ENCLOSURE 1

LIST OF INITIAL LICENSE APPLICANTS

INITIAL SENIOR REACTOR OPERATOR LICENSE APPLICANTS

CARRILLO, JULIAN
CHANG, PO
CORTOPASSI, LOUIS
GOODWIN, DEAN
JANKE, JASON
RODRIGUEZ, GILBERT
WOOD, KEVIN

INITIAL REACTOR OPERATOR LICENSE APPLICANTS

BARRIE, DOUGLAS
COTTON, BREWSTER
FOLTZ, GEORGE
FORD, DAVID
GUERRERO, AUGUST
HOWARD, ROBERT
HUFFMAN, GARY
JOHNSON, MICHAEL
JOZWIAK, CHET
MCGAULEY, MICHAEL
POORE, MARK
SCANLON, PATRICK
SCHOTT, STEVEN

ENCLOSURE 2

CANDIDATE'S NON-CERTIFIED NRC 396 & 398 FORMS

NRC FORM 398 (FACSIMILE) U.S (10-90) 10 CFR 55.31, 55.35, 55.47, and 55.57	NUCLE	AR REGUL	ATORY	COMMIS			OMB: N PIRES: N PER F MATION	NO. 315 1-31-3 RESPONS COLLEC	50-00 92 SE TO	90 COMPI	.у (То	DAT be co	E RE	CEIV ted	ED by NRC
PERSONAL QUALIFICATION S						ESTIMATED BURDE WITH THIS INFORM REQUEST: 20 HR REGARDING BURDE MATION AND RECO (MYBB 7714) U.S MISSION WASHIN THE PAPERWORK RI 0090) OFFICE OF WASHINGTON, DC,	N ESTIN RDS MAN NUCLEA GTON I EDUCTION	MATE TO MAGEMEN MR REGU DC 2055 M PROS	THE NT ER ULATO 55 A	INFORMANCE CANCE ORY CON IND TO (3150-	- -		•	-	
TO REMAIN VALID, THIS FO 1. APPLICANT'S FULL NAME (Last, F (include ZIF Code)						WASHINGTON, DC,	20503	(Check	C ann	ilcabl	a bore	-1	BOT.	· 	Too. T
(include ZIP Code)						a. NEW			- app			_ X	HOT		COLI
CARRILLO, JULIAN JR. 134 Ave Aragon Apt "B" San Clemente, CA 92672-4622						b. RENEWAL X c. UPGRADE d. MULTI-UN INCLUDE e. REAPPLICA 1-FIRST	ADDITIC	ND TO	L	2-	IVER F USTIFY WRITTE OPERAT ELIGIE MEDICA OTHER	N (Ca	ever tego Cate)
2. CITIZENSHIP X a. UNITED STATES		MONTH	BIRT	B DATE	EAR	2-SECOND 3-THIRD	See Bl	.ock 17	, *	لناب		ED_GE	NERI		
b. OTHER (Specify)		0 6	3	0 5	7					INA (IF	E PASS DAMENT TION S APPLI	ECTIO CABLE	XAM- N)	M	1 YY
5. TYPE OF LICENSE APPLIED FOR						6. PREVIOUS L	ICENSE (S) HEL	ס						
a. OPERATOR X b. SENIOR OPERATOR	a. DO	CKET NUM	BER	RO SR	ο ь.	LICENSE NUMBER	C. MONTH	EXPIRA		DATE	d.FA	CILIT	Y DOO	CKET	NUMBER
c. LIMITED SRO (e.g., Fuel Handler)	55-501	67	(х	OI	P-50097-02	0 3		6	9 5	50-2	06			
7. NAME AND ADDRESS (Include ZIP C	ode) OF	APPLICA	NT'S I	EMPLOYE.	R		10 C	URRENT	POS	TTION	AT FAC	77 770			· · · · · · · · · · · · · · · · · · ·
					†	a. PLANT SUPER				1			UNI	OPE	RATOR/
Southern California Edison P.O. Box 128 San Clemente, California 92674-0	128		· · .			b. ASSISTANT I	RVISOR	UPERIN	ITEND)	ENT	TRAI ING/ (NON	NEE/II EQUIP LICEN	URBII MENT SED (OPERA	RATOR/ JILD- LATOR LTOR)
8. NAME OF APPLICANT'S FACILITY	FAC	ILITY DO	CKET 1	TUMBER	+-	d. STAFF ENGING OF SHIFT TECHN		DVISOR		j	. OTHE	R (Sp	ecify	7)	
San Onofre Unit 1		50-206		· · · · · · · · · · · · · · · · · · ·		e. SHIFT TECHN SHIFT ENGIN f. INSTRUCTOR	VEER			٠	-			-	
9. ADDITIONAL PACILITY DOCKETS	(Multi-	unit Li	censes	5)		g. SENIOR CONT			RATO	R '					
			11	L. EDUC.	ATTON	1	M OPER	ATOR				-			
IGH SCHOOL c. MAJOR AREA(S) OF	NUMBER OF YEAR	HI	GHEST	DEG	FREE CODES	···	1 1700	4 TT 01				-	ERTI	
					1/7-	2.41	- 1	a. <u>voc</u>	WITO	NWT /		INUM	ואבכ		FICATE
X GRADUATE ENGINEERING (FI	ELDS)			Codes) (語	be used for IGHEST DEGREE"		d. VOC. TEC			ic.	MUM O NON	res –	REC	EIVED
GED EQUIVALENCY ENGINEERING (FI	ELDS)				Obt	o be used for IGHEST DEGREE" Lained) - NONE		TYPE	OF :	TRAINI		t u	res –	RÉC YES X	EIVED NO
GED EQUIVALENCY OTHER	ELDS)) obt	o be used for IGHEST DEGREE		TYPE Nucle	OF :	TRAINI	hool	MON	res –	YES	EIVED
GED EQUIVALENCY	ELDS)) obt	o be used for IGHEST DEGREE" Lained) - NONE - CERTIFICATE		TYPE Nucle	OF :	TRAINI	hool	MON:	res –	YES X	
GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0			(Use	Codes	0 0 1 2 3 4 5	De used for LIGHEST DEGREE" Lained) - NONE - CERTIFICATE - ASSOCIATE - BACHELOR - MASTER - DOCTORAL	, ,	TYPE Nucle	OF ar Po	TRAINI	chool e	6 6	THS -	YES X	EIVED
GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF	ION - SE	EE INSTRI	(Use	Codes	0 12 3 4 5	p be used for IGHEST DEGREE" Lained) - NONE - CERTIFICATE - ASSOCIATE - BACHELOR - MASTER	, ,	TYPE Nucle	OF ar Po	TRAINI	chool e	MONTO	THS -	YES X X	NO NO
GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS	ION - SE	EE INSTRI	UCTION EAR b.	Codes) obt 0 12 3 4 5	De used for GHEST DEGREE" Leined) - NONE - CERTIFICATE - ASSOCIATE - BACRELOR - MASTER - DOCTORAL B. EXPERIENCE (DO	, ,	TYPE Nucle	OF ar Po	TRAINI	chool De	MONTO	THS -	YES X X	NO NO
GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)	ION - SE	EE INSTRI	UCTION EAR b.	Codes) obt 0 12 3 4 5	De used for IGHEST DEGREE" Leined) - NONE - CERTIFICATE - ASSOCIATE - BACHELOR - MASTER - DOCTORAL B. EXPERIENCE (DO	, ,	TYPE Nucle	OF ar Po	TRAINI	ehool pe INST	MONTO	ONS) YEAR	YES X X	EIVED
GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM	ION - SE	EE INSTRI	UCTION EAR b.	Codes) obt 0 12 3 4 5	De used for GHEST DEGREE" Leined) - NONE - CERTIFICATE - ASSOCIATE - BACRELOR - MASTER - DOCTORAL B. EXPERIENCE (DO	, ,	TYPE Nucle	OF ar Po	TRAINI	ehool pe INST	MONTO	ONS) YEAR	YES X X	NO NO
GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE	ION - SE	EE INSTRI	UCTION EAR b.	Codes) obt 0 12 3 4 5	Company of the compan	NOT DO	TYPE Nucle Nucle	OF : ar Po ar Po COUNT	TRAINII ower S rototy T - SEI	ehool pe INST	MONTO	ONS) YEAR	YES X X	NO NO
GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT	ION - SE	EE INSTRI	UCTION EAR b.	Codes) obt 0 12 3 4 5	De used for GHEST DEGREE" LEGHEST DEGREE" - NONE - CERTIFICATE - ASSOCIATE - BACKELOR - MASTER - DOCTORAL B. EXPERIENCE (DOCESSE) 1 - RO 2 - EOOW/PPWO 3 - EWS/PPWS) NOT DO	TYPE Nucle Nucle	OF : ar Pr ar Pr	TRAINII ower S rototy T - SEI	ehool pe INST	MONTO	ONS) YEAR	YES X X	NO NO
GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom)	ION - SE	EE INSTRI	UCTION EAR b.	Codes	13 13 13 13	Company of the compan) NOT DO	TYPE Nucle Nucle	OF : ar Pr ar Pr	TRAINII ower S rototy T - SEI	ehool pe INST	MONTO	ONS) YEAR	YES X X	NO NO
GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT	ION - SE a. MONT FROM	TH AND YI	UCTION EAR OF	S) NUMBER WEEKS	13 NA	Che used for GHEST DEGREE" Leined) - NONE - CERTIFICATE - ASSOCIATE - ASSOCIATE - BACHELOR - MASTER DOCTORAL B. EXPERIENCE (DO AVY 1 - RO 2 - EOOW/PPWO 3 - EWS/PPWS 4 - ERS/CRW 5 - OTHER (Spec) NOT DO	TYPE Nucle Nucle	OF : ar Pr ar Pr	TRAINII ower S rototy T - SEI	ehool pe INST	MONTO	ONS) YEAR	YES X X	NO NO
GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. b.	ION - SE a. MONT FROM	EE INSTRI	UCTION EAR b.	S) NUMBEI WEEKS	13 NA	Che used for GHEST DEGREE" Leined) - NONE - CERTIFICATE - ASSOCIATE - ASSOCIATE - BACHELOR - MASTER DOCTORAL B. EXPERIENCE (DO AVY 1 - RO 2 - EOOW/PPWO 3 - EWS/PPWS 4 - ERS/CRW 5 - OTHER (Spec) NOT DO	TYPE Nucle Nucle	OF : ar Pr ar Pr	TRAINII ower S rototy T - SEI	ehool pe INST	MONTO	ONS) YEAR	YES X X	NO NO
GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. b. CERTIFIED STARTUP YES NO	ION - SE a. MONT FROM	EE INSTRI	UCTION EAR OF	S) NUMBER WEEKS	01123455 133 RA	Che used for GHEST DEGREE" Leined) - NONE - CERTIFICATE - ASSOCIATE - ASSOCIATE - BACHELOR - MASTER DOCTORAL B. EXPERIENCE (DO AVY 1 - RO 2 - EOOW/PPWO 3 - EWS/PPWS 4 - ERS/CRW 5 - OTHER (Spec) NOT DO	TYPE Nucle Nucle	OF : ar Pr ar Pr	TRAINII ower S rototy T - SEI	ehool pe INST	MONTO	ONS) YEAR	YES X X	NO NO
GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS	ION - SE a. MONI FROM	EE INSTRU	UCTION EAR OF	NUMBERS WEEKS	0123345 5 13	Che used for CHEST DEGREE CHEST	ify) E. On	TYPE Nucle Nucle OUBLE (OF: ar Po ar Po COUNT	TRAINII OWER S FOLOTY	ehool pe INST	MONTO	ONS) YEAR	YES X X	NO NO
GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS	ION - SE a. MONI FROM	EE INSTRU	UCTION EAR OF	NUMBERS WEEKS	0123345 5 13	AVY 1 - RO 2 - EOOW/PPWO 3 - EWS/PPWS 4 - ERS/CRW 5 - OTHER (Spec ESSIL 6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Spec	ify) E On	TYPE Nucle Nucle OUBLE (OF: ar Po ar Po COUNT	TRAINI OWER S FOLOTY F - SEI	ehool pe INST	MONTO	ONS) YEAR	YES X X	NO NO
GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. b. CERTIFIED STARTUP YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR See Block 17 4-SRO INSTRUCTION	ION - SE a. MONI FROM	EE INSTRI	UCTION EAR OF	NUMBERS WEEKS	0123345 5 13	Ches used for CHEST DEGREE CHES	ify) E. On	TYPE Nucle Nucle OUBLE (lectric perator dding F Reactc (Licer	OF: ar Po ar Po COUNT	TRAINI OWER S FOLOTY F - SEI	ehool pe INST	MONTO	ONS) YEAR	YES X X	NO NO
GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. b. CERTIFIED STARTUP YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR See Block 17 4-SRO INSTRUCTION	ION - SE a. MONI FROM	EE INSTRU	UCTION EAR OF	NUMBERS WEEKS	0123345 5 13	Che used for CHEST DEGREE CHEST	ify) E (Incluirest Test ERATOR RATOR RVISOR	TYPE Nucle Nucle OUBLE (lectric perator iding F React (Licens (Licens	OF : ar Proceedings of the control o	TRAINI Ower S Fototy T - SE	ehool pe INST	MONTO	ONS) YEAR	YES X X	NO NO
GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. b. CERTIFIED STARTUP YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR See Block 17 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)	ION - SE a. MONI FROM	EE INSTRU	UCTION EAR OF	NUMBERS WEEKS	0123345 5 13	Ches used for CHEST DEGREE Cained) - NONE - CERTIFICATE - ASSOCIATE - ASSOCIATE - BACKELOR - MASTER - DOCTORAL 3. EXPERIENCE (DOCTORAL - CONTROL	ify) Eify) ERATOR (RVISOR TENGIN	TYPE Nucle Nucle OUBLE (lectric perator ding F Reactor (Licens (Licens (License))	COUNT COUNT Count	TRAINI Ower S Fototy T - SEI	ehool pe INST	MONTO	ONS) YEAR	YES X X	NO NO
GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. b. CERTIFIED STARTUP YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR See Block 17 4-SRO INSTRUCTION	ION - SE a. MONI FROM	EE INSTRU	UCTION EAR OF	NUMBERS WEEKS	0123345 5 13	CHEST DEGREE CHEST DEGREE CHEST DEGREE CERTIFICATE CERTIFICATE CASCOLATE BACKELOR BACKELOR MASTE DOCTORAL CONTROL 1 - RO 2 - EOOW/PPWO 3 - EWS/PPWS 4 - ERS/CRW 5 - OTHER (Spec CONSSIL 6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Spec CONTROL MARKET STAFF 10 - REACTOR OPE 11 - SENIOR OPE 12 - SHIFT SUPE 13 - STAFF/SHIF 14 - AUX./EQUIP	ify) Eify) On The state of the	TYPE Nucle Nucle OUBLE (lectric perator ding F Reactor (Licens (Licens (License))	COUNT COUNT Count	TRAINI Ower S Fototy T - SEI	ehool pe INST	MON:	ONS) YEAR	YES X X	NO NO
GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. b. CERTIFIED STARTUP YES NO PROGRAM COMPLETED YES NO PROGRAM COMPLETED YES NO SEART SIMULATOR See Block 17 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) a. TIME ON SHIFT ABOVE 201 POWER (6-WEEK MINIMUM)	ION - SE a. MONI FROM	EE INSTRU	UCTION EAR OF	NOMBER WEEKS	0123345 5 13	Ches used for CHEST DEGREE Cained) - NONE - CERTIFICATE - ASSOCIATE - ASSOCIATE - BACKELOR - MASTER - DOCTORAL 3. EXPERIENCE (DOCTORAL - CONTROL	ify) Eify) On Old Test Test RATOR (RVISOR TENGIN OPER.	TYPE Nucle Nucle OUBLE (lectric perator ding F Reactor (Licens (Licens (License))	COUNT COUNT Count	TRAINI Ower S Fototy T - SEI	ehool pe INST	MON:	ONS) YEAR	YES X X	NO NO
GED EQUIVALENCY NO D. MUMBER OF YEARS OF COLLEGE 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. b. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR See Block 17 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) QUALIFICATION	ION - SE a. MONI FROM	EE INSTRU	UCTION EAR OF	NOMBER WEEKS	0123345 5 13	GHEST DEGREE GHEST DEGREE CANNE CERTIFICATE CASSOCIATE BACKELOR BACKELOR MASTE DOCTORAL AVY 1 - RO 2 - EOOW/PPWO 3 - EWS/PPWS 4 - ERS/CRW 5 - OTHER (Spec CASSIL 6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Spec MASTER 10 - REACTOR OPERATOR 11 - SENIOR OPERATOR 12 - SHIFT SUPER 13 - STAFF/SHIF 14 - AUX./EQUIP 15 - PLANT STAFF	ify) Eify) On Old Test Test RATOR (RVISOR TENGIN OPER.	TYPE Nucle Nucle OUBLE (lectric perator ding F Reactor (Licens (Licens (License))	COUNT COUNT Count	TRAINI Ower S Fototy T - SEI	ehool pe INST	MON:	ONS) YEAR	YES X X	NO NO

