

July 17, 1983

TO ALL NON-POWER REACTOR LICENSEES

Gentlemen:

Subject: Issuance of NRC Form 398 - Personal Qualifications Statement - Licensee (Generic Letter No. 83-12A)

Generic Letter 83-12, subject as above, dated February 24, 1983 was sent recently to all power and non-power reactor licensees, enclosing NRC Form 398 (1-83). However, both the form and the transmittal letter appeared to be applicable only to the power reactor community. It was our intent that both types of facilities be included. This generic letter is intended to correct any misconceptions the previous letter may have caused.

Even though Form 398 contains many questions that do not apply to operators at non-power reactors, please use that form, completing only those questions that are clearly applicable, and explicitly indicate "not applicable" (NA) in the remainder.

In the set of instructions for completing this form, Item No. 12 - TRAINING, is not correct as applied to non-power reactor licensees. As you know, it is currently NRC practice to use the criteria contained in ANSI/ANS-15.4(1977) N 380 for operators of non-power reactors, not those in ANSI/ANS 3.1 which apply only to commercial power reactors. Therefore, for Item No. 12, please follow the guidance provided in ANSI/ANS-15.4(1977). We intend to correct the instructions on this item in future revisions to Form 398.

The remainder of the guidance in Generic Letter (83-12) is applicable to both non-power and power reactor licensees.

You should begin using the new Form 398 within one month of the date of this letter.

Sincerely,

8307080427

Darrell G. Eisenhut, Director
Division of Licensing

Enclosure: *See Jacket*
NRC Form 398
Personal Qualifications Statement - License

*ID4R-5
INFOCTR*

OMB Clearance Number 3150-0090
(expires August 31, 1985)

OFFICE	SSPB:DL	SSPB:DL	SSPB:DL	AD:SM/DL	D:DL	OLB
SURNAME	RE Carter:kab	BA Anderson	CA Thomas	FR Draglia	DE Eisenhut	DB Beckham
DATE	6/24/83	6/24/83	6/27/83	6/29/83	6/7/83	6/ /83

**INSTRUCTIONS FOR COMPLETION OF
NRC FORM 398, PERSONAL QUALIFICATIONS STATEMENT - LICENSEE**

NEW APPLICANTS: Complete each category of the form completely, following the instructions below.

RENEWAL, UPGRADED, MULTI-UNIT, AND REAPPLICATION APPLICANTS: Complete all information that has changed since your previous submittal of an NRC Form 398. In addition, be sure to complete the following information:

1 - YOUR FULL NAME
4 - TYPE OF APPLICATION

5 - TYPE OF LICENSE APPLIED FOR
6 - PREVIOUS LICENSES AND/OR DOCKET NUMBER HELD

SPECIFIC INSTRUCTIONS FOR ITEMS 11 - 17:

11 - EDUCATION: Indicate both academic and vocational/technical post high school education. For MAJOR AREA(S) OF STUDY, indicate the number of years spent in each college curriculum and the highest degree received, using the degree code provided. For VOCATIONAL/TECHNICAL education, include programs such as nuclear power school, military training, air conditioning/refrigeration, diesel mechanic school, etc. Indicate the number of months in each program and whether a certificate or degree was awarded. If additional space is needed, continue under ITEM 15.

12 - TRAINING: In this item indicate the training you have received to meet the requirements of ANSI N18.1/ANS 3.1. The breakdown of training in this category parallels the ANS standards; please refer to the standards if you need further clarification. Include both beginning and completion dates and the total number of weeks spent in each type of training. NUMBER OF WEEKS is provided, in addition to beginning and completion dates, to account for intermittent training (for example, four weeks of classroom training spread over a two month period). Therefore, the date columns may indicate a larger time span than the actual number of weeks spent in full-time training.

All requalification training time is to be accounted for in the REQUALIFICATION item. Please avoid "double listing" recording all time spent in requalification training under item 12.6, REQUALIFICATION, even though it may include classroom or simulator time.

13 - EXPERIENCE: For each position held, complete item 14.

14 - EXPERIENCE DETAILS: Include position title, facility, and a brief description of duties performed while serving in that position. If more space is needed, use item 15, or if necessary attach additional information.

15 - COMMENTS: Use this space to include any extra information or clarification for other items on the application form. If the space provided is not sufficient, you may attach extra information with your application.

16 - NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION: Include a completed NRC Form 396 with each application in order to limit delays in issuing licenses. If this is not possible, place an "X" in item 16b, and forward the form as soon as possible; make sure all items are completed.

