DE(	NUCCT COD DE		NIOTOMED CATICEAC	FIGNI CUDVEV
KEU			CUSTOMER SATISFACTERIC CLEARANCE	HON SURVEY
TITLE OF SURVEY				OMB APPROVAL NUMBER
				3150 - 0197
				REQUESTED RESPONSE DATE
ESTIMATED NUMBER OF RE	SPONSES BURDEN HOL	JRS PER RESPONSE	TOTAL ESTIMATED BURDEN HOURS	ESTIMATED SURVEY COMPLETION DATE
DESCRIPTION AND OBJECTI	VES OF SURVEY			
OFFICE CONTACT (Name an	d Title)			TELEPHONE NUMBER
OCIO APPROVAL NRC Clearance Officer	SIGNATURE			DATE
		OMB /	APPROVAL	
SIGNATURE OF OMB OFFICI	AL .			DATE