	-	· .	- 1	· · · · · · · · · · · · · · · · · · ·		: . : <u></u>	· .								•
				14. FAC	ILITY C	PERATO		NG PROGRA							
a. GRADUATE TRAINING A SYSTEM	OF INPO ACCR PROGRAM THAT IS APPROACH TO	EDITED OF IS BASE TRAINING	PERATOR D UPON G	X YES		NO	b. CERT FACI SIMU OPER	IFIED ON LITY CERT LATION FA ATOR TRAI	NRC FORM IIFICATION ACILITY IS INING PROC	474 ("S I") OR I USED : RAM	SIMULATION NRC APPROVED IN THE	x	YES		NO ·
				. 1	5. FOR		LS ONLY				:				
HOURS OF	ERATED FACILI	TY				İ	b. DATE RECE	AND RESU	JLT OF MOS MINISTERE ION EXAMIN	T D	DATE		RES	ULT ·	
				 					ION EXAMIN	ATION	·	<u> </u>	PASS		FAII
a. POST	TION TITLE	FROM	TO	T		ILITY	LENCE DE	TAILS			c. DUTIES				
				 			*.				c. DUTTES				-
1.	-										. **				
															-
										٠,					
-					. '				•				• *		
	•		_			٠.				-			•		
	,							•			· .				
]			•			•		•			
										* .		•		÷	
			1 :					•		•			,		
				1.		•									
					٠.				-						•
	S (Specify th			<u> </u>											
							.î								
10 770 700			·						- <u> </u>						•
	396, CERTIFI									· · · · · · · · · · · · · · · · · · ·					
19a. I certi	fy under nens	ltw of n	ON IN TH	het the in	NT, INC	LUDING	ATTACHMI	NTS, MAY	BE SUBJE	CT TO C	IVIL AND CRIM	INAL	SANCTIO	NS.	
certify by a He control instanc and (4) the res	that I have alth and Huma led substance where I hav any reasons ults of exami	notified n Service, and the e been as for remove nations	my curres (HES) e test rerested val or reto my em	ent emplored the control of the second the s	yer of: d Drug ceeded ale, us of une	(1) all Testing the cut e or po scorted in prep	Laborate off leversession access aring re	us emplo ory or a ils estab of a od at a nuc training	yers; (2) Licensee Lished pu ntrolled lear faci programs	ents is any in 's test rsuant substan lity, I, as ne	true and cor stance where ing facility to 10 CFR Par ce described also authori cessary.	rect. I hav for a t 26; in 10 ze th	I fur e been lcohol (3) an CFR Pa e NRC t	ther test or a y rt 2 o su	ed 26; ubmit
CHECK APPLIC	ARI P ROY	٠ بعرر		(===			×				<u> </u>	. [D.	ATE 1/	131	192
		the above /Senior (Operator, examinat	ve named Operator /Senior Lon. I	individua pursuant Operator also cert	al has to Tit license ify und	success le 10, to per	fully co Code of form his	mpleted Federal /her ass	the facil Regulation igned dut	ity lic ns, Par ies and	ensees requir t 55; and tha that the fac ion in this d	ement t the ility	s to be indivi	lic dual e ma	ensed has
c. RE	NEWAL ONLY -	I certify noted in licensed information	that to temporary that the second in the sec	t. he above r) as requires bis documents	named in	ndividu sectio ently a	al meets n 50.54 nd safel	the app (1-1) or y. I al	roved required to the second representation from the second re	ualific 0, and y under	ation program that he/she he penalty of p	(with	h excep scharge y that	tion d hi the	ıs .s/her
	TRAINI	NG COORD	TRATOR	IIIS GOCGING	and and	accacn	ments is				PRESENTATIVE (<u> </u>
PRINTED OR		obert Ci					PRINTE	D OR TYP		EAT RE		- SI	16	•	
SIGNATURE /	O_{0}	obert Cle	-ment	DAT	TE.		SIGNAT			H. E.	MORGAN				
	robert (leme	V .	· · · ·	3.17	- 92	SIGNAL	ORE N	O SIGNATUI ON-CERTIF	RE REQU IED APP	IRED LICATION	D.	ATE '		
	WATUED /M-	ok o	1				NRC USE								
	WAIVER (Che-		prete i	DENIE		ole)	MEETS	REQUIRE	MENTS 1	DOES NO	I MEET REQUIR	EMENT	S(Expla	in b	elow)
CATEGORY	HEADQUARTERS	REGIO	ON HE	ADQUARTERS		SION	1			•					
ITTEN					+		1				•				
ERATING	·]		e	,	•				•
ELIGIBILITY MEDICAL		<u> </u>			<u> </u>		<u> </u>								
OTHER					 	······································	SIGNA	TURE - RI	EVIEWER	: .		D	ATE		
MPC FORM 200	1	L			1		Ī					,			

NRC 1054 386 10 01 5 15 75 15 75 U.S. NUCLEAR REGULATORY COMMISSION

こりがいい めるはいろうちょ

DPFES, 131 H

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

THE PROPERTY OF THE PROPERTY FOR PERSONS CETAMICES PROPERTY OF THE PROPERTY OF AND RECORDS HANAGEMENT ERLACH MASS TOTAL U.S.

STIACILIT	LICENSEE	1 Y-10 10 1-E 1745-	אליסא עבטאבעו איניארען טינאימען. א נטאמצפטאי איניא אנינאי טב געוודי
NAME OF AFPLICANT		OF NOE OF MICHAELIE	אל באם פטספד, אינה אפליטא סס ממנט
Carrillo, Julian			
FACILITY			
San Onofre Nuclear Gener	ating Station Unit 1		FACILITY DOCKET NUMBER
ban onotie Nacical ocher			50-206
	A. MEDICAL EXAMINATION CERT	FICATION	
THIS IS TO CERTIFY THAT THE 450NE NAMED APP	LICANT FOR AN OFERATOR SENIOR OF	FATOR LICENSE HAS BEEN EXA	MINED BY A PHYSICIAN.
FRINTED NAME (of physician)	STATE AND LICENSE NUMBE		EXAMINATION DATE
Steven Rosen, M.D.	Calif. G2482:	3	Nov.14, 1991
EASED ON THE RESULTS OF THE EXAMINATION, IN APPLICANT'S PHYSICAL CONDITION AND GENERAL AND SAFETY, I CERTIFY THAT IN REACHING THIS FOLLOWED AND THAT DOCUMENTATION IS AVAIL	DETERMINATION, THE GUIDANCE CONT ABLE FOR REVIEW BY NRC.	AINED IN ANSI/ANS 3.4-1983, OR	S ENDANGERING PUBLIC HEALTH ANSI/ANS 15.4-1977 (N380) WAS
ON THE BASIS OF THE RECOMMENDATION OF THE FOLLOWS:	PHYSICIAN, I RECOMMEND THAT THE A	PPLICANT'S OPERATOR LICENSE	SA CENDITIONED AS
1. NO RESTRICTIONS			
2. CORRECTIVE LENSES BE WORN WHEN PER			
3. HEARING AID SE WORN WHEN PERFORMIN	G LICENSED DUTIES		
4. RESTRICTED LICENSE OR EXCEPTION-Prov	ide details below and attach supporting medic	al evidence for NRC review	• •
5. RESTRICTION CHANGE FROM PREVIOUS SU	JEMITTAL -Provide details below and attach	supporting medical evidence for the	•
FROPOSED WORDING OF RESTRICTION (Block 4 150	re)	The state of the s	C TEVIEW.
		DRINTE	Jun
Corrective lenses be wo	on when performing licer	ised duties.	
RELATIONSHIP OF RESTRICTION TO DISQUALIFYI			•
	The state of the s	ion will correct the disqualitying con	ration)
REMARKS FOR RESTRICTION CHANGE (Block 5 above	al .		
	•		
·-	· -		
	B. NONMEDICAL CERTIFICAT	TION	
THIS CERTIFIES THAT THE APPLICANT HAS EEEN FOR LICENSED OPERATORS.	·	· · ·	
ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT PERJURY THAT THE INFORMATION IN THIS DOCUMENT A	, INCLUDING ATTACHMENTS, MAY BE SUBJECTED ATTACHMENTS IS TRUE AND CORRECT	T TO CIVIL AND GRIMINAL SANCTIO	NS. I CERTIFY UNDER PENALTY OF
FRINTED NAME AND SIGNATURE (Senior Management	Representative on Sire) TITLE		
No Signature Required, Non	F	•	DATE
organicate Required, Non		sident & Site Manag	
H. E. Morgan App	lication Vice Pre	ardent a offe Mana	Rei

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region 1 U.S. Nuclear Regulatory Commission 475 Allandale Road King of Prussla, PA 19406

Regional Administrator, Region IV U.S. Nuclear Populatory Commission 611 Ryan Plaza Drive, Suite 1000 Arlington, TX 76011

Regional Administrator, Region II U.S. Nuclear Regulatory Commission 101 Mariena Street, Suite 3100 Atlanta, GA 30323

Regional Administrator, Region V U.S. Nuclear Regulatory Commission 1450 Maria Lane, Suite 210 Walnut Creek, CA 94598

Regional Administrator, Region III U.S. Nuclear Regulatory Commission 799 Rockett Road Glen Ellyn, IL 60137

Director, Division of Licensee Performance and Quality Evaluation Attn: Operator Licensing Branch U.S. Nuclear Regulatory Commission Wishington, DC 20555

FRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552s(s)(3), enamed imp 'swiby section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Pegulatory Commission on NFC Form 396. This information is maintained in a system of records designated as NFC-16 and Concluded at \$5 Feeders, Register 3252E (Aup. pt. 20), 1990).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information amend on this form is used to determine whether the physical condition and general health of the applicant are sugnitive they will not cause operational errors endangering public health and safety. This information is the safety of the sa tion may be used by the NRC matf to determine if the individual mensite requirements of 10 CFR 55 to take an examination or to be insued an operator's limite.

