

## PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

<p>1. Agency/Subagency originating request <b>U.S. Nuclear Regulatory Commission</b></p>	<p>2. OMB control number <input checked="" type="checkbox"/> a. <b>3150 - 0183</b>      <input type="checkbox"/> b. None</p>
<p>3. Type of information collection (<i>check one</i>)</p> <p><input type="checkbox"/> a. New collection</p> <p><input checked="" type="checkbox"/> b. Revision of a currently approved collection</p> <p><input type="checkbox"/> c. Extension of a currently approved collection</p> <p><input type="checkbox"/> d. Reinstatement, without change, of a previously approved collection for which approval has expired</p> <p><input type="checkbox"/> e. Reinstatement, with change, of a previously approved collection for which approval has expired</p> <p><input type="checkbox"/> f. Existing collection in use without an OMB control number</p>	<p>4. Type of review requested (<i>check one</i>)</p> <p><input checked="" type="checkbox"/> a. Regular      <input type="checkbox"/> c. Delegated</p> <p><input type="checkbox"/> b. Emergency - Approval requested by (date):</p> <p>5. Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> a. Yes <input checked="" type="checkbox"/> b. No</p> <p>6. Requested expiration date      <input checked="" type="checkbox"/> a. Three years from approval date <input type="checkbox"/> b. Other (Specify):</p>
<p>7. Title <b>Policy Statements, Criteria for Guidance of States and NRC in Discontinuance of NRC Regulatory Authority and Assumption Thereof by States through Agreement and IMPEP Questionnaire</b></p>	
<p>8. Agency form number(s) (<i>if applicable</i>) <b>Not Applicable</b></p>	
<p>9. Keywords <b>Radiation Protection, Nuclear Materials, Intergovernmental Relations</b></p>	
<p>10. Abstract <b>States wishing to become an Agreement State are requested to provide certain information to the NRC and need to ensure that the Radiation Control Program under the Agreement remains adequate and compatible with the requirements of Section 274 of the AEA. NRC conducts periodic evaluations through IMPEP to ensure that these programs are compatible with the NRC's, meet the applicable parts of the Act, and are adequate to protect public health and safety.</b></p>	
<p>11. Affected public (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p><input type="checkbox"/> a. Individuals or households      <input type="checkbox"/> d. Farms</p> <p><input type="checkbox"/> b. Business or other for-profit      <input type="checkbox"/> e. Federal Government</p> <p><input type="checkbox"/> c. Not-for-profit institutions      <input checked="" type="checkbox"/> f. State, Local or Tribal Government</p>	<p>12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p><input type="checkbox"/> a. Voluntary</p> <p><input type="checkbox"/> b. Required to obtain or retain benefits</p> <p><input checked="" type="checkbox"/> c. Mandatory</p>
<p>13. Annual reporting and recordkeeping hour burden</p> <p>a. Number of respondents      <u>33</u></p> <p>b. Total annual responses      <u>54</u></p> <p>1. Percentage of these responses collected electronically      <u>100.0</u> %</p> <p>c. Total annual hours requested      <u>257,173</u></p> <p>d. Current OMB inventory      <u>244,088</u></p> <p>e. Difference      <u>13,085</u></p> <p>f. Explanation of difference</p> <p>1. Program change      <u>13,085</u></p> <p>2. Adjustment</p>	<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>)</p> <p>a. Total annualized capital/startup costs      \$ <u>0</u></p> <p>b. Total annual costs (O&amp;M)      \$ <u>0</u></p> <p>c. Total annualized cost requested      \$ <u>0</u></p> <p>d. Current OMB inventory      \$ <u>0</u></p> <p>e. Difference      \$ <u>0</u></p> <p>f. Explanation of difference</p> <p>1. Program change      \$ <u>0</u></p> <p>2. Adjustment      \$ <u>0</u></p>
<p>15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p><input type="checkbox"/> a. Application for benefits      <input checked="" type="checkbox"/> e. Program planning or management</p> <p><input checked="" type="checkbox"/> b. Program evaluation      <input type="checkbox"/> f. Research</p> <p><input type="checkbox"/> c. General purpose statistics      <input type="checkbox"/> g. Regulatory or compliance</p> <p><input type="checkbox"/> d. Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p><input checked="" type="checkbox"/> a. Recordkeeping      <input type="checkbox"/> b. Third-party disclosure</p> <p><input checked="" type="checkbox"/> c. Reporting</p> <p><input checked="" type="checkbox"/> 1. On occasion      <input type="checkbox"/> 2. Weekly      <input type="checkbox"/> 3. Monthly</p> <p><input type="checkbox"/> 4. Quarterly      <input type="checkbox"/> 5. Semi-annually      <input type="checkbox"/> 6. Annually</p> <p><input type="checkbox"/> 7. Biennially      <input checked="" type="checkbox"/> 8. Other (describe) <b>every 4 yrs.</b></p>
<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: <u>Aaron McCraw</u></p> <p>Phone: <u>301 - 415 - 1277</u></p>