

<b>1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (Include ZIP Code)</b>			<b>4. TYPE OF APPLICATION (Check applicable boxes)</b>		
			<input type="checkbox"/> a. NEW <input type="checkbox"/> f. WAIVER REQUESTED <i>(Justify In Item 17)</i> <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> 1 - WRITTEN (Category _____) <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> 2 - OPERATING (Category _____) <input type="checkbox"/> d. MULTI-UNIT (Amend to Include Additional Unit) <input type="checkbox"/> 3 - ELIGIBILITY <input type="checkbox"/> e. REAPPLICATION <input type="checkbox"/> 4 - MEDICAL <input type="checkbox"/> 1 - FIRST DENIAL <input type="checkbox"/> 5 - OTHER <input type="checkbox"/> 2 - SECOND DENIAL <input type="checkbox"/> g. DATE PASSED GFE <input type="checkbox"/> 3 - THIRD DENIAL <input type="checkbox"/> 4 - WITHDRAWAL		

<b>2. CITIZENSHIP</b>	<b>3. BIRTH DATE</b>							
<input type="checkbox"/> a. UNITED STATES	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>MONTH</td><td>DAY</td><td>YEAR</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	MONTH	DAY	YEAR				
MONTH	DAY	YEAR						
<input type="checkbox"/> b. OTHER (Specify) _____								

<b>5. TYPE OF LICENSE APPLIED FOR</b>	<b>6. CURRENT OR PREVIOUS LICENSE(S) HELD</b>												
<input type="checkbox"/> a. OPERATOR (RO) <input type="checkbox"/> b. SENIOR OPERATOR (SRO) <input type="checkbox"/> c. LIMITED SRO (LSRO)	a. DOCKET NO.	RO	SRO	LSRO	b. LICENSE NUMBER	c. EXPIRATION DATE	d. FACILITY DOCKET NUMBER						
	55-					<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>MONTH</td><td>DAY</td><td>YEAR</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	MONTH	DAY	YEAR				50-
MONTH	DAY	YEAR											

<b>7. NAME AND ADDRESS OF APPLICANT'S EMPLOYER (Include ZIP Code)</b>	<b>10. CURRENT POSITION AT FACILITY</b>
	<input type="checkbox"/> a. PLANT SUPERINTENDENT/MANAGER <input type="checkbox"/> i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NON-LICENSED OPERATOR) <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT/MGR. <input type="checkbox"/> c. SHIFT SUPERVISOR <input type="checkbox"/> j. OTHER (Specify) _____ <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 _____
<b>8. NAME OF APPLICANT'S FACILITY</b>	FACILITY DOCKET NUMBER
<b>9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)</b>	

<b>11. EDUCATION</b>							
<b>a. HIGH SCHOOL</b>	<b>b. COLLEGE</b>			<b>DEGREE CODES</b> <small>(To be used for "HIGHEST DEGREE" obtained)</small>	<b>c. VOCATIONAL/TECHNICAL</b>	<b>NUMBER OF MONTHS</b>	<b>CERTIFICATE RECEIVED</b>
<input type="checkbox"/> GRADUATE <input type="checkbox"/> GED EQUIVALENCY <input type="checkbox"/> NO	MAJOR AREA(S) OF STUDY	NUMBER OF YEARS	HIGHEST DEGREE (Use Codes)	0 - NONE 1 - CERTIFICATE 2 - ASSOCIATE 3 - BACHELOR 4 - MASTER 5 - DOCTORAL	TYPE OF TRAINING		YES NO
	ENGINEERING (Fields)						
	OTHER						

<b>12. POWER REACTOR OPERATOR TRAINING PROGRAM</b>			
a. HAS THE APPLICANT COMPLETED THE OPERATOR TRAINING PROGRAM ACCREDITED BY THE NATIONAL NUCLEAR ACCREDITING BOARD?	<input type="checkbox"/> YES <input type="checkbox"/> NO	b. IS A "PLANT-REFERENCED SIMULATOR" (AS DEFINED IN 10 CFR 55.4) USED IN THE OPERATOR TRAINING PROGRAM?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>13. TRAINING (Since Last Application - See Instructions)</b>				<b>14. SIGNIFICANT CONTROL MANIPULATIONS</b>			
a. CLASSROOM	MONTH AND YEAR		NUMBER OF WEEKS	DESCRIPTION	PLANT	SIMULATOR	
	FROM	TO					
1 -- NUCLEAR POWER PLANT FUNDAMENTALS				a.			
2 -- PLANT SYSTEMS				b.			
3 -- PLANT PROCEDURES				c.			
b. SIMULATOR				d.			
c. SRO INSTRUCTION				e.			
d. EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-Week Minimum) TIME ON SHIFT ABOVE 20% POWER (6-Week Minimum)				f.			
e. REQUALIFICATION				g.			
f. OTHER (Specify)				h.			
				i.			
				j.			