ROUTINE USES: The information may be discoved to an appropriate Federal, State, or local egency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the couns of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and recessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, DIRECTORY OF VOLUNTARY, If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGERISI AND ADDRESS: Oriet, Operator Licentum Branch, Office of Nuclear Fraction Regulation, U.S. Nuclear Populatory Commission, Washington, DC 20555

RRC FORM 398 (FACSIMILE) U.S	. NUCLEA	R REGULA	ATOR	Y CON	MISS	ION	A	PPROVED BY	OP48: 1	NO.	315	0-00	90	\exists	 ;	DATE	RECE	TVE	· ·
(10-90) 10 CFR 55.31, 55.35, 55.47, and 55.57	٠.	•. •				.	ESTIM	ATED BURDE	PÎRES: N PER 1	1- RES	31-9. PONS	Ž E TO	COME	ZLY ((To be	comp	lete	d by	(NRC)
55.47, and 55.57							WITH REQUE	THIS INFOR	MATION S. FOR	CO WAR	LLEC D CO	TION	TS						
TERRORETT CELL TELCTETCE C				٠,		[1	REGAR MATIO	DING BURDE! N_AND RECO	n Estii RDS Mai	MAT NAG	e to Emen	T器	ANCE	DR-	٠,	٠			
PERSONAL QUALIFICATION S	IAIPMENI	LICE	SEE			ļ	(MNBB MISSI	7714) U.S ON. WASHIN	NUCLE.	AR I	REGU 2055	LATO	RY CO	2M-		٠.			* 4
TO REMAIN VALID. THIS FO	DM Miler	NOT BE	41 TE	nen .			0090)	PPROVED BY ATED BURDE THIS INFORM ST: 2.0 HR. DING BURDE N AND RECOM 7714) U S ON, WASHIN OFFICE OF NGTON, DC,	EDUCTION MANAGI	ON EME	PROJ NT A	ECT ND B	UDGE1	7,					
					-		WASHI.	NGTON, DC,	20503				11			Tu 1=			1
1. APPLICANT'S FULL RAME (Last, F (include ZIP Code)	1130, 111	.uure/ Ar	AU A		~		4.11E.	E OF APPLIC	CATION	()	neck	app	Licar	ote p	oxes,	_\^\B	UI		corp
						2	X a	. NEW					2. 4	AIVE	R REC	UESTE	D	`	_
CHANG, PO KUEN			, ,	•		`	_ b	. RENEWAL	•		*]]3	l-WRI	itten'	n Rev (Cate	gory	'	
3695 Cameo Drive	•					L		. UPGRADE					Hz	2-OPE	RATI	iG (Ca	tego	rv)	
Oceanside, CA 92056							a	. MULTI-UN: INCLUDE	IT (AMI ADDITIO	END ONA	LUN	IŤ)	Ш						
		4		100		. [е	. REAPPLICA	ATION				\vdash		IGIBII	JITY			
							L	1-FIRST		٠.			\mathbf{H}	-MEL 5-OTE	DICAL				
2. CITIZERSHIP		3.	BIR	TH DA	ATE			2-SECOND				X				CENE	DTC_		
X a. UNITED STATES	}	MONTE	D.	AY		AR	L	3-THIRD			-	<u> </u>	ją.eľ Ki	INDAP IATIC	MENTAL ON SEC	GENE S EXA TION BLE)	M=	MM	YY
b. OTHER (Specify)		0 8	1	1	5	3				•	· ·		()	FAF	PPLICA	BLE)		06	90
5. TYPE OF LICENSE APPLIED FOR		· · · · · · · · · · · · · · · · · · ·			, .	т—	6.	PREVIOUS L							· · ·	·,	,		
a. OPERATOR X b. SENIOR OPERATOR	a. DOC	KET NUME	BER	RO	SRO	b. 1	LICEN	SE NUMBER					DATE	— d	i.FACI	LITY	DOCK	ET N	UMBER
c. LIMITED SRO	55-		•	+	+				MONT	-	DA'	<u> </u>	YEAR	-		<u> </u>			
(e.g., Fuel Handler)					<u> </u>	<u> </u>							•		50-		•		
7. NAME AND ADDRESS (Include ZIP C	ode) OF	APPLICA	IT'S	EMPI	OYER				10. (CUR	RENT	POS	ITIO		PACII				
Southern California Edison							a. :	PLANT SUPE	RINTEN	DEN	T			1. A	UXILI	ARY U E/TUR UIPME CENSE	NIT (OPER	ATOR/
P. O. Box 128 San Clemente, CA						<u> </u>	-1	ASSISTANT 1			ERIN	TEND:	ENT	·Ī	NG/EC	UIPME CENSE	NT O	PĒRĀ ERAT	TOR OR)
92674-0128						<u> </u>	-{	SHIFT SUPE											,
8. NAME OF APPLICANT'S PACILITY	FACT	TTTV DOC	ግ/ፔተ	NTIME	rep	X	4	STAFF ENGI SHIFT TECH		455	T C O D	,		J. C	THER	(Spec	ify)		
San Onofre Unit 1	""	LITY DOC 50-206	CALI	HOLL	JER	I		SHIFT TECH SHIFT ENGI INSTRUCTOR	NEER /	ADV.	I SOR,	,	-	_	·				
9. ADDITIONAL FACILITY DOCKETS	(Multi-	unit Lic	cens	es)	; -	<u> </u>	1	SENIOR CON					R	-		<u>.</u>			
							⊣	CONTROL ROO					••	-					<u> </u>
		·									UK								
		•		11. E	DUCA	TION			,		UR	<u></u>			<u>-</u>				
IGH SCHOOL c. MAJOR AREA(S) OF	NUMBER OF YEARS		HIGHE	ST	DEG	REE C	ODES		<u>. </u>	VOC	ATIO	NAL /	,	——————————————————————————————————————	ипМВЕ	R CE	RIIF	<u>ICAT</u> E
IGH SCHOOL c. MAJOR AREA(S STUDY X GRADUATE ENGINEERING (FI		NUMBER OF YEARS	s ·	HIGHE DEGI	ST EE	DEGI (To	REE CO	sed for DEGREE"		đ.	VOC.	HNIC	AL	IING	-	NUMBE OF MONTE	s L	RECE	IVED
STUDY	ELDS)	NUMBER OF YEARS	s ·	HIGHE	ST EE	DEGI (To HIC obt	REE Constitution of the co	sed for DEGREE")		đ.	VOC. TEC	OF '	AL TRAIN		1001	MONTE	S Y	RECE ES	ICATE IVED NO
X GRADUATE ENGINEERING (FI	ELDS)		s ·	HIGHE DEGR	ST EE	DEGI (To HI(obt	REE Constitution of the co	sed for DEGREE")		d.	VOC. TEC	OF Sear	AL	Sch		OF	S Y	RECE	IVED
X GRADUATE ENGINEERING (FI. GED EQUIVALENCY Chem. Enginee NO OTHER	ELDS)		s ·	HIGHE DEGR	ST EE	DEGI (To HIC obt	REE Constitution of the co	sed for DEGREE")		d.	VOC. TEC	OF Sear	AL TRAIN Power	Sch		MONTE:	S Y	RECE ES X	IVED
X GRADUATE ENGINEERING (FI. GED EQUIVALENCY Chem. Enginee NO OTHER b. NUMBER OF YEARS OF COLLEGE 4	ELDS)	4	S (U	HIGHE DEGR Se Co	ST EE	DEGI (To HIC obt	REE Constitution of the co	sed for DEGREE")		d.	VOC. TEC	OF Sear	AL TRAIN Power	Sch		MONTE:	S Y	RECE ES X	IVED
X GRADUATE ENGINEERING (FI. GED EQUIVALENCY Chem. Enginee NO OTHER	ELDS) ring ION - SE	4 E INSTRU	S (U	HIGHE DEGR Se Co 3	ST December 1	DEGI (To This obtains 12 3 4 5	REE Combe used to be u	sed for DEGREE")	I TON C	d.	VOC. TECI TYPE Nucle	OF Gar	AL TRAIN Power	Sch	,	MONTE:	S Y	RECE ES X	IVED
X GRADUATE ENGINEERING (FI. GED EQUIVALENCY Chem. Enginee NO OTHER b. NUMBER OF YEARS OF COLLEGE 4	ELDS) ring ION - SE	4 TE INSTRU	S (U	HIGHE DEGR Se Co 3	ST December 1	DEGI (To "HI(obt. 0 1 2 3 4 5	REE CI be u GHEST ained - NON - CER - ASS - BAC - MAS - DOC	sed for DEGREE" E TIFICATE OCLATE HELOR TER TORAL	I TON C	d.	VOC. TECI TYPE Nucle	OF Gar	AL TRAIN Power	Schotype	INSTRU	MONTE:	S Y	RECE ES X X	NO
X GRADUATE ENGINEERING (FI. GED EQUIVALENCY Chem. Enginee NO OTHER b. NUMBER OF YEARS OF COLLEGE 4 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS	ELDS) ring ION - SE	4 EE INSTRU	S (U	HIGHE DEGR Se Co 3	ST December 1	DEGI (To "HI(obt. 0 1 2 3 4 5	REE CO be u GHEST ained - NON - CER - ASS - BAC - MAS - DOC	sed for DEGREE") ETIFICATE OCLATE HELOR TER TORAL ERIESCE (DO	I TON O	d.	VOC. TECI TYPE Nucle	OF Gar	AL TRAIN Power	SEE I	INSTRU	MONTH 6 6	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Chem. Enginee NO OTHER b. NUMBER OF YEARS OF COLLEGE 4 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)	ELDS) ring ION - SE	4 TE INSTRU	S (U	HIGHE DEGR Se Co 3	ST December 1	DEGI (To "HI(obt. 0 1 2 3 4 5	REE C be u GHEST ained - NON - CER - ASS - BAS - MAS - DOC	sed for DEGREE") ETIFICATE OCLATE OCLATE HELOR TER TORAL ERIESCE (DO	O NOT I	d.	VOC. TECI TYPE Nucle	OF Gar	AL TRAIN Power	SEE I	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Chem. Enginee NO OTHER b. NUMBER OF YEARS OF COLLEGE 4 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM	ELDS) ring ION - SE	4 EE INSTRU	S (U	HIGHE DEGR Se Co 3	ST December 1	DEGI (To "HI(obt. 0 1 2 3 4 5	REE CO be used the second of t	sed for DEGREE") ETIFICATE OCLATE HELOR TER TORAL ERIESCE (DO	O NOT I	d.	VOC. TECI TYPE Nucle	OF Gar	AL TRAIN Power	SEE I	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Chem. Enginee NO OTHER b. NUMBER OF YEARS OF 4 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION	ELDS) ring ION - SE	4 EE INSTRU	S (U	HIGHE DEGR Se Co 3	ST December 1	DEGI (To "HI(obt. 0 1 2 3 4 5	REE Company of the second of t	sed for DEGREE") ETIFICATE OCLATE OCLATE HELOR TER TORAL ERIESCE (DO	I TON C	d.	VOC. TECI TYPE Nucle	OF Gar	AL TRAIN Power	SEE I	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Chem. Enginee NO OTHER b. NUMBER OF YEARS OF COLLEGE 4 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM	ELDS) ring ION - SE	4 EE INSTRU	S (U	HIGHE DEGR Se Co 3	ST December 1	DEGI (To "HI(obt. 0 1 2 3 4 5	REE Company of the co	sed for DEGREE") ETIFICATE OCLATE HELOR TORAL ERIENCE (DO RO EOOW/PPWO EWS/PPWS		d.	VOC. TECI TYPE Nucle	OF Gar	AL TRAIN Power	SEE I	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Chem. Enginee NO OTHER b. NUMBER OF YEARS OF COLLEGE 4 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING FRACTICE CONTROL ROOM OPERATIONS ON SHIFT	ELDS) ring ION - SE	4 EE INSTRU	S (U	HIGHE DEGR Se Co 3	ST December 1	DEGI (To HIV) obt. 0 1 2 3 4 5	REE Company of the co	sed for DEGREE") ETIFICATE OCIATE HELOR TERM TORAL ERIENCE (DO RO ECOM/PPWO EWS/PPWS ERS/CRW		d.	VOC. TECI TYPE Nucle	OF Gar	AL TRAIN Power	SEE I	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FI. GED EQUIVALENCY Chem. Enginee NO OTHER b. NUMBER OF YEARS OF COLLEGE 4 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom)	ION - SE a. MONT FROM	E INSTRU	S (U	HIGHE DEGR 3 3 DONS)	MBER EKS	DEGI (To HIV) obt. 0 1 2 3 4 5	REE CUBE USE GHEST AS	Sed for DEGREE") ETIFICATE OCCLATE HELOR TORAL ERIENCE (DO RO ECOW/PPWO EWS/PPWS ERS/CRW OTHER (Spec		d.	VOC. TECI TYPE Nucle	OF Gar	AL TRAIN Power	SEE I	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Chem. Enginee NO OTHER b. NUMBER OF YEARS OF COLLEGE 4 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OFERATION GRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1	ION - SE a. MONT FROM	4 EE INSTRU	S (U	HIGHE DEGR 3 3 DONS)	MBER EKS	DEGI (To HIV) obt. 0 1 2 3 4 5	REE CUBE US GHEST AS	sed for DEGREE") ETIFICATE OCIATE HELOR TERM TORAL ERIENCE (DO RO ECOM/PPWO EWS/PPWS ERS/CRW		d.	VOC. TECI TYPE Nucle	OF Gar	AL TRAIN Power	SEE I	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Chem. Enginee NO OTHER b. NUMBER OF YEARS OF COLLEGE 4 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATION PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b.	ION - SE a. MONT FROM	E INSTRU	S (U	HIGHE DEGR 3 3 DONS)	MBER EKS	DEGI (To HIV) obt. 0 1 2 3 4 5	REE CUBE US GHEST AS A SAN THE CER - NON - CER - MAS - DOC - MAS - DOC - MAS - DOC - MAS - DOC -	Sed for DEGREE" ETIFICATE OCIATE HELOR TERM TORAL ERIENCE (DO RO ECOM/PPWO EWS/PPWS ERS/CRW OTHER (Spec	cify)	d.	VOC. TECI TYPE Nucle	OF Gar	AL TRAIN Power	SEE I	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FIRE OF LEAST OF COLLEGE 4 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATION GRADUATE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATIONS ON SHIFT SIMULATOR OPERATIONS ON SHIFT SIMULATOR OPERATIONS ON SHIFT SIMULATOR NAMES a. Unit 1	ION - SE a. MONT FROM	E INSTRU	S (U	HIGHE DEGR 3 3 DONS)	MBER EKS	DEGI (To HIV) obt. 0 1 2 3 4 5	REE CUBE USE OF THE PROPERTY O	Sed for DEGREE") ETIFICATE OCIATE HELOR TERM TORAL ERIESCE (DO RO ECOW/PPWO EWS/PPWS ERS/CRW DTHER (Spec	cify)	d.	VOC. TECI TYPE Nucle	OF Gar	AL TRAIN Power	SEE I	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FIRE GED EQUIVALENCY Chem. Engineer NO OTHER b. NUMBER OF YEARS OF COLLEGE 4 12. TRAINING (SINCE LAST APPLICAT CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR ROOM OPERATIONS ON SHIFT SIMULATOR OPERATIONS ON SHIFT SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS	ION - SE a. MONT FROM	E INSTRU	S (U	HIGHE DEGR 3 3 DONS)	MBER EKS	DEGI TO HID obt. 0 12 3 4 5	REE Culbe un GHEST ained - NON - CER - ASS - DOC - BAC - MAS - DOC - SSIL - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Sed for DEGREE" DEGREE" ETIFICATE OCCLATE HELOR TERM TERM TERM (DO RO	cify) F	d.	VOC TECI TYPE Nucl Nucl	HNIC. OF:	AL TRAIN Power Protc	Schotype BEE I a.M F	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FIRE GED EQUIVALENCY Chem. Engineering No OTHER b. NUMBER OF YEARS OF COLLEGE 4 12. TRAINING (SINCE LAST APPLICAT CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATION OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR	ION - SE a. MONT FROM	E INSTRU	S (UU	HIGHE DEGI Se Cc 3	MBER EKS	DEGI TO HID obt. 0 12 3 4 5	REE CI be un GHEST ained	Sed for DEGREE" DEGREE" ETIFICATE OCIATE HELOR TERM TORAL ERIESCE (DO ECOW/PPWO EWS/PFWS ERS/CRW OTHER (Special Control of the Control	cify) F cify) R (Inc) Test	d.	VOCC TECT TYPE Nucl Nucl BLE (HNIC. OF: ear: COUNT	AL TRAIN POWER Protc T - S	Schotype BEE I a.M F	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FIRE GED EQUIVALENCY Chem. Engineer NO OTHER b. NUMBER OF YEARS OF COLLEGE 4 12. TRAINING (SINCE LAST APPLICAT CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATION GPRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATIONS ON SHIFT SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR SIMULATOR OPERATIONS OF SIMULATOR OPERATIONS A. Unit 1	ION - SE a. MONT FROM	E INSTRU	S (UU	HIGHE DEGI Se Cc 3	MBER EKS	DEGI TO HID obt. 0 12 3 4 5	REE CUERCHEST GHEST GHES	ETIFICATE OCIATE TIFICATE OCIATE HELOR TERRAL ERIENCE (DO RO RO ECOM/PPWO EWS/PPWS ERS/CRW OTHER (Spec OPERATOR SUPERVISOR PLANT STAFF OTHER (Spec IAL NUCLEAR REACTOR OF	cify) F cify) R (Inc) Test	d.	VOCC TECT TYPE Nucl Nucl BLE (HNIC. OF: ear: COUNT	AL TRAIN POWER Protc T - S	Schotype BEE I a.M F	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FIRE GED EQUIVALENCY Chem. Engineer NO OTHER b. NUMBER OF YEARS OF COLLEGE 4 12. TRAINING (SINCE LAST APPLICAT TRAINING (SINCE LAST APPLICAT CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATION PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATIONS ON SHIFT SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 7 4-SRO INSTRUCTION	ION - SE a. MONT FROM	E INSTRU	S (UU	HIGHE DEGI Se Cc 3	MBER EKS	DEGI TO HID obt. 0 12 3 4 5	REE CUERT CHEST CH	Sed for DEGREE") ETIFICATE OCIATE HELOR TERM TERM TERM TERM TERM TERM TERM TER	cify) F cify) R (Inc.) Test PERATOR	d.	VOCC TECI TYPE Nucl Nucl Seact Licer icensi	HNIC OF: ear: ear: Resecons	AL TRAIN Power T - S	Schotype BEE I a.M F	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FIRE GED EQUIVALENCY Chem. Engineer NO OTHER b. NUMBER OF YEARS OF COLLEGE 4 12. TRAINING (SINCE LAST APPLICAT CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)	ION - SE a. MONT FROM	E INSTRU	S (UU	HIGHE DEGI Se Cc 3	MBER EKS	DEGI TO HID obt. 0 12 3 4 5	THE CLEAN COLOR OF THE CLEAN CASE OF THE CLEAN C	Sed for DEGREE") ETIFICATE OCIATE HELOR TERM TERM TERM TERM TERM TERM TERM TER	cify) F cify) R (Inc) Test PERATOR ERATOR	ludit Re (I	VOCC TECT TYPE Nucl. Nucl. Nucl. Licer icenn Licer Licer Licer ticent	HNIC. OF 'ear 'ear 'ear 'ear 'ear 'ear 'ear 'ear	AL TRAIN Power Proto T - S	Schotype	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Chem. Enginee NO OTHER b. NUMBER OF YEARS OF COLLEGE 4 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATION 3-OPERATION OPERATIONS ON SHIFT SIMULATOR OPERATIONS (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 7 4-SRO INSTRUCTION	ION - SE a. MONT FROM	E INSTRU	S (UU	HIGHE DEGI Se Cc 3	MBER EKS	DEGI TO HID obt. 0 12 3 4 5	REE CUBE CONTROL OF CO	BEGREE" DEGREE" ETIFICATE OCIATE HELOR TER TORAL ERIENCE (DO RO ECOW/PEWO EWS/PFWS ERS/CRW DTHER (Spec DEGREE (Spec IAL NUCLEAR REACTOR OF SHIFT SUPE STAFF/SHIF	cify) F cify) R (Incl Test PERATOR ERATOR ERVISOR FIT ENGI	DOUNT LUCK R (IL)	VOCC TECT TYPE Nucl. Nucl. Nucl. Nucl. Licer icens icens Licer ER (I	Reserved and the second and the seco	AL TRAIN Power Proto T - S arch/)	Schotype	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FIRE GED EQUIVALENCY Chem. Engineer NO OTHER b. NUMBER OF YEARS OF 4 12. TRAINING (SINCE LAST APPLICAT (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 201 POWER	ION - SE a. MONT FROM	E INSTRU	S (UU	HIGHE DEGI Se Cc 3	MBER EKS	DEGI TO HID obt. 0 12 3 4 5	REE CUBE CONTROL OF CO	Bed for DEGREE" ETIFICATE OCIATE HELOR TERM TERM TERM TERM TERM TERM TERM TER	cify) F cify) R (Incl Test PERATOR ERATOR ERVISOR FT ENGI P. OPER	DOUNT LUCK R (IL)	VOCC TECT TYPE Nucl. Nucl. Nucl. Nucl. Licer icens icens Licer ER (I	Reserved and the second and the seco	AL TRAIN Power Proto T - S arch/)	Schotype	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FIRE GED EQUIVALENCY Chem. Engineer NO OTHER b. NUMBER OF YEARS OF 4 12. TRAINING (SINCE LAST APPLICAT (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 2012 POWER (6-WEEK MINIMUM)	ION - SE a. MONT FROM	E INSTRU	S (UU	HIGHE DEGI Se Cc 3	MBER EKS	DEGI TO HID obt. 0 12 3 4 5	REE CUBE CUBE CUBE CUBE CUBE CUBE CUBE CU	Sed for DEGREE") ETIFICATE OCIATE HELOR TERM TERM TERM TERM TORAL ERIENCE (DO ECOM/PPWO EWS/PPWS ERS/CRW DTHER (Special PLANT STAFF DTHER (Special PLANT STAFF SUPERVISOR PLANT STAFF SUPERVISOR OPENSION OPENSI	cify) F cify) R (Incl Test PERATOR ERATOR ERVISOF FT ENGI P. OPEF FF	DOUNT LUCK R (IL)	VOCC TECT TYPE Nucl. Nucl. Nucl. Nucl. Licer icens icens Licer ER (I	Reserved and the second and the seco	AL TRAIN Power Proto T - S arch/)	Schotype	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FIRED NO OTHER b. NUMBER OF YEARS OF 4 12. TRAINING (SINCE LAST APPLICAT (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 201 POWER (6-WEEK MINIMUM)	ION - SE a. MONT FROM	E INSTRU	S (UU	HIGHE DEGI Se Cc 3	MBER EKS	DEGI TO HID obt. 0 12 3 4 5	REE CUBE CUBE CUBE CUBE CUBE CUBE CUBE CU	Bed for DEGREE" ETIFICATE OCIATE HELOR TERM TERM TERM TERM TERM TERM TERM TER	cify) F cify) R (Incl Test PERATOR ERATOR ERVISOF FT ENGI P. OPEF FF	DOUNT LUCK R (IL)	VOCC TECT TYPE Nucl. Nucl. Nucl. Nucl. Licer icens icens Licer ER (I	Reserved and the second and the seco	AL TRAIN Power Proto T - S arch/)	Schotype	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO
X GRADUATE ENGINEERING (FIRED NO OTHER b. NUMBER OF YEARS OF COLLEGE 4 12. TRAINING (SINCE LAST APPLICAT (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X SIMULATOR TO SIMULAT	ION - SE a. MONT FROM	E INSTRU	S (UU	HIGHE DEGI Se Cc 3	MBER EKS	DEGI TO HID obt. 0 12 3 4 5	REE CUBE CUBE CUBE CUBE CUBE CUBE CUBE CU	Sed for DEGREE") ETIFICATE OCIATE HELOR TERM TERM TERM TERM TORAL ERIENCE (DO ECOM/PPWO EWS/PPWS ERS/CRW DTHER (Special PLANT STAFF DTHER (Special PLANT STAFF SUPERVISOR PLANT STAFF SUPERVISOR OPENSION OPENSI	cify) F cify) R (Incl Test PERATOR ERATOR ERVISOF FT ENGI P. OPEF FF	DOUNT LUCK R (IL)	VOCC TECT TYPE Nucl. Nucl. Nucl. Nucl. Licer icens icens Licer ER (I	Reserved and the second and the seco	AL TRAIN Power Proto T - S arch/)	Schotype	INSTRU	MONTE 6 6 6 CTION:	S YI	RECE ES X X	NO

