

FEB 24 1983

TO ALL POWER AND NONPOWER REACTOR LICENSEES, APPLICANTS FOR AN OPERATING LICENSE, HOLDERS OF CONSTRUCTION PERMITS AND NSSS VENDORS (GENERIC LETTER - 83-12)

Gentlemen:

Subject: Issuance of NRC Form 398 - Personal Qualifications Statement - Licensee

Enclosed is a copy of the new NRC Form 398 - Personal Qualifications Statement Licensee. This form must be submitted by all applicants for operator and senior operator licenses under 10 CFR 55 and applicants for instructor certificates. No other information or documents are required beyond that which is requested in the instructions and the form itself. Please read all instructions carefully before completing this form. Note that the form is to be submitted in triplicate.

All applications for licenses (including new applications, renewals, upgrades, reapplications and amendments to licenses) are to be submitted on Form 398 beginning no later than one month from the date of this letter. To insure that our records are complete and accurate, we request that the initial submittal of Form 398 by an applicant be completed with respect to all information requested. Subsequent submittals of Form 398 require completion only of that information that has changed since the previous submittal of this form, per the instructions provided. Questions regarding proper completion and usage of Form 398 should be directed to your appropriate Regional or Headquarters Operator Licensing Branch staff.

Requests for Form 398 should be directed to Vivian Miller, Nuclear Regulatory Commission, Document Management Branch, M.S. W-548, Washington, DC, 20555. Allow two weeks for delivery. Copies of this form can be duplicated, if necessary.

This request for information was approved by the Office of Management and Budget under clearance number 3150-0090, which expires on August 31, 1985.

Sincerely,

18

Darrell G. Eisenhut, Director
Division of Licensing

8302250505

Enclosures: See jacket
NRC Form 398
Personal Qualifications Statement -

EDR-5
INFO-LTR-
1571#32

OFFICE	Licensee	DL	DGEisenhut				
SURNAME		MWj/mj	DGEisenhut				
DATE		2/21/83	2/21/83				

**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) ADDRESS OR RFD NUMBER (AC) CITY (AD) STATE(AE) ZIP CODE (AF)			4. TYPE OF APPLICATION ("X" applicable boxes) (AH) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> a. NEW <input type="checkbox"/> 1—HOT <input type="checkbox"/> 2—COLD b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT <input type="checkbox"/> </td> <td style="width:50%; vertical-align: top;"> e. REAPPLICATION <input type="checkbox"/> 1—FIRST <input type="checkbox"/> 2—SECOND <input type="checkbox"/> 3—THIRD f. REAPPLICATION WAIVER REQUESTED (Justify on reverse) <input type="checkbox"/> 1—ORAL <input type="checkbox"/> 2—WRITTEN (Category _____) <input type="checkbox"/> 3—SIMULATOR </td> </tr> </table>			a. NEW <input type="checkbox"/> 1—HOT <input type="checkbox"/> 2—COLD b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT <input type="checkbox"/>	e. REAPPLICATION <input type="checkbox"/> 1—FIRST <input type="checkbox"/> 2—SECOND <input type="checkbox"/> 3—THIRD f. REAPPLICATION WAIVER REQUESTED (Justify on reverse) <input type="checkbox"/> 1—ORAL <input type="checkbox"/> 2—WRITTEN (Category _____) <input type="checkbox"/> 3—SIMULATOR			
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2. CITIZENSHIP (AG) <input type="checkbox"/> a. UNITED STATES <input type="checkbox"/> b. OTHER (Specify) _____		3. BIRTH DATE (AG) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">MONTH</th> <th style="width:33%;">DAY</th> <th style="width:33%;">YEAR</th> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>			MONTH	DAY	YEAR			
MONTH	DAY	YEAR								

5. TYPE OF LICENSE APPLIED FOR (AI) <input type="checkbox"/> a. OPERATOR <input type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED SRO (e.g. Fuel Handler) <input type="checkbox"/> d. INSTRUCTOR CERTIFICATION	6. PREVIOUS LICENSE(S) HELD (AJ) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">a. DOCKET NUMBER</th> <th style="width:10%;">RO</th> <th style="width:10%;">SRO</th> <th style="width:10%;">b. LICENSE NUMBER</th> <th colspan="3">c. EXPIRATION DATE</th> <th style="width:20%;">d. FACILITY DOCKET NUMBER</th> </tr> <tr> <td style="text-align: center;">55</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <th style="width:10%;">MONTH</th> <th style="width:10%;">DAY</th> <th style="width:10%;">YEAR</th> <td style="text-align: center;"> </td> </tr> </table>	a. DOCKET NUMBER	RO	SRO	b. LICENSE NUMBER	c. EXPIRATION DATE			d. FACILITY DOCKET NUMBER	55				MONTH	DAY	YEAR	
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55				MONTH	DAY	YEAR											

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

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	CERTIFICATE REC'D
<input type="checkbox"/> GRADUATE <input type="checkbox"/> GED EQUIVALENCY <input type="checkbox"/> NO b. NUMBER OF YEARS OF COLLEGE	ENGINEERING (field) OTHER: _____		(Use code →)	0—NONE 1—CERTIFICATE 2—ASSOCIATE 3—BACHELOR 4—MASTER 5—DOCTORAL	TYPE OF TRAINING NUMBER OF MONTHS YES NO	

12. TRAINING (AU)				13. EXPERIENCE (AV)			
1—NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)	e. MONTH AND YEAR		b. NUMBER OF WEEKS	NAVY 1—RO	a. MONTH AND YEAR		b. NUMBER OF MONTHS
	FROM	TO			FROM	TO	
2—PLANT SYSTEMS CLASSROOM OBSERVATION				2—EODW/PPWO			
3—OPERATING PRACTICE CONTROL ROOM OPERATIONS SIMULATOR OPERATIONS (Includes Classroom) SIMULATOR NAME(S)				3—EWS/PPWS			
CERTIFICATE RECEIVED YES NO				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	b. FACILITY	c. DUTIES

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

Large empty area for handwritten comments.

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
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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)-(l) 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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