**15. EXPERIENCE DETAILS**

POSITION TITLE	FROM	TO	MONTHS	FACILITY	DUTIES

**16. FOR RENEWALS ONLY**

a. HOURS OPERATED FACILITY:	<input type="checkbox"/> < 100 (LESS THAN)	b. DATE AND RESULT OF LAST WRITTEN COMPREHENSIVE REQUALIFICATION EXAM AND ANNUAL OPERATING TEST.		DATE	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	

**17. COMMENTS**

**18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED**

**19. SIGNATURES**

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

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct in accordance with the instructions. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use, or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. 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
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**CHECK APPLICABLE BOX**

- b. I certify that the above named individual has successfully completed the facility licensee's requirements to be licensed as an Operator/Senior Operator pursuant to Title 1, 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 and that 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.
- c. I certify that the above named individual meets the approved requalification program (with the exceptions noted in Item 17) as required by section 50.54(i-h) 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.

TRAINING COORDINATOR		SENIOR MANAGEMENT REPRESENTATIVE ON SITE	
PRINTED OR TYPED NAME AND TITLE		PRINTED OR TYPED NAME AND TITLE	
SIGNATURE	DATE	SIGNATURE	DATE

**FOR NRC USE**

WAIVER (Check or Complete items, as applicable)				<input type="checkbox"/> MEETS REQUIREMENTS	<input type="checkbox"/> DOES NOT MEET REQUIREMENTS (Explain below)			
CATEGORY	GRANTED BY		DENIED BY		SIGNATURE	DATE		
	HEADQUARTERS	REGION	HEADQUARTERS	REGION				
WRITTEN								
OPERATING								
ELIGIBILITY								
MEDICAL								
OTHER								

## INSTRUCTIONS FOR COMPLETING NRC FORM 398, PERSONAL QUALIFICATION STATEMENT--LICENSEE

All applicants must complete items 1 - 10, 18, and 19, plus changes since your last application, and other items as specified below. For additional guidance refer to NUREG-1021 for power reactors and NUREG-1478 for research and test reactors.

### 4. TYPE OF APPLICATION

- a. **NEW** - "X" if you are a new applicant and complete items 11 - 15. (10 CFR 55.31).
  - b. **RENEWAL** - "X" if you are renewing a current license and complete items 13.e and 16 (10 CFR 55.57).
  - c. **UPGRADE** - "X" if you hold an RO license and are applying to upgrade your license to an SRO. Complete items 12, 13, and 15 relevant to the SRO upgrade.
  - d. **MULTI-UNIT** - "X" if you hold a license at your facility and are applying to amend your current license to add an additional unit. Complete item 13 as it applies to unit differences.
  - e. **REAPPLICATION** - "X" if you have previously been denied a license. Indicate whether you are reapplying after a first denial, second denial, or third denial. Describe, in detail, in items 13 and 17, the additional training completed since the last denial (10 CFR 55.35). Applicants who previously withdrew an application, check box 4.e.4 and complete items 11-15.
  - f. **WAIVER REQUESTED** - "X" the applicable waiver requested and explain in item 17 (10 CFR 55.47).
  - g. **DATE PASSED GENERIC FUNDAMENTALS EXAMINATION (GFE)** - This is not applicable to research and test reactors or licenses limited to fuel handling. Enter the month and year you passed the GFE for the type of facility (BWR/PWR) identified in item 8. If you have not passed the GFE, explain in item 17.
- 11. EDUCATION** - For college, enter the number of years spent in each major area of study and the highest degree obtained. 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 17.
- 12. POWER REACTOR OPERATOR TRAINING PROGRAM** - Check the appropriate box in items 12.a and 12.b.
- ! Checking "YES" in item 12.a indicates that the applicant has completed a SAT-based training program that is accredited by the National Nuclear Accrediting Board and meets the education and experience requirements outlined by the National Academy for Nuclear Training in its current guidelines for initial training and qualification of licensed operators.
  - ! If "YES" is checked in both items 12.a and 12.b then items 13 and 15 do not have to be completed with the following exceptions: (1) certified instructors seeking an SRO license must complete item 15; (2) any exceptions or waivers from the education and experience requirements outlined by the National Academy for Nuclear Training must be explained in item 17.
- 13. TRAINING** - All requalification training time is to be accounted for in item 13.e. Do not "double list" the time spent in requalification training for classroom or simulator time under items 13.a or 13.b.
- 14. SIGNIFICANT CONTROL MANIPULATIONS** - All new applications must provide evidence that the applicant has 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 (10 CFR 55.31(a)(5), 10 CFR 55.46(c)).
- 15. EXPERIENCE DETAILS** - 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 item 17 or attach additional information.
- 16. FOR RENEWALS ONLY** - (a.) Check the box that most accurately reflects your approximate number of operating hours since previous renewal or issuance of license if first renewal. (b.) Enter the date and results of the most recent comprehensive written requalification examination and annual operating test (10 CFR 55.57).
- 17. 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.
- 18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED** - NRC Form 396 must accompany this application unless a waiver of the medical examination is being requested (10 CFR 55.23).
- 19. SIGNATURES** - You must sign and date item 19.a. Obtain signatures of your training coordinator and your senior management representative on site and have them check block 19.b or 19.c. (10 CFR 55.31, 10 CFR 55.57).