17 - SIGNATURES: Sign and date item 17a. Obtain your Training Coordinator's signature and that of your highest level of corporate management for plant operations.

DETACH THESE INSTRUCTIONS AND SUBMIT THE COMPLETED NRC FORMS 398, IN TRIPLICATE AND 396 TO:

Branch Chief, Operator Licensing Branch or the appropriate Regional Administrator.

PRIVACY ACT STATEMENT

Pursuant to U.S.C. 552a(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 398. This information is maintained in a system of records designated as NRC 16 and described at 46 Federal Register 46717 (September 21, 1981).

1. **AUTHORITY.** Section 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201 (i)).
2. **PRINCIPAL PURPOSES.** The information will be collected and evaluated for determining licensing eligibility and to generate statistical data and reports on licensing actions.
3. **ROUTINE USES.** Information entered on this form may be used to: (a) determine if the individual meets the requirements of 10 CFR Part 55 to be issued an operator's license; (b) provide researchers with information for statistical evaluations related to selection, training, and examination of facility operators; (c) provide facility management with sufficient information to enroll the individuals in the licensed operator requalification program; (d) provide for examination and testing material and obtain results from contractors.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** Disclosure is voluntary. However, if the information requested is not provided, NRC will not be able to evaluate whether the applicant meets the requirements of 10 CFR Part 55.
5. **SYSTEMS MANAGERS AND ADDRESSES:**

Chief, Operator Licensing Branch
Division of Human Factors Safety
Office of Nuclear Reactor Regulation
U.S. Nuclear Regulatory Commission
Washington, DC 20555

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
631 Park Avenue
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30303

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glene Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

PERSONAL QUALIFICATIONS STATEMENT—LICENSEE

1. APPLICANT'S FULL NAME (Last, first, middle) (AB)		4. TYPE OF APPLICATION ("X" applicable boxes) (AM)			
ADDRESS OR RFD NUMBER (AC)		b. NEW		e. REAPPLICATION	
CITY (AD)		1-HOT		1-FIRST	
STATE(AE)	ZIP CODE (AF)	2-COLD		2-SECOND	
2. CITIZENSHIP (AG)		b. RENEWAL		3-THIRD	
a. UNITED STATES		c. UPGRADE		1. REAPPLICATION WAIVER REQUESTED (Justify on reverse)	
b. OTHER (Specify)		d. MULTI-UNIT		1-ORAL	
3. BIRTH DATE (AG)				2-WRITTEN (Category _____)	
MONTH DAY YEAR				3-SIMULATOR	

5. TYPE OF LICENSE APPLIED FOR (AI)		6. PREVIOUS LICENSE(S) HELD (AJ)			
a. OPERATOR		a. DOCKET NUMBER		b. LICENSE NUMBER	
b. SENIOR OPERATOR		RO/SRO		c. EXPIRATION DATE	
c. LIMITED SRO (e.g. Fuel Handler)		85		MONTH DAY YEAR	
d. INSTRUCTOR CERTIFICATION				d. FACILITY DOCKET NUMBER	

7. NAME OF APPLICANT'S EMPLOYER (AK)		10. CURRENT POSITION AT FACILITY (AS)			
ADDRESS (AL)		a. PLANT SUPERINTENDENT		i. AUXILIARY UNIT OPERATOR/ TRAINEE/TURBINE BUILDING/ EQUIPMENT OPERATOR (NONLICENSED OPERATOR)	
CITY (AM)		b. ASSISTANT PLANT SUPERINTENDENT		j. OTHER (Specify)	
STATE(AE)	ZIP CODE (AO)	c. SHIFT SUPERVISOR			
8. NAME OF APPLICANT'S FACILITY (AP)		d. STAFF ENGINEER			
FACILITY DOCKET NUMBER (AQ)		e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER			
9. ADDITIONAL FACILITY DOCKETS (Multi-Unit Licenses) (AR)		f. INSTRUCTOR			
		g. SENIOR CONTROL ROOM OPERATOR			
		h. CONTROL ROOM OPERATOR			

11. EDUCATION (AT)					
a. HIGH SCHOOL	c. MAJOR AREA(S) OF STUDY	NUMBER OF YEARS	HIGHEST DEGREE	DEGREE CODES (To be used for "HIGHEST DEGREE" obtained.)	d. VOCATIONAL/TECHNICAL
GRADUATE	ENGINEERING (field)		(Use code +)	0-NONE	TYPE OF TRAINING
GED EQUIVALENCY				1-CERTIFICATE	NUMBER OF MONTHS
NO	OTHER:			2-ASSOCIATE	CERTIFICATE REC'D
b. NUMBER OF YEARS OF COLLEGE				3-BACHELOR	YES NO
				4-MASTER	
				5-DOCTORAL	

