

DUPLICATION REQUEST

Estimated burden per response to comply with this information request to obtain a benefit: 4 minutes. This data is needed to locate the information requested by the individual. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0066), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

DATE OF REQUEST

DOCUMENT FILE INFORMATION

OUTPUT CATEGORIES: P PAPER CD CD ROM M MICROFORM AF APERTURE FULL BLOWBACK
C CASSETTE D DISKETTE AD APERTURE DUPLICATE AR APERTURE REDUCED BLOWBACK

Some items must be done in the same format (example, audio cassette). consult staff or price list regarding available formats.

IDENTIFICATION	NO. OF COPIES	OUTPUT CATEGORY	IDENTIFICATION	NO. OF COPIES	OUTPUT CATEGORY

BILL TO

SEND TO (if different from BILL TO)

ORGANIZATION		ORGANIZATION	
NAME		NAME	
ADDRESS		ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
TELEPHONE (Include Area Code/Ext)	FAX TELEPHONE (Include Area Code/Ext)	TELEPHONE (Include Area Code/Ext)	FAX TELEPHONE (Include Area Code/Ext)

<input type="checkbox"/> PICKUP	<input type="checkbox"/> COPY SERVICE ACCOUNT NO.	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> HOLD FOR PAYMENT UPON PICKUP	<input type="checkbox"/> CUSTOMER PURCHASE ORDER NO.	<input type="checkbox"/> EXPRESS MAIL OPTION ACCT NO. (if applicable)
<input type="checkbox"/> INVOICE		
<input type="checkbox"/> MAIL		

<input type="checkbox"/> CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVER	CREDIT CARD NUMBER	EXPIRATION DATE
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ORDERED	COMPLETED	SPECIAL INSTRUCTIONS