

**NRC FORM 4**  
(mm-yyyy)  
**10 CFR PART 20**

**U.S. NUCLEAR REGULATORY COMMISSION**

**APPROVED BY OMB NO.3150-0005**

**EXPIRES: mm/dd/yyyy**

**CUMULATIVE OCCUPATIONAL DOSE HISTORY**

Estimated burden per response to comply with this mandatory collection request: 30 minutes. This information is required to record an individual's lifetime occupational exposure to radiation to ensure that the cumulative exposure to radiation does not exceed regulatory limits. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), 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, (3150-0005), 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.

1. NAME (LAST, FIRST, MIDDLE INITIAL)		2. IDENTIFICATION NUMBER		3. ID TYPE		4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		5. DATE OF BIRTH (MM/DD/YYYY)	
6. MONITORING PERIOD (MM/DD/YYYY - MM/DD/YYYY) -		7. LICENSEE NAME		8. LICENSE NUMBER		9. <input type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> NO RECORD		10. <input type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODD		
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11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODD		
19. SIGNATURE OF MONITORED INDIVIDUAL		20. DATE SIGNED		21. CERTIFYING ORGANIZATION		22. SIGNATURE OF DESIGNEE		23. DATE SIGNED	