information collection have a significant economic impact on a				
d. Reinstatement, without change, of a previously approved collection for which approval has expired	substantial number of small entities?    b. No				
e. Reinstatement, with change, of a previously approved collection for which approval has expired	6. Requested a. Three years from approval date				
f. Existing collection in use without an OMB control number	b. Other (Specify):				
7. Title					
10 CFR 20, Standards for Protection Against Radiation					
8. Agency form number(s) (if applicable)					
N/A					
9. Keywords					
Byproduct Material, Occupational Safety and Health, F	Radiation Protection				
10. Abstract					
10 CFR 20 establishes standards for protection against	ionizing radiation resulting from activities conducted				
under licenses issued by the NRC. These standards requ	ire the establishment of radiation protection programs,				
maintenance of radiation records, recording of radiatio	n received by workers, reporting of incidents which could				
cause exposure to radiation, submittal of an annual report to NRC of the results of individual monitoring, and submittal of license termination information.					
ACCUMENTATION OF WITHINGTON WITH HIGH					
11. Affected public (Mark primary with "P" and all others that apply with "X")	12. Obligation to respond (Mark primary with "P" and all others that apply with "X")				
a. Individuals or households d. Farms	a. Voluntary				
P b. Business or other for-profit X e. Federal Government	b. Required to obtain or retain benefits				
X c. Not-for-profit institutions X f. State, Local or Tribal Government					
13. Annual reporting and recordkeeping hour burden  a Number of respondents 5,048	14. Annual reporting and recordkeeping cost burden (in thousands of dollars)				
a. Walliser of respondents	a. Total annualized capital/startup costs \$				
b. Total allique responses	b. Total annual costs (O&M) \$ 18,374 c. Total annualized cost requested \$ 18,374				
Percentage of these responses collected electronically	d. Current OMB inventory \$ 0				
c. Total annual hours requested 322,851	e. Difference \$ 18,374				
d. Current OMB inventory 165,498	f. Explanation of difference				
e. Difference <u>157,353</u>	1. Program change				
f. Explanation of difference  1. Program change	2. Adjustment \$				
2. Adjustment 157,353	-				
15. Purpose of information collection	16. Frequency of recordkeeping or reporting (check all that apply)				
(Mark primary with "P" and all others that apply with "X")	a. Recordkeeping b. Third-party disclosure				
a. Application for benefits e. Program planning or managem					
b. Program evaluation f. Research c. General purpose statistics P g. Regulatory or compliance	1. On occasion 2. Weekly 3. Monthly 4. Quarterly 5. Semi-annually 6. Annually				
c. General purpose statistics P g. Regulatory or compliance d. Audit	7. Biennially 8. Other (describe)				
17. Statistical methods	18. Agency contact (person who can best answer questions regarding the				
Does this information collection employ statistical methods?	content of this submission)				
☐ Yes <b>☑</b> No	Name: Carrie Brown				
لحا لحا	Phone: 301-415-8092				

## 19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8 (b) (3), appear at the end of the instructions. The certification is to be made with reference to those regulatory provisions as set forth in the instructions.

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8 (b) (3):
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
  - (v) Nature of extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Authorized Agency Official	·	Date	\$22.00	
				and the service
Signature of Senior Official or designeey	The state of the s	Date	ter a presentation of the first state of	
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