		•		14. FACII	ITY OPERATO	R TRAINI	IG PROGRAM			
a. GRADUATE TRAINING A SYSTEMS	OF INPO ACCR PROGRAM THAT APPROACH TO	EDITED OPE IS BASED TRAINING	RATOR UPON	X YES	по		FIED ON NRC FORM 474 (' LITY CERTIFICATION") OR AJION FACILITY IS USED TOR TRAINING PROGRAM	"SIMULATION NRC APPROVED IN THE	X YES	NO
				15.	POR REMEMA					
HOURS OPE	RATED FACILI	TY			_	b. DATE RECEI	AND RESULT OF MOST IT NRC ADMINISTERED LIFICATION EXAMINATION	DATE	RESU	LĪ
		<u> </u>	·	<u> </u>					PASS	FAIL
POSTT	TON TITLE	FROM	TO.	1	16. EXPER	LENCE DE	AILS	- NIETPO		
a. POSTI	ION TITLE	FROM	TO		. FACILITY			c. DUTIES		
	.* ,				· .		•			•
·										•
				1.5			4 - 44 - 1			•
									•	
										:
								•	,	
· [
ŀ	٠.									
							,			2
	.*				* •					÷
17. COMMENTS	(Specify th	e item num	mber to	which you	are elabora	ting. At	ach additional sheets	as necessary.)		
1					Ť					
					•	,				
		•				٠.				
	•				•	:				
1		•			•					
							•			•
		•			•		•			
		,	•					• .		
		٠.		•					•	
40									·	
18. NRC FORM							INTS, MAY BE SUBJECT TO	CTITE AND COLUM		
19a. I certif	y under pena	lty of per	jury t	that the in	formation in	this do	cument and attachments	s true and corr	nal SANCTIO	NS.
certify by a Hea controll instance and (4) the resu	that I have ith and Huma ed substance where I hav any reasons its of exami	notified man Services, and the ebeen arm for removantions to	test rested or romy em	cent employed Certified cesults exce for the sal revocation of mployers for	er of: (1) a Drug Testing eeded the cu Le, use or po of unescorted use in pre	ll previous Laborate coff lever cossession access paring re	nument and attachments ous employers; (2) any or a Licensee's tests established pursuant of a controlled substrate at a nuclear facility, training programs, as results.	Instance where I sting facility for the 10 CFR Part ance described i I also authoriz necessary.	have been or alcohol 26: (3) an n 10 CFR Pa e the NRC t	tested or a y rt 26; o submit
SIGNATURE -	APPLICANT	130		140-	~	-			·	192
CHECK APPLICA					<u>0</u>					
X b. I	certify that an Operator need for an ailable for tachments is	the above /Senior Or Operator/S examination true and	named perator Senior on. I correc	individual pursuant t Operator 1 also certifict.	has success to Title 10, cense to per y under pen	fully co Code of form his alty of p	mpleted the facility lifederal Regulations, Parker assigned duties are erjury that the informations	censees require art 55; and that ad that the faci ation in this do	ments to be the indivi lity will b cument and	licensed dual has e made
e. REN	EWAL ONLY -	I certify noted in I licensed r information	that t Item 17 respons	the above not be about 1 to 1	med individuosed by section competently at and attack	ual meets on 50.54 and safel nments is	the approved requalification of 10 CFR 50, and y. I also certify under true and correct.	cation program i that he/she ha or penalty of pe	(with excep s discharge rjury that	tions d his/her the
	TRAINI	NG COORDII	MATOR			.	SENIOR MANAGEMENT I			
PRINTED OR T		Robert Cle	ement			PRINTI	D OR TYPED NAME H. H	E. MORGAN		•
SIGNATURE (Zolu D	Clame	B-	DATE	3-17-92	SIGNAT	TURE NO SIGNATURE RENON-CERTIFIED	OUIRED .	DATE	
			-1			R NORC USI				
	WAIVER (Che		plete i	tems, as a	plicable)	MEETS	REQUIREMENTS DOES N	NOT MEET REQUIRE	MENTS (Expla	in below)
CATEGORY	GRANTE		, 1_	DENIED	 					
RITTEN	HEADQUARTERS	REGION	HE	ADQUARTERS	REGION	-				
OPERATING		†	\dashv							
ELIGIBILITY	· · · · · · · · · · · · · · · · · · ·	1.	$\neg +$			1			6.	
MEDICAL						SIGNA	TURE - REVIEWER		DATE	
OTHER	444 655						·		<u> </u>	
NRC FORM 398	(10-90)									