**Detach these instructions and submit the completed original NRC Forms 398 and 396 to the appropriate address. (See reverse side for addresses and for the Privacy Act Statement.)**

## ADDRESSES

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the appropriate NRC office by mail addressed to:

REGIONAL ADMINISTRATOR, REGION I  
U.S. NUCLEAR REGULATORY COMMISSION  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406-1415

REGIONAL ADMINISTRATOR, REGION II  
U.S. NUCLEAR REGULATORY COMMISSION  
SAM NUNN ATLANTA FEDERAL CENTER  
61 FORSYTH STREET, S.W., SUITE 23T85  
ATLANTA, GA 30303-8931

REGIONAL ADMINISTRATOR, REGION III  
U.S. NUCLEAR REGULATORY COMMISSION  
2443 WARRENVILLE ROAD  
LISLE, IL 60532

REGIONAL ADMINISTRATOR, REGION IV  
U.S. NUCLEAR REGULATORY COMMISSION  
611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TX 76011-8064

U.S. NUCLEAR REGULATORY COMMISSION  
EQUIPMENT AND HUMAN PERFORMANCE BRANCH  
DIVISION OF INSPECTION PROGRAM MANAGEMENT  
OFFICE OF NUCLEAR REACTOR REGULATION  
WASHINGTON, DC 20555-0001

## RESEARCH AND TEST REACTORS

U.S. NUCLEAR REGULATORY COMMISSION  
OPERATING REACTOR IMPROVEMENTS PROGRAM  
DIVISION OF REGULATORY IMPROVEMENT PROGRAMS  
OFFICE OF NUCLEAR REACTOR REGULATION  
WASHINGTON, DC 20555-0001

## PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission (NRC) on NRC Form 398. This information is maintained in a system of records designated as NRC-16, described at 67 *Federal Register* 63784 (October 15, 2002), or the most recent *Federal Register* publication of the NRC's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, 11555 Rockville Pike, Rockville, Maryland, or located in NRC's Agencywide Documents Access and Management System (ADAMS).

- 1. AUTHORITY:** 42 U.S.C. 2137 and 2201(i) (1992).
- 2. PRINCIPAL PURPOSE(S):** To ensure that applicants/licensees meet all the requirements for taking reactor operator examination.
- 3. ROUTINE USE(S):** Information may be used to determine if the individual meets the requirements of 10 CFR Part 55 to take an examination or to be issued an operator's license; to provide researchers with information for reports and statistical evaluations related to selection, training, and examination of facility operators; to provide for examination and testing material and obtain results from contractors; and to provide facility management with sufficient information to enroll the individual in the licensed operator re-qualification program. The information may also be disclosed to an appropriate Federal, State, local or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local and Foreign agency to the extent relevant and necessary for an NRC decision about you. Information may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence, to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.
- 4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** Disclosing this information 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. SYSTEM MANAGER(S) AND ADDRESS:** Chief, Operator Licensing and Human Performance Section, Equipment and Human Performance Branch, Division of Inspection Program Management, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.