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. | |
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| 1. Agency/Subagency originating request | 2. OMB control number |
| U.S. Nuclear Regulatory Commission | √ a. 3150 - 0018 b. None |
| 3. Type of information collection (check one) | 4. Type of review requested (check one) |
| a. New collection | ✓ a. Regular c. Delegated |
| b. Revision of a currently approved collection | b. Emergency - Approval requested by (date): |
| C. Extension of a currently approved collection | 5. Will this information collection have a a. Yes |
| d. Reinstatement, without change, of a previously approved collection for which approval has expired | substantial number of small entities? |
| e. Reinstatement, with change, of a previously approved collection for which approval has expired | Requested V a. Three years from approval date |
| f. Existing collection in use without an OMB control number | 6. expiration date b. Other (Specify): |
| 7. Title | |
| 10 CFR Part 55, Operators' Licenses | |
| 8. Agency form number(s) (if applicable) | |
| | |
| N/A | |
| 9. Keywords | |
| Nuclear power plants and reactors, Reporting and recordkeeping requirements. | |
| 10. Abstract | |
| 10 CFR Part 55, "Operators' Licenses," specifies information to be provided by applicants and facility licensees | |
| to allow NRC to make determinations on licensing and req | ualification of operators for nuclear reactors, as |
| necessary to protect public health and safety. | |
| | |
| | |
| 11. Affected public (Mark primary with "P" and all others that apply with "X") | 12. Obligation to respond (Mark primary with "P" and all others that apply with "X") |
| a. Individuals or households d. Farms | a. Voluntary |
| P b. Business or other for-profit e. Federal Government | b. Required to obtain or retain benefits |
| c. Not-for-profit institutions f. State, Local or Tribal Government | P c. Mandatory |
| 13. Annual reporting and recordkeeping hour burden a. Number of respondents 103 | 14. Annual reporting and recordkeeping cost burden (in thousands of dollars) |
| | a. Total annualized capital/startup costs \$ 0 b. Total annual costs (O&M) \$ 11 |
| 1. Demosters of these reserves | c. Total annualized cost requested \$ 11 |
| 1. Percentage of these responses collected electronically <u>75.0</u> % | d. Current OMB inventory \$ 11 |
| c. Total annual hours requested67,060 | e. Difference \$ 0 |
| d. Current OMB inventory 66,018 e. Difference 1,042 | f. Explanation of difference |
| | 1. Program change \$ |
| f. Explanation of difference 1. Program change1.090 | 2. Adjustment \$ |
| 2. Adjustment(48) | |
| 15. Purpose of information collection | 16. Frequency of recordkeeping or reporting (check all that apply) |
| (Mark primary with "P" and all others that apply with "X") | a. Recordkeeping |
| a. Application for benefits e. Program planning or management | √ c. Reporting |
| b. Program evaluation f. Research | 1. On occasion 2. Weekly 3. Monthly |
| c. General purpose statistics P g. Regulatory or compliance | 4. Quarterly 5. Semi-annually 6. Annually |
| d. Audit | 7. Biennially V 8. Other (describe) Every 4 years |
| 17. Statistical methods | Agency contact (person who can best answer questions regarding the content of this submission) |
| Does this information collection employ statistical methods? | Name: Debra McCain |
| Yes Vo | |
| | Phone: 301 - 415 - 1219 |

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19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8 (b) (3), appear at the end of the instructions. The certification is to be made with reference to those regulatory provisions as set forth in the instructions.

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8 (b) (3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature of extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee

Brenda Jo. Shelton, ARC Clearance Officer, Office of Information Services

OMB 83-1

Date

5/2/06