その日でとまる ことを

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

בישר אידא אונסטער כל שפאספפא אסק מסטאנא משראון בייאורב CONNECT. NO 6: TESTED RECIED PORTHEROLNI
PORTHUGOTH SHOT STATE SHOWING CHESCHES ENDHUGO AND RECORDS MANAGEMENT ENABLE MARE TOTAL U.S. HIGTERS GESTALDER CONTROL HER HELDE DE SATTE PARTIE DE SATTE DE SA OFFICE OF HANDEWENT AND BUDGET, HANGHOTON OF THE

NAME OF APPLICANT Chang, Po

FACILITY

FACILITY DOCKET NUMBER

San Onofre Nuclear Generating Station, Unit 1

50-206

A. MEDICAL EXAMINATION CERTIFICATION

THIS, IS TO CERTIFY THAT THE ABONE NAMED APPLICANT FOR AN OPERATOR SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

Steven Rosen, M.D.

STATE AND LICENSE NUMBER Calif. G24823

EXAMINATION DATE 11-18-91

EASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL WOODITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OFERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY, I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE WINTAINED IN ANSI/ANS 3.4-1553, OR ANSI/ANS 15.4-1577 (N350) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

1. NO RESTRICTIONS

2. CORRECTIVE LENSES SE WORN WHEN PERFORMING LICENSED DUTIES

3. HEARING AID SE WORN WHEN PERFORMING LICENSED DUTIES

4. RESTRICTED LICENSE OR EXCEPTION-Provide details below and stuch supporting medical evidence for NRC review.

5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL - Provide details below and attach supporting medical evidence for NRC review

FROPOSED WORDING OF RESTRICTION (Elock 4 above)

Corrective lenses be worn when performing licensed duties.

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how recriction will correct the disquelifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY

ANY FALSE STATEMENT OR CMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS, I CERTIFY UNDER FENALTY OF FEBJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site) TITLE

DATE

No Signature Required, Non-Certified

H. E. Morgan

Application

Vice President & Site Manager

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region 1 U.S. Nuclear Regulatory Commission 475 Allendale Road King of Prussia, PA 19405

Regional Administrator, Region IV U.S. Nuclear Regulatory Commission 611 Ryan Plaza Drive, Suite 1000 Arlington, TX 76011

Regional Administrator, Region II U.S. Nuclear Reputatory Commission 101 Mariema Street, Suite 3100 Atlanta, GA 30323

Regional Administrator, Region V. U.S. Nuclear Regulatory Commission 1450 Maria Lane, Suite 210 Walnut Creek, CA \$4596

Regional Administrator, Region III U.S. Nuclear Regulatory Commission 799 Robsevell Road Glen Ellyn, IL 60137

Director, Division of Licensee Performance and Quality Evaluation Attn: Operator Licensing Branch ... U.S. Nuclear Regulatory Commission Washington, DC 20555

PRIVACY ACT STATEMENT

ravant to \$ U.S.C. 552a(a)(3), enamed imo law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who tupply information to the U.S. Nuclear Psyclatory Commission on NFC Form 298. This information is maimained in a system of records designated as NFC-16 and . concribed in 15 Federa, Regimer 32578 (Augum 20, 1890),

AUTHORITY: Sections 167 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(ii)).

PRINCIPAL PURPOSEIS): Information amered on this form is used to ceramine whether the physical condition and general health of the applicant are such it in they will not cause operational emors endangering public health and safety. This information may be used by the SRC matf to determine if the individual memathe requirements of 10 CFR 55 to take an examination or to be inceed an operator's literia.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local egency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of few and in the course of an administrative or judicial proceeding. In adention, this information may be transferred to an appropriate Federal, Stine, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, Disclosure is voluntary, if the requirited information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGERISS AND ADDRESS: Oxief, Operator Licensing Branch, Office or Nuclear Reactor Regulation, U.S. Nuclear Pegulatory Commission, Washington, DC 20555

