

# EXHIBIT 3

Information in this record was deleted  
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Act, exemptions b1  
FOIA- 2006-113

Case No. 3-2002-020

EXHIBIT 3

H-1




NMC Access Manager  
Nuclear Management Company, LLC  
700 First Street  
Hudson, WI 54016

Telephone: (715) 377-3402  
Fax: (715) 377-3445  
E-mail: rdcleveland@nmcco.com  
Toll free phone: 1-(800) 701-4941 x3402

June 28, 2002



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Dear Mr. 

Nuclear Management Company has reviewed information developed during interviews with NMC investigators. At this time, you have been found ineligible for NMC nuclear access authorization.

Information developed during these interviews indicates that you do not meet the criteria necessary for an NMC nuclear access authorization.

NMC grants you the right to request and receive a review of this decision. Section I of the enclosed **Request for Review of Nuclear Access Authorization Denial Based on Background Information** form gives the details upon which your denial is based. To request a review, please complete and return this form to the following address within 30 days following receipt of this letter:

Access Manager  
Nuclear Management Company  
700 First Street  
Hudson, WI 54016

If you have any questions regarding this matter, you may call me at 715-377-3402. Your cooperation is appreciated.

Sincerely,

Randall D. Cleveland  
Access Manager

3-2002-020

NMC Security Form 4G-21 Rev 00

EXHIBIT

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PAGE 1 OF 6 PAGE(S)



**REQUEST FOR REVIEW  
OF  
NUCLEAR ACCESS AUTHORIZATION DENIAL  
BASED ON BACKGROUND INFORMATION**

**INSTRUCTIONS FOR REQUEST FOR REVIEW APPLICATION**

(Read this page before completing application.)

1. The reason for your access authorization denial is given in Section I of this form. If you want to request a review of this decision, you must complete this form.
2. Your review will be conducted by an NMC entity independent of NMC Security.
3. You should be notified in writing of the disposition of your review within 30 days following receipt by NMC of all information supporting your review request. Pending the disposition of your review request, your access authorization will remain denied.
4. This form must be completed in ink or typed. Please print or write legibly. You must complete Sections II and III. Section IV is for NMC use only. If you need additional space, please put your name on each extra page used and indicate the section number to which you are responding.
5. If you have questions while completing this form, please contact the NMC Access Manager for help at (715) 377-3389. Incomplete forms cannot be processed and will be returned for corrections. Improperly completed forms only delay your request for review of access authorization denial.
6. Pursuant to the Fair Credit Reporting Act, a copy of the consumer investigative report (CIR) which was obtained by Nuclear Management Company in support of your request for a Nuclear Security Clearance is enclosed.  If this box is checked, NMC did not request a CIR.
7. After completing the request for review, please make sure that you sign the certification provided below and that your signature has been witnessed. Once completed, the request for review is considered to be CONFIDENTIAL.

**CERTIFICATION**

I certify that the information I have provided in completing this application for review of access authorization denial is true, complete and accurate to the best of my knowledge and beliefs, and is made in good faith. I authorize NMC and its agents to review the information I have provided in this application in reviewing my access authorization denial.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

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~~SECTION I: REASON FOR DENIAL~~

I.a NMC SECURITY PROCEDURE CITATION

NMC Security Procedure 4G Section 16.4.4.b.2.ii & 3 (NUMARC 89-01, Section 7.1, item H).

I.b PROCEDURE TEXT (paraphrase)

Individuals are denied access where background information is developed adversely reflecting on trustworthiness and reliability.

I.c CASE FACTS

a. You provided the following contradictory information to NMC investigators regarding a random drug and alcohol collection you were required to complete at Kewaunee:

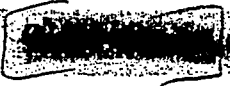
1. On January 11, 2002 you stated that you had:
  - i. been escorted to the collection site at Kewaunee by a worker, and
  - ii. asked the collector why she wasn't "testing the messenger," and
  - iii. upon noting that the collector appeared puzzled by this comment, asked the collector whether she smelled the worker escorting you to the collection site. You further stated that the collector responded, "yeah, he's a little ripe".
2. On March 18, 2002 you stated you were escorted to the collection site from within the Kewaunee plant protected area.
3. On March 27, you denied being escorted to the collection site by a worker, stating that you had been escorted only to the security building from the site fabrication shop (located outside the protected area) and that you had asked the worker escorting you, not the collector, why they (FFD personnel) weren't "testing the messenger".
4. On June 12, 2002, you again denied being escorted by a worker to the collection site and stated that you had asked the collector why she wasn't "testing the messenger".

b. You provided the following contradictory information to NMC investigators regarding the fitness of a worker at Kewaunee:

1. On January 11, 2002, you stated that he "was loaded every morning".
2. On March 27, 2002 you stated you didn't know anything about the worker "being drunk".

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SECTION II: APPLICANT RESPONSE



IN THE SPACE BELOW, PLEASE PROVIDE THE REASON(S) WHY YOU BELIEVE THE DENIAL OF YOUR NUCLEAR ACCESS AUTHORIZATION (AS STATED IN SECTION I) IS NOT WARRANTED:

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**SECTION III: APPLICANT DOCUMENTATION**

IF YOU ARE SUBMITTING ADDITIONAL INFORMATION IN SUPPORT OF YOUR REQUEST FOR REVIEW, PLEASE LIST AND IDENTIFY EACH DOCUMENT BELOW:

Document Title

Author

Date

*JK*

SECTION IV: NUCLEAR ACCESS AUTHORIZATION REVIEW DISPOSITION 

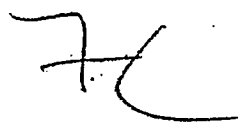
NMC Senior Site Operations Officer Referral:  Yes  No

NMC Senior Site Operations Officer:

RECOMMENDATION (X CHOICE):

- Uphold action.
- Reverse action (e.g., denial, suspension). Basis for reversal is given below.
- Continue review process pending receipt of additional information.

REVERSAL BASIS:



| Name | Signature | Date |
|------|-----------|------|
|------|-----------|------|