12. TRAINING (AU)				13. EXPERIENCE (AV)			
		a. MONTH AND YEAR	b. NUMBER OF WEEKS			a. MONTH AND YEAR	b. NUMBER OF MONTHS
		FROM TO				FROM TO	
1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)				NAVY			
2- PLANT SYSTEMS CLASSROOM OBSERVATION				1-RO			
3- OPERATING PRACTICE CONTROL ROOM OPERATIONS SIMULATOR OPERATIONS (Includes Classroom) SIMULATOR NAME(S)				2-EOW/PPWO			
CERTIFICATE RECEIVED		YES	NO	3-EWS/PPWS			
NUMBER OF REACTIVITY MANIPULATIONS:				4-ERS/CRW			
4- SRO INSTRUCTION				5-OTHER (Specify)			
5- EXTRA PERSON ON SHIFT				FOSSIL			
6-REQUALIFICATION				6-OPERATOR			
7- OTHER (Specify)				7-SUPERVISOR			
				8-PLANT STAFF			
				9-OTHER (Specify)			
				COMMERCIAL NUCLEAR (Including Research/Test Reactor)			
				10-REACTOR OPERATOR			
				11-SENIOR OPERATOR			
				12-SHIFT SUPERVISOR			
				13-STAFF/SHIFT ENGINEER			
				14-AUX/EQUIP. (NONLICENSED) OPERATOR			
				15-PLANT STAFF			
				16-OTHER (Specify)			

14. EXPERIENCE DETAILS (AW)

a. POSITION TITLE	FACILITY	DUTIES

15. COMMENTS (Specify the item number to which you are elaborating)

FOR NRC USE	MEETS REQUIREMENTS	DOES NOT MEET REQUIREMENTS
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16. NRC FORM 398, CERTIFICATE OF MEDICAL EXAMINATION (AX)

17a. I certify that the information provided on this form is true and correct to the best of my knowledge. I also authorize the NRC to submit the results of examinations to my employer for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT

DATE

b. I certify that the above named individual has or will have completed by the time of examination all the required training and has learned to operate the controls in a competent and safe manner pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties. I also certify that the facility will be made available for examination.

SIGNATURE - TRAINING COORDINATOR	DATE	SIGNATURE - HIGHEST LEVEL OF CORPORATE MANAGEMENT FOR PLANT OPERATION	DATE
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c. RENEWAL ONLY. I certify that the above named individual has satisfactorily completed the approved requalification program as required by section 50.54(i)-(1) of 10 CFR 50, and that s/he has discharged his/her licensed responsibilities competently and safely.

SIGNATURE - TRAINING COORDINATOR	DATE	SIGNATURE - HIGHEST LEVEL OF CORPORATE MANAGEMENT FOR PLANT OPERATION	DATE
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14. EXPERIENCE DETAILS (AW)

a. POSITION TITLE	FACILITY	DUTIES

15. COMMENTS (Specify the item number to which you are elaborating)

FOR NRC USE	MEETS REQUIREMENTS	DOES NOT MEET REQUIREMENTS
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16. NRC FORM 298, CERTIFICATE OF MEDICAL EXAMINATION (AX)	a. IS ATTACHED	b. WILL BE FORWARDED
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17a. I certify that the information provided on this form is true and correct to the best of my knowledge. I also authorize the NRC to submit the results of examinations to my employer for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT DATE

b. I certify that the above named individual has or will have completed by the time of examination all the required training and has learned to operate the controls in a competent and safe manner pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties. I also certify that the facility will be made available for examination.

SIGNATURE - TRAINING COORDINATOR	DATE	SIGNATURE - HIGHEST LEVEL OF CORPORATE MANAGEMENT FOR PLANT OPERATION	DATE
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c. RENEWAL ONLY. I certify that the above named individual has satisfactorily completed the approved requalification program as required by section 50.84(l-1) of 10 CFR 50, and that s/he has discharged his/her licensed responsibilities competently and safely.

SIGNATURE - TRAINING COORDINATOR	DATE	SIGNATURE - HIGHEST LEVEL OF CORPORATE MANAGEMENT FOR PLANT OPERATION	DATE
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