	. NUCLEAR	R REGUL	ATORY	COMMI	SSIC	ואכ	APP	ROVED BY	CMI	B: NO). 31	50-0	090		T	DAT	E RD	CEIVE	ED CE
(10-90) 10 CFR 55.31, 55.35, 55.47, and 55.57	•					EST	ŢŢMĄŢ!	ROVED BY EXECUTED BURDE IS INFOR 1.2.0 BURDE AND RECO 7.14) U.S. WASHIN ERWORK R FFICE OF	(PIRI	S R	1-31 SPON	92 [SE_]	io. co	MPLY	(To h	9 CO	mple	ted h	y NRC)
55.47, and 55.57						REC	QUEST.	2.0 ER	MATI	ORW/	KED C	OMM	N NTS.			٠.			
THE COURT OF A TEXAL TEX	* 4 **E3.0***	- 1.700	nere e	•		MAT	IION	AND RECO	RDS	MAN	ĞEM	NT I	RANC	H					
PERSONAL QUALIFICATION S	TATEMENT	- LICE	NOEE.	*		MIS	SSION	WASHIN	GTO	V DC	20	55,	AND	ÎŎ.					
TO DEMANN WALTE THIS FO	DM MICT I	NOT DE	47 TET	ED		009	90) 0	FFICE OF	MAN	MAGE	ÆNT	AND	BUDG	EI,			-		
TO REMAIN VALID, THIS FO						WAS	SHING	TON, DC,	20:	003	-	1			<u> </u>	·	1	· -	1=
1. APPLICANT'S FULL NAME (Last, F (include ZIP Code)	irst, mi	aare) W	עם שא	nicess		•••	IIPE (OF APPLI	· ·	LON (Cnec	k ar	ppric	BDIE	DOXes	' x	BOT		COLD
							a. 1	NEW	٠.			T	f.	WĄI	VER RE	QUES	TED		t
CODECTACE LOUIS DAIL				, , ,			ъ. 1	RENEWAL			•	_	Ť	71-6	RITTE	on R I (Ca	ever: tego:	5e) ry)	
CORTOPASSI, LOUIS PAUL	•	*				X	c. 1	UPGRADE		•	• •	•	-	4 -					
40017 Whiteleaf Lane	' ',				٠. أ	П	d. i	MULTI-UN INCLUDE	NIT_	(AME)	D TO	2		2-0	PERATI	NG (Cate	gory))
Murrieta, CA 92562				٠.		F	3				NAL L	INIT;	, -	3-Ē	LIGIB	LITY			
								REAPPLIC	ATIC	JN .	. •			4-M	EDICAL		٠		
	. 1							1-FIRST						5-0	THER				
2. CITIZENSHIP			,	H DATE		\dashv \mid	\vdash	2-SECOND		e blo	ock 1	7	* · g ·	DATE	PASSI	D_GE	NERI		· (
X a. UNITED STATES		MONTE	DA		YEAR	⊣ '	Ш,	3-THIRD					-	ĬŅĂŢ	PASSI AMENTA ION SI APPLIC	CTIO	Ň Ň	M	1 YY
b. OTHER (Specify) 5. TYPE OF LICENSE APPLIED FOR	;	0 6	2	0 6	4	<u> </u>	e Tarri	-	7.700	0000				(IF.	APPLIC	ABLE)		
	<u> </u>			11	-1		b. PK	EVIOUS L	- LUE						7	<u> </u>			
a. OPERATOR	a. DOC	KET NUM	BER	RO S	RO b	. LIC	CENSE	NUMBER	<u> </u>		EXPIR				d.FAC	ILIT	Y DO	CKET	NUMBER
X b. SENIOR OPERATOR		60300	·			07.50	0067		+	HTMC	-	AY	-	AR	-				·
c. LIMITED SRO (e.g., Fuel Handler)	33-	50388		X		OP-50	0257-0	00	0	8	3	1	9	3	50-20	6			
7. HAME AND ADDRESS (Include ZIP C	ode) OF	APPLICA	NT'S	EMPLOY	ER				10	o. a	IRRE	T PO	SITI	OH A	I FAC	LITY			
, , , , , , , , , , , , , , , , , , , ,				,		8	a. PL	ANT SUPE	RIN	TENDE	ENT		Т	i.	AUXII	IARY	UNI	T OPE	RATOR/
Southern California Edison						□ ь	b. AS	SISTANT	PLAN	NT SU	JPER I	NTEN	IDENT		TRAIN ING/	EE/F	URBII MENT	NE BU OPER	RATOR/ JILD- LATOR LTOR)
Southern California Edison P.O. Box 128 San Clemente, California 92674-0	128					╗,	c. SE	IFT SUPE	ERVIS	SOR					(NONI	ICEN	SED (OPERA	TOR)
					F	\neg	d. ST	AFF ENGI	INEE	3				_					
8. NAME OF APPLICANT'S FACILITY	FACI	LITY DO	CKET	NUMBER		e	e. SH	IFT TECH	INIC/	AL AI	OVISO	R/	Ĺ	jj.	OTHE	(Sp	ecif	y)	
San Onofre Unit 1	J . ,	50-206		•			f. In	IFT TECH IFT ENGI STRUCTOR	INEER R	₹.									
9. ADDITIONAL FACILITY DOCKETS	(Multi-	unit Li	cense	s)				NIOR CON					ror				·. ·		
						X h	h. COI	NTROL RO	OM C	OPERA	ATOR				-				
· · · · · · · · · · · · · · · · · · ·																			
			_ 1	1. EDU	CATI	[Off							•						
HIGH SCHOOL c. MAJOR AREA(S	3) OF	NUMBER	Н	IGHES 7	· - Tr	EGREE	E CODI	ES .			1. VC	CATI	ONAL	. /		мим	BER	CERTI	FICATE
STUDY		NUMBER OF YEAR	s H	IGHEST DEGREE	· - Tr	EGREE	E CODI	ES d for EGREE"			i. VO					NUM O MOM	BER (FICATE EIVED
X GRADUATE ENGINEERING (FI	ELDS)	OF YEAR	s H	IGHEST DEGREE e Code	· - Tr	EGREE (To be HIGHE btain	e used EST Di ned)	ES d for EGREE"		6			ONAL ICAL TRA		iG	NUM O MON	BER (F	CERTI REC YES	FICATE EIVED NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science	ELDS)	NUMBER OF YEAR	s H	IGHEST DEGREE	· - Tr	EGREE To be HIGHE btain	e use EST Di ned) NONE CERTI	d for EGREE" FICATE		-					IG .	MUM O MOM	BER (
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER	ELDS)	OF YEAR	s H	IGHEST DEGREE e Code	· - Tr	EGREE To be HIGHE btain 0 - N 1 - C 2 - A 3 - H	e used EST Di ned) NONE CERTII ASSOCI BACHE	d for EGREE" FICATE LATE LOR								MUM O MOM	BER (
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF	ELDS)	OF YEAR	s H	IGHEST DEGREE e Code	· - Tr	EGREE To be HIGHE btain 0 - N 1 - C 2 - A 3 - H	e used EST DI ned) NONE CERTII	d for EGREE" FICATE LATE LOR								NUM O MON	BER OF THS		
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF COLLEGE 2	ELDS)	OF YEAR	S H	IGHES1 DEGREE • Code 0	· - Tr	EGREE To be HIGHE btain 0 - N 1 - C 2 - A 3 - E 4 - M	e used EST Dined) NONE CERTII ASSOCI BACHEI MASTEI DOCTOI	d for EGREE" FICATE IATE LOR RAL	OO NO	- - - -	TYI	E OF	TRA	AININ	7	MON	THS		
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF	ELDS)	OF YEAR 2 E INSTR	S (Us	IGHEST DEGREE e Code 0	(3)	EGREE To be HIGHE btain 0 - N 1 - C 2 - A 3 - E 4 - M	e used EST Dined) NONE CERTII ASSOCI BACHEI MASTEI DOCTOI	d for EGREE" FICATE LATE LOR	OO NO	- - - -	TYI	E OF	TRA	SEE	INST	MON	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATED APPLICA	ELDS) E ION - SE A. MONTI	OF YEAR 2 E INSTR	S (Us	IGHEST DEGREE • Code 0	ER SER	EGREE To be HIGHE btain 0 - N 1 - C 2 - A 3 - E 4 - M	e usee EST Dined) NONE CERTII ASSOC BACHE MASTE DOCTO	d for EGREE" FICATE IATE LOR RAL	OO NO	- - - -	TYI	E OF	TRA	SEE	INSTE	MON	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF COLLEGE 2	ELDS) E ION - SE A. MONTI	2 E INSTR	S (Us	IGHEST DEGREE e Code 0	ER SER	DEGREE TO be HIGHE Detain 0 - N 1 - C 23 - F 4 - N 5 - D	e usee EST Dined) NONE CERTII ASSOC BACHE MASTE DOCTO	d for EGREE" FICATE LATE LOR R RAL	ON NO	- - - -	TYI	E OF	TRA	SEE	INST	MON	ONS)	YES	
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE OF COLLEGE) 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)	ELDS) E ION - SE A. MONTI	2 E INSTR	S (Us	IGHEST DEGREE e Code 0	ER SER	DEGREE TO be HIGHE Detain 0 - N 1 - C 23 - F 4 - N 5 - D 13. F	e usecest Dined) ned) NONE CERTIL ASSOC BACHE MASTE DOCTO	d for EGREE" FICATE LATE LOR R RAL	OO NO	- - - -	TYI	E OF	TRA	SEE	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF 2 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM	ELDS) E ION - SE A. MONTI	2 E INSTR	S (Us	IGHEST DEGREE e Code 0	ER SER	DEGREE To be HIGHE DETAIL 0 - N 12 - C 33 - E 5 - D 13. E HAVY	e useces useces of the control of th	d for EGREE" FICATE IATE LOR R RAL	оо ис	- - - -	TYI	E OF	TRA	SEE	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF 2 12. TRAINING (SINCE LAST APPLICATION) 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION	ELDS) Per CION - SE A. MONT FROM	2 E INSTR	S (Us	IGHEST DEGREE e Code 0	ER SER	DEGREE To be HIGHE bt air of the highest air of the	e useces useces of the control of th	d for EGREE" FICATE LATE LOR RAL IENCE (D	00 NG	- - - -	TYI	E OF	TRA	SEE	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF 2 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM	ELDS) Per CION - SE A. MONT FROM	2 E INSTR	S (Us	IGHEST DEGREE e Code 0	ER SER	DEGREE To be HIGHE but air of the highest air of th	usee e usee est Dined) NONE CERTII ASSOC MASTE DOCTO - RO - EX - EX	d for EGREE" FICATE LATE LOR RAL IENCE (D		OT DO	DUBLE	COL	TRA	SEE	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT	ELDS) Per CION - SE A. MONT FROM	2 E INSTR	S (Us	IGHEST DEGREE e Code 0	ER SER	DEGREE To be the third be the t	WASSOC BACHE	d for EGREE" FICATE LATE LOR RAL IENCE (D		OT DO	TYI	COL	TRA	SEE	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom)	ELDS) TION - SE A. MONT FROM	2 E INSTR H AND Y	(Us	IGHEST DEGREE • Code 0 NS)	SER	DEGREE To be HIGHE Obtain 0 - C 23 - F 5 - L 13. F NAVY	e usec e usec est Di ned) NONE CERTII AASSOC BACHE MASTE DOCTO - RO - EX - EX - EX - OTI	d for EGREE" FICATE LATE LOR RAL IEMCE (D OW/PPWO S/PPWS S/CRW HER (Spe		OT DO	DUBLE	COL	TRA	SEE	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT	ELDS) E TION - SE a. MONT FROM	2 E INSTR	UCTIO	IGHEST DEGREE e Code 0	SER	DEGREE To be HIGHE Obtain 0 - Ca 23 - F 5 - L 13. F NAVY 1 2 3 4 5 POSSI	wisees used on the control of the co	d for EGREE" FICATE LATE LOR RAL IEMCE (D OW/PPWO S/PPWS S/CRW HER (Spe	ecify	OT DO	DUBLE	COL	TRA	SEE	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES	ELDS) E TION - SE a. MONT FROM	E INSTR H AND Y	UCTIO	IGHEST DEGREE e Code 0	SER	DEGREE TO be HIGHE Obtain 0 - CA 23 - F 5 - L 13. F HAVY 1 2 3 4 5 POSSI	usee e usee e usee ned) NONE CERTII ASSOC BACHE MASTED DOCTO - RO - EXPER - RO - EXPER - OTI - OPI - SU	GREE" FICATE LATE LOR RAL IEECE (D CM/PPWO S/PFWS S/CRW HER (Spe	ecify	OT DO	DUBLE	COL	TRA	SEE	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF 2 12. TRAINING (SINCE LAST APPLICATE (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. b. CERTIFIED STARTUP YES NO	ELDS) E TION - SE a. MONT FROM	E INSTR H AND Y	UCTIO	IGHEST DEGREE e Code 0	SER	DEGREE TO be HIGHE Obtain 0 - CA 3 - F 5 - L 13. F NAVY 1 2 3 4 5 POSSI 6 7 8	usees usees used on the second of the second	GREE" FICATE IATE LOR RAL IEMCE (D OM/PPWO S/PPWS S/CRW HER (Spe ERATOR PERVISOR ANT STAF	ecify	OT DO	DUBLE	COL	TRA	SEE	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF 2 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. b. CERTIFIED STARTUP PROGRAM COMPLETED YES NO	ELDS) E TION - SE a. MONT FROM	E INSTR H AND Y	UCTIO	IGHEST DEGREE e Code 0	SER	DEGREE TO be HIGHE Obtain 0 - CA 3 - F 5 - L 13. F NAVY 1 2 3 4 5 POSSI 6 7 8	usees usees used on the second of the second	GREE" FICATE LATE LOR RAL IEECE (D CM/PPWO S/PFWS S/CRW HER (Spe	ecify	OT DO	DUBLE	COL	TRA	SEE	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. b. CERTIFIED STARTUP YES NO NO. OF REACTIVITY MANIPULATIONS	ELDS) E a. MONT FROM	E INSTR H AND Y. TO	UCTIC	IGHEST DEGREE • Code • Code NS) NS)		DEGREE To be HIGHE betain 0 - 0 1 - 0 23 - F 5 - 1 13. F NAVY 1 2 3 4 - 7 5 5 - 1 7 8 9	- RO - EXPER - RO - EXI - OTI - OTI	GREE" FICATE IATE LOR RAL IEMCE (D OM/PPWO S/PPWS S/CRW HER (Spe ERATOR PERVISOR ANT STAF	ecify	OT DOT DO	TYI	COU	TRA	SEE	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAN 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR NAMES a. b. CERTIFIED STARTUP YES NO NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR	ELDS) Per Control of the control of	E INSTR H AND Y TO	UCTIC	IGHEST DEGREE • Code 0 NS) • NUMP • WEEK		DEGREE TO be HIGHE Obetain 0 - N - N - N - N - N - N - N - N - N -	- RO - EXPER - RO - EXPER - RO - EXPER - RO - EXI - OTI - OTI	GREE" FICATE LATE LATE LATE LATE RAL IENCE (D OW/PPWO S/PPWS S/CRW HER (Spe ERATOR PERVISOR ANT STAF HER (Spe	ecify	y) Elloy) Op	TY! DUBLE	COU	TRA	SEE	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAN 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATION 3-OPERATION OPERATIONS ON SHIFT SIMULATOR OPERATIONS (Includes Classroom) SIMULATOR NAMES a. b. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR See Block 17	ELDS) Per Control of the control of	OF YEAR 2 E INSTR H AND Y. TO	UCTIC	IGHEST DEGREE • Code 0 NS) • NUMP • WEEK		DEGREE TO be the total t	- RO - EXPER - RO - EXPER - RO - EXPER - OTI - OTI - PL - OTI - PL - OTI - PL - OTI	GREE" FICATE LATE LATE LOR RAL IEMCE (D OW/PPWO S/PPWS S/CRW HER (Spe ERATOR PERVISOR ANT STAF HER (Spe L NUCLEA	ecify	OT DOT DO	TYI Lectify adding Reac (Lice Lice Lice Lice Lice Lice Lice Lice	Cot c	TRA	SEE	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAN 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATION 3-OPERATION OPERATIONS ON SHIFT SIMULATOR OPERATIONS (Includes Classroom) SIMULATOR NAMES a. b. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT See Block 17 4-SRO INSTRUCTION	ELDS) E TION - SE a. MONT FROM THE SECOND SEC	E INSTR H AND Y TO	UCTIC	IGHEST DEGREE • Code 0 NS) • NUMP • WEEK		DEGREE TO be To be HIGHE Obtain 0 - CA 1 - C	- RO - EXPER - RO - EXPER - RO - EXPER - OTI - OTI - OTI - OTI - SU - SU - IL - OTI - SU - IL - OTI - SU - IL - OTI - II - IL - OTI - IL - IL - OTI - IL - I	GREE" FICATE LATE LATE LOR RAL IEMCE (D OW/PPWO S/PPWS S/CRW HER (Spe ERATOR PERVISOR ANT STAF HER (Spe L NUCLEA	ecify	Tor (COR (COR)	Lectric Lice (Lice	Cot	TRA	SEE	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. b. CERTIFIED STARTUP NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR See Block 17 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)	ELDS) E TION - SE a. MONT FROM	E INSTR H AND Y TO	UCTIC	IGHEST DEGREE • Code 0 NS) • NUMP • WEEK		DEGREE TO be HIGHE Obtain 0 - CAPTE 13. F	USECTION OF THE PLAN OF THE PL	GREE" FICATE LATE LOR RAL ILLICE (D CM/PPWO S/PPWS S/CRW HER (Spe ERATOR PERVISOR ANT STAF HER (Spe L HUCLEA EACTOR OF	R R AR () PERA	y) El Option	TYII Lectrical ding Reac (Lice (Lic	COL	TRA	SEE &	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. b. CERTIFIED STARTUP NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR See Block 17 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)	ELDS) E TION - SE a. MONT FROM	E INSTR H AND Y TO	UCTIC	IGHEST DEGREE • Code 0 NS) • NUMP • WEEK		DEGREE TO be HIGHE Obtain 0 - CANAL 1 - CANAL	- RO - EWPER - RO - EW	GREE" FICATE LATE LATE LOR RAL IEMCE (D CM/PPWO S/PPWS S/CRW HER (Spe HER (Spe HER (Spe L NUCLEA EACTOR OF HIFT SUF TAFF/SHI	ecify R FFF ecify AR () PERAT	OT DO Y) El Op Op Op Include the state of	TYII Lection adding the second control of th	COL	F TRA	SEE 4	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE ENGINEERING (FI GED EQUIVALENCY Math, Science NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAN 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATION 3-OPERATION OPERATIONS ON SHIFT SIMULATOR OPERATIONS (Includes Classroom) SIMULATOR NAMES a. b. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT See Block 17 4-SRO INSTRUCTION	ELDS) E TION - SE a. MONT FROM	E INSTR H AND Y TO	UCTIC	IGHEST DEGREE • Code 0 NS) • NUMP • WEEK		DEGREE TO be HIGHE Obbtain 0 - N	- RO - EXPER - RO - EXPER - RO - EXI - OTI - OTI - SU - OTI - SI - OTI - SI - AI - AI	GREE" FICATE LATE LATE LOR RAL LENCE (D OW/PPWO S/PFWS S/CRW HER (Spe ERATOR PERVISOR ANT STAF HER (Spe L NUCLEA EACTOR OF ENIOR OF HIFT SUF TAFF/SHI UX./EQUI	ecify R AR () PERA PERA IFT I	OT DO Y) El Op Op Op Include the state of	TYII Lection adding the second control of th	COL	F TRA	SEE 4	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR NAMES a. b. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT See Block 17 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 201 POWER	ELDS) E TION - SE a. MONT FROM	E INSTR H AND Y TO	UCTIC	IGHEST DEGREE • Code 0 NS) • NUMP • WEEK		DEGREE TO be HIGHE Obetain 0 - No 12 - A 12	US of Section 1 of Section 1 of Section 2 of	GREE" FICATE LATE LATE LATE LATE RAL IENCE (D OW/PPWO S/PFWS S/CRW HER (Spe ERATOR PERVISOR ANT STAF HER (Spe L NUCLEA EACTOR OF HIFT SUF TAFF/SHI UX./EQUI LANT STA	ecify AR () PERAT PERVI	y) El Or Or Or Or Or Or Or Or Or Or Or Or Or	TYII Lection adding the second control of th	COL	F TRA	SEE 4	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. D. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT See Block 17 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) EQUALIFICATION	ELDS) E TION - SE a. MONT FROM	E INSTR H AND Y TO	UCTIC	IGHEST DEGREE • Code 0 NS) • NUMP • WEEK		DEGREE TO be HIGHE Obetain 0 - No 12 - A 12	US of Section 1 of Section 1 of Section 2 of	GREE" FICATE LATE LATE LOR RAL LENCE (D OW/PPWO S/PFWS S/CRW HER (Spe ERATOR PERVISOR ANT STAF HER (Spe L NUCLEA EACTOR OF ENIOR OF HIFT SUF TAFF/SHI UX./EQUI	ecify AR () PERAT PERVI	y) El Or Or Or Or Or Or Or Or Or Or Or Or Or	TYII Lection adding the second control of th	COL	F TRA	SEE 4	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. D. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT See Block 17 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) EQUALIFICATION	ELDS) E TION - SE a. MONT FROM	E INSTR H AND Y TO	UCTIC	IGHEST DEGREE • Code 0 NS) • NUMP • WEEK		DEGREE TO be HIGHE Obetain 0 - No 12 - A 12	US of Section 1 of Section 1 of Section 2 of	GREE" FICATE LATE LATE LATE LATE RAL IENCE (D OW/PPWO S/PFWS S/CRW HER (Spe ERATOR PERVISOR ANT STAF HER (Spe L NUCLEA EACTOR OF HIFT SUF TAFF/SHI UX./EQUI LANT STA	ecify AR () PERAT PERVI	y) El Or Or Or Includer ATOR (ISOR ENGIN	TYII Lection adding the second control of th	COL	F TRA	SEE 4	: INSTE	MON LUCTI I AND	ONS)	YES	NO
X GRADUATE GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. D. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT See Block 17 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) EQUALIFICATION	ELDS) E TION - SE a. MONT FROM	OF YEAR 2 E INSTR H AND Y TO	UCTIC	IGHEST DEGREE • Code 0 NS) • NUMP • WEEK		DEGREE TO be HIGHE Obetain 0 - No 12 - A 12	- RO - EXPER - RO - EXPER - RO - EXPER - RO - EXPER - OTI - OTI - SU - OTI - SI - OTI - OTI - SI -	GREE" FICATE LATE LATE LATE LATE RAL IENCE (D OW/PPWO S/PFWS S/CRW HER (Spe ERATOR PERVISOR ANT STAF HER (Spe L NUCLEA EACTOR OF HIFT SUF TAFF/SHI UX./EQUI LANT STA	ecify AR () PERAT PERVI	y) El Or Or Or Includer ATOR (ISOR ENGIN	TYII Lection adding the second control of th	COL	F TRA	SEE 4	: INSTE	MON LUCTI I AND	ONS)	YES	NUMBER

				14. PACII	ITY OPERAT	OR TRAINI	NG PROGRAM			
a. GRADUATE TRAINING A SYSTEMS	OF INPO ACCRE PROGRAM THAT APPROACH TO	DITED O	PERATOR UPON	X YES	МО	b. CERT FACI SIMU OPER	IFIED ON NRC FORM 474 LITY CERTIFICATION") LATION FACILITY IS US ATOR TRAINING PROGRAM	("SIMULATION OR NRC APPROVED ED IN THE	X YES	NO
				15.	FOR RENE					
BOIDS OF	RATED FACILIT	rv				b. DATE	AND RESULT OF MOST NT NRC ADMINISTERED	DATE	RESUL1	
HOURS OF	MILD FACILITY					REQU.	LIFICATION EXAMINATION	ON	PASS	FAIL
		· · · · · · · · · · · · · · · · · · ·				RIENCE DE	TATLS			
a. POSIT	ION TITLE	FROM	TO	1	. FACILITY	<u>'</u>		c. DUTIES		
					• .				·	
										•
		,							•	
	* •	·								
									•	
							•			
	*		1							
	•									
		,				•	1.7 s			
	·					•				
17 CONTENTS	(Specify +L	1 1+	umber *	o which you	are slabes	ating A+	l tach additional sheet	# ## necessor \		·
18. NRC FORM							NSEE, IS ATTACHED			
ANY FALSE	STATEMENT OF	R OMISSI	ON IN T	HIS DOCUMEN	r, INCLUDIA	NG ATTACHM	ENTS, MAY BE SUBJECT	TO CIVIL AND CRIMI	NAL SANCTIONS	S
certify by a Her controll instance and (4) the resu	y under pena that I have that I have that I have the substance of where I have any reasons that of examinations of examinations.	notified n Servic , and the e been a for remonations	my cur es (HHS e test urrested val or to my e	rent employed) Certified results excurs for the sale revocation employers	brug Test: Drug Test: eeded the cle, use or use in pr	n this do all previling Labora cutoff lev possessioned access reparing r	cument and attachment ous employers; (2) an tory or a Licensee's els established pursu n of a controlled sub at a nuclear facilit etraining programs, a	s is true and corry instance where I testing facility in the 10 CFR Part stance described in y, I also authorize necessary.	1	
CHECK APPLICA	RIP POV '	<u> </u>	ua`	1-6	ortopa	u)	-		DATE 3-9	74
X b. I	certify that an Operator need for an vailable for tachments is						ompleted the facility Federal Regulations, s/her assigned duties perjury that the info s the approved requal (1-1) of 10 CFR 50, ly. I also certify u s true and correct.			
				this docume	nt and atti	achments i				
PRINTED OR		ING COORI	THETOK			דע ז מ <u>ט</u>	SENIOR MANAGEMEN ED OR TYPED NAME	T REPRESENTATIVE C	a SITE	
·		obert Cl	ement	·		FKINI		. E. MORGAN		
SIGNATURE	Robert	Olem	a D	DAT	E 3-17-97	SIGNA	TURE NO SIGNATUR NON-CERTIFI	E REQUIRED ED APPLICATION	DATE	
						POR NORC US		· · · · · · · · · · · · · · · · · · ·		
			mplete	items, as a		MEET	S REQUIREMENTS DOE	S NOT MEET REQUIRE	MENTS(Explain	below)
CATEGORY	GRANTE		ON	DENIED						
TTEN	HEADQUARTERS	REGI	.Un E	EADQUARTERS	REGION					
TTEN ERATING	<u> </u>	 		······································				•		
ELIGIBILITY										
MEDICAL						SIGN	ATURE - REVIEWER		DATE	
OTHER			I						· · · · · · · · · · · · · · · · · · ·	
NRC FORM 398	(10-90)									

NEC +1=+ 195 10 CF F 16 03 15 15 15 17, 55 31, 55 57 U.S. NUCLEAR REGULATORY COMMISSION

ביי פיים בו מיים ביים DPRES 131 W

ESTIMATED BUTCH PER RESPONSE TO COUNTY WITH THIS COMMENDA COTECTOR EGOEST (2 NA EDORTED MODERNOOM DESCRIPTION (2 NA EDORTED MODERNOOM DESCRIPTION OF 18 MILLION OF ווישראים המשביים ארישורים ארישיאים בין כן כאג

OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON DO TONCO

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

NAME OF APPLICANT

Cortopassi, Louis P.

FACILITY

San Onofre Nuclear Generating Station, Unit 1

FACILITY DOCKET NUMBER

50-206

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABONE NAMED APPLICANT FOR AN OFERATOR ISENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

PRINTED NAME (of physician)

STATE AND LICENSE NUMBER

EXAMINATION DATE

C. Rolbin, MD

A019523

11-14-91

EASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY, I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1953, OR ANSI/ANS 15.4-1977 (N3SO) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE EASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS

A. NO RESTRICTIONS

- 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- 3. HEARING AID SE WORN WHEN PERFORMING LICENSED DUTIES
- 4. RESTRICTED LICENSE OR EXCEPTION-Provide details below and stuch supporting medical evidence for NRC review.
- 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL -Provide details below and attach supporting medical evidence for NRC review

FROPOSED WORDING OF RESTRICTION (Elock 4 shore)

CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES.

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how regriction will correct the disquelifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

THIS CERTIFIES THAT THE APPLICANT HAS EEEN FOUND TO WEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS, I CERTIFY UNDER FENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

FRINTED NAME AND SIGNATURE (Senior Management Representative on Site) TITLE

DATE

No Signature Required, Non-Certified

H. E. Morgan

Application

Vice President & Site Manager

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region 1 U.S. Nuclear Regulatory Commission 475 Allendate Read King of Prusia, PA 19406

Regional Administrator, Region IV U.S. Nuclear Populatory Commission 611 Ryan Plaza Drive, Suite 1000 Arlington, TX 76011

Regional Administrator, Region II U.S. Nuclear Repulatory Commission 101 Mariema Street, Suite 3100 Atlanta, GA 30323

Regional Administrator, Region V U.S. Nuclear Regulatory Commission 1450 Waria Lane, Suite 210 Walnut Creek, CA \$4598

Regional Administrator, Region III U.S. Nuclear Regulatory Commission 729 Rocsevelt Road Glen Ellyn, IL 60137

Director, Division of Licenses Performance and Quality Evaluation Attn: Operator Licensing Branch U.S. Nuclear Repulmony Commission Washington, DC 20555

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(a)(3), enacted implian by section 3 of the Privacy Act of 1974 (Public Law \$3.579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Populatory Commission on NPC Form 3PS. This information is maintained in a system of records designated as 6.PC16 and . emeriting at \$5 Federal Register 32678 (AUD. in 20, 1950).

AUTHORITY: Sections 107 and 161(1) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(a)).

FRINCIPAL PURPOSE(S): Information amered on this form is used to determine whether the physical condition and princial health of the applicant are such that they will not cause operational emors endar sering public health and safety. This information may be used by the NRC matf to determine if the individual mensithe requirements of 10 CFR 55 to take an examination or to be inseed an operator's liberte.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local egency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of taw and in the couns of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and ricement for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, Disclosure is voluntary, if the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGERISI AND ADDRESS: Oriet, Operator Licensing Branch, Orlice or Nuclear Pepulation, U.S. Nuclear Pepulatory Commission, Washington, DC 20555

	NRC FOR	M 398 (FACS	IMILLE) U.S.	. NUCLEA	R REGULA	ATORY	COM	MISSI	ON	ĄI	PEROVED BY	OMB: 1	NO.	3150-	-0090	•	:	DATE RI	CEIVE	E
Į		55.31, 55.3 and 55.57		: :	**. *			•	EŞ	TIM	PTROVED BY ATED BURDEN IBIS INFOR- ST: 20 BRS ING BURDEN N AND RECOF 7714 US OFFICE OF NGTON, DC,	PIRES: N PER I	1-3 RESP	1-92 ONSE	TO CO	MPLY	(To b	comple	eted b	y NRC)
	55.47,	and 55.5/		•					莊	QUES	TI 2.0 HRS	ATION S. FOR	WARD	COM	ION ÆNTS					
ľ	_								MA	TION	N AND RECOR	N ESTIN	MATE NAGE	TO T	BRANC	FOR-		÷		
4		PERSORAL.	QUALIFICATION S	IAIPPAI	r - LICE	NSEE			MI	SSIC	N WASHING	NUCLEA STON I	AR R	EGUL/ 0555,	ATORY _AND	TOW-		•		
				-					TH 00	E PA	APERWORK RE OFFICE OF	EDUCTIO MANAGI	on Pi Emen	ROJEC T ANI	BUDG	50- ET.				
Ī			VALID, THIS FOR				-		WA	SHIN	NGTON, DC,	20503					<u> </u>			
1	1. APPL (inc	ICANT'S FUL lude ZIP Co	L NAME (Last, Finde)	irst, Mi	iddle) Al	ED ADI	ORES	S	4.	TYPE	OF APPLIC	CATION	(Ch	eck a	applic	able	boxes	X BO	t	COLD
ŀ							٠.		X	a.	. NEW				f.	WAI	VER REC	QUESTED		
1	G	OODWIN, DEA	N RUSSELL			*				┪ъ.	. RENEWAL					ገ{J₩	stify RITTEN	n Rever	rse)	
1	. 2	4331 Taxco	Drive						F	۱ 。	UPGRADE					┩				
۱	D	ana Point,	CA 92629							† a.	. MULTI-UNI INCLUDE A	IT (AMI	END '	TO	: _	2-0	PERATI	G (Cate	gory))
										٦ .			ONAL	UNIT	r) -	3-E	LIGIBI	ITY		
١									-	θ.	. REAPPLICA	ATION		٠.	<u> </u>	4-M	EDICAL			
ŀ										Н	1-FIRST					5-0	THER			
1	v 1		TIZENSHIP			BIRTE			_	H	2-SECOND			٠	X g.	DATE	PASSE	GENER	IC	
-		UNITED STAT		· .	MONTE	DAY	-	YEA		Ш	3-THIRD					FUND.	AMENTAL ION SE	GENER S EXAM TION (BLE)	MM	
1		OTHER (Spec		,	0 3	1	0	5	8						<u> </u>	(IF	APPLICA	ABLE)	10	90
-		 	ISE APPLIED FOR					т т	<u> </u>	6. 1	PREVIOUS L		<u> </u>	:			т			
-		OPERATOR	4 5 05	a. DOC	KET NUME	BER	RO	SRO	ь. LI	CENS	SE NUMBER	 			ION DA	 	d.FAC	LITY D	CKET	NUMBER
-		SENIOR OPER	,	-			ļ	1	* .			MONT	H	DAY	YE	EAR	ļ		<u></u>	
ŀ	c.	LIMITED SRO (e.g., Fuel	Eandler)	55-								•		ı	İ	ļ	50-			
1	7. KAME	AND ADDRESS	(Include ZIP Co	ode) OF	APPLICAL	T'S I	MPL.	OYER				10. (CURR	ENT I	POSITI	OF A	I PACI	ITY		
Ī	C	hh Caldd			-			٠.		a. I	PLANT SUPER	RINTEN	DENT			i.	AUXIL	ARY UN	T OPE	RATOR/
		O. Box 128	CA					Ī		b. A	ASSISTANT I	PLANT S	SUPE	RINTE	NDENT	_	ING/E	ARY UN E/TURB UIPMEN CENSED	I OPER	LATOR
	. San	Clemente,	92674-0128					Ī		c. S	SHIFT SUPER	RVISOR					(NONL	ICENSED	OPERA	ATOR)
		- -						Ì	X	d. S	STAFF ENGIN	NEER		٠.		\neg.				
٠	8. HAME	OF APPLICA	MT'S FACILITY	FACI	LITY DOC 50-206	CKET N	NUMB	ER [θ. ξ	SHIFT TECHN SHIFT ENGIN INSTRUCTOR	NICAL A	ADVI	SOR/	L	_]3.	UIHER	(Speci:	r y)	
4		OHOTI G CHIL		!	JU 200					f.	INSTRUCTOR	NEER								
	9. ▲	DDITIONAL F	ACILITY DOCKETS	(Multi-	unit Lic	censes	s)			g. 5	SENIOR CONT	TROL RO	DOM (OPER/	ATOR					
1	<u> </u>		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			·		h. 0	CONTROL ROC	OM OPE	RATO	R .						
1			· · · · · · · · · · · · · · · · · · ·			_	1. E	DUCAI				100						•		
													,—							
1	AIGH	SCHOOL	c. MAJOR AREA(S STUDY) OF	NUMBER OF YEARS		IGHE DEGR	SI	DEGRE (To b	E CO	DDES sed for		d.	VOCAT	TIONAL	. /		NUMBER	CERTI	FICATE
	X GRADU		c. MAJOR AREA(S STUDY ENGINEERING (FI		OF YEARS	+		ST EE des)	DEGRE (To b HIGH obtai	E CO EST ned)	DDES sed for DEGREE"		<u> </u>	TECH	TIONAL NICAL OF TRA		G	NUMBER OF MONTHS	REC	FICATE EIVED
	X GRADU			ELDS)	NUMBER OF YEARS	+		ST EE des)	ODTA1	ned) TRON). F		<u> </u>	TECH	TICAL		G	OF	CERTI REC YES	EIVED
	X GRADU	ATE	ENGINEERING (FI	ELDS)		+	в Со	ST EE des)	0 - 1 - 2 -	NONE CERT	E TIFICATE		<u> </u>	TECH	TICAL		G	OF	REC	EIVED
	X GRADU GED E NO b. NUMBE	ATE QUIVALENCY R OF	ENGINEERING (FI	ELDS)		+	в Со	EE des)	0 - 1 - 2 - 3 - 4 -	NONE CERT ASSO BACE MAST	E IIFICATE OCIATE HELOR IER		<u> </u>	TECH	TICAL		G	OF	REC	EIVED
	X GRADU GED E	ATE QUIVALENCY R OF	ENGINEERING (FI	ELDS)		+	в Со	ST EE des)	0 - 1 - 2 - 3 - 4 -	NONE CERT ASSO BACE MAST	E TIFICATE		<u> </u>	TECH	TICAL		G	OF	REC	EIVED
	X GRADU GED E NO NUMBE YEARS COLLE	ATE QUIVALENCY R OF OF GE 4	ENGINEERING (FI	ELDS) Nuclear	4	(Use	9 Co 3	ST EE des)	0 - 12 - 3 - 5 -	NONE CERT ASSO BACE MAST DOCT	E IIFICATE OCIATE HELOR IER	I TON C	T	YPE C	VICAL OF TRA	\ININ		MONTHS	YES	EIVED
	X GRADU GED E NO NUMBE YEARS COLLE	ATE QUIVALENCY R OF OF GE 4	ENGINEERING (FI) Mechanical & 1 OTHER	ELDS) Nuclear ION - SE	4	(Use	e Co 3 NS)	MBER	0 - 12 - 3 - 5 -	NONE CERT ASSO BACE MAST DOCT	E IIFICATE OCIATE HELOR IER TORAL	O NOT I	T	YPE C	VICAL OF TRA	AINING	INSTR	MONTHS	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA	QUIVALENCY R OF OF GE 4 LINING (SINC	ENGINEERING (FII Mechanical & I OTHER CE LAST APPLICAT	ELDS) Nuclear ION - SE	4 EE INSTRU	(Use	e Co 3	MBER	0 - 12 - 3 - 5 -	NONE CERT ASSO BACE MAST DOCT	E IIFICATE OCIATE HELOR IER TORAL	O NOT I	T	YPE C	VICAL OF TRA	AINING	INSTR	MONTHS JCTIONS	YES	EIVED
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEA (Class	QUIVALENCY R OF OF GE 4 LINING (SINCE	ENGINEERING (FI) Mechanical & 1 OTHER	ELDS) Nuclear ION - SE	EE INSTRU	(Use	e Co 3 NS)	MBER	0 - 1 - 2 - 3 - 4 - 5 - 13.	NONE CERT ASSO BACE MAST DOCT	E TIFICATE CLIATE CLIATE TEL TEL TORAL	I TON C	T	YPE C	VICAL OF TRA	AINING	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA	ATE QUIVALENCY R OF OF GE 4 LINING (SINC	ENGINEERING (FII Mechanical & I OTHER CE LAST APPLICAT	ELDS) Nuclear ION - SE	EE INSTRU	(Use	e Co 3 NS)	MBER	0 - 1 - 2 - 3 - 4 - 5 - 13. NAVY	NONE CERT ASSO BACE MASSI DOCT	PETITICATE OCIATE HELOR TERROR TORAL ERIESCE (DO	I TON C	T	YPE C	VICAL OF TRA	AINING	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEA (Class	R OF GE 4 LINING (SINCE PLATFORM) SYSTEMS OOM	ENGINEERING (FII Mechanical & I OTHER CE LAST APPLICAT	ELDS) Nuclear ION - SE	EE INSTRU	(Use	e Co 3 NS)	MBER	0 - 1 - 2 - 3 - 4 - 5 - 13. MAVY	NONF CERTASSO BACE MASSO DOCT	E ITIFICATE CIATE CIATE HELOR TER TORAL ERIEBCE (DO RO EOOW/PPWO EWS/PPWS	I TON C	T	YPE C	VICAL OF TRA	AINING	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEA (Class 2-PLANT CLASSR OBSERV	R OF OF ALKING (SINCE PLATFORM) R POWER PLATFORM) SYSTEMS COM	ENGINEERING (FI) Mechanical & 1 OTHER CE LAST APPLICAT	ELDS) Nuclear ION - SE a. MONT FROM	EE INSTRU	(Use	e Co 3 NS)	MBER	0 - 1 - 3 - 5 - 13. NAVY	NONI CERTASSO BACE MASSI DOCT	PETITICATE CIATE CIATE HELOR FER FORAL ERLEBCE (DO RO EOOM/PPWO EWS/PPWS ERS/CRW		T	YPE C	VICAL OF TRA	AINING	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEA (Class 2-FLANT CLASSR OBSERV 3-OPERAT CONTRO	R OF OF 4 LINING (SINCE PLATION) SYSTEMS ATION LING PRACTICAL ROOM OPER	ENGINEERING (FII Mechanical & 1 OTHER CE LAST APPLICAT ANT FUNDAMENTALS CE	ELDS) Nuclear ION - SE a. MONT FROM	EE INSTRU	(Use	e Co 3 NS)	MBER	0 - 1 - 3 - 5 - 13. NAVY	NONI CERTASSO BACE MASSI DOCT	E ITIFICATE CIATE CIATE HELOR TER TORAL ERIEBCE (DO RO EOOW/PPWO EWS/PPWS		T	YPE C	VICAL OF TRA	AINING	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEAS (Class 2-PLANT CLASSR OBSERV 3-OPERAT CONTRO SIMULA	R OF OF ALKING (SINCE PLATFORM) R POWER PLATFORM) SYSTEMS COM	ENGINEERING (FI) Mechanical & 1 OTHER CE LAST APPLICAT ANT FUNDAMENTALS CE CATIONS ON SHIFT	ELDS) Nuclear ION - SE a. MONT FROM	EE INSTRU	(Use	S Co	MBER	0 - 1 - 3 - 5 - 13. NAVY	NONE CERTAR ASSC	PETITICATE CIATE CIATE HELOR FER FORAL ERLEBCE (DO RO EOOM/PPWO EWS/PPWS ERS/CRW		T	YPE C	VICAL OF TRA	AINING	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEA (Class 2-PLANT CLASSR OBSERV 3-OPERAT CONTRO SIMULA SIMULA	R OF OF A LINING (SINCE PLATE OF SOME PLATE OF SOME OF	ENGINEERING (FI) Mechanical & 1 OTHER CE LAST APPLICAT ANT FUNDAMENTALS CE CATIONS ON SHIFT	ELDS) Nuclear ION - SE a. MONT FROM	EE INSTRU	(Use	e Co 3	MBER EKS	0 - 1 - 2 - 3 - 5 - 13. NAVY 1 2 3 4 - 5 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	NONING CERTIFICATION OF THE PROPERTY OF THE PR	PETITICATE CIATE CIATE HELOR FER FORAL ERLEBCE (DO RO EOOM/PPWO EWS/PPWS ERS/CRW		T	YPE C	VICAL OF TRA	AINING	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEAS (Class 2-PLANT CLASSR OBSERV 3-OPERAT CONTRO SIMULA (Inclu	R OF OF A LINING (SINCE PLATE OF SOME PLATE OF SOME OF	ENGINEERING (FI) Mechanical & 1 OTHER CE LAST APPLICAT ANT FUNDAMENTALS CE CATIONS ON SHIFT	ELDS) Nuclear ION - SE a. MONT FROM	EE INSTRU	UCTION EAR OF	e Co 3	MBER EKS	0 - 1 - 2 - 3 - 5 - 13. HAVY	NONING CERTIFICATION OF THE PROPERTY OF THE PR	PETITICATE DITITION THEORY TERNAL ERIESCE (DO RO ECON/PPWO EWS/PPWS ERS/CRW OTHER (Spec		T	YPE C	VICAL OF TRA	AINING	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEA (Class 2-PLANT CLASSR OBSERV 3-OPERAT CONTRO SIMULA 8. Uni b. CERTIF	R OF OF 4 LINING (SINCE PLATION CING PRACTICAL ROOM OPER TOR NAMES TOR NAMES LED STARTUR	ENGINEERING (FII Mechanical & 1 OTHER CE LAST APPLICAT ANT FUNDAMENTALS CEATIONS ON SHIFT ING DOM P X YES NO	ELDS) Nuclear ION - SE a. MONT FROM	EE INSTRU	UCTION OF	e Co 3	MBER EKS	0 - 1 - 2 - 3 - 5 - 13. HAVY 1 2 3 4 - 5 - 6 7 7	NONING NO	PETIFICATE CIATE TIFICATE CIATE TELOR TER TORAL ERIESCE (DO RO ECOM/FFWO EWS/FFWS ERS/CRW DTHER (Spec	cify)	T	YPE C	VICAL OF TRA	AINING	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEA (Class 2-PLANT CLASSR OBSERV 3-OPERAT CONTRO SIMULA A. Uni b. CERTIF PROGRA	R OF OF 4 LINING (SINCE PLATE OF A COMPANY O	ENGINEERING (FII Mechanical & 1 OTHER CE LAST APPLICAT ANT FUNDAMENTALS CEATIONS ON SHIFT ING DOM COM COM COM COM COM COM COM	ELDS) Nuclear ION - SE a. MONT FROM	EE INSTRU	UCTION OF	e Co 3	MBER EKS	0 - 1 - 2 - 3 13 .	None	E TIFICATE CIATE MELOR TER TORAL ERIESCE (DO RO ECOM/PPWO EWS/PPWS ERS/CRW DTHER (Spec	cify)	T	YPE C	VICAL OF TRA	AINING	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEA (Class 2-PLANT CLASSR OBSERV 3-OPERAT CONTRO SIMULA A. Uni b. CERTIF PROGRA NO. OF	R OF OF A LINING (SINCE PLATE OF SYSTEMS OF OPERALTION OPERALTICE CLASSIC TOR NAMES TO STARTUR M COMPLETEL REACTIVITY	ENGINEERING (FI) Mechanical & 1 OTHER CE LAST APPLICAT ANT FUNDAMENTALS CATIONS ON SHIFT ING DOM) P X YES NO K MANIPULATIONS	ELDS) Nuclear ION - SE a. MONI FROM	EE INSTRU	UCTION EAR OF	e Co 3	MBER	0 - 1 - 2 - 3 - 4 5 - 13. NAVY 1 2 3 - 4 - 5 - 5 - 5 - 6 - 7 - 8 - 9	NONTH	PLANT STAFF	cify) F	DOUB	TECHNYPE (DE TRA	SEE	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEA (Class 2-PLANT CLASSR OBSERV 3-OPERAT CONTRO SIMULA a. Uni b. CERTIF PROGRA NO. OF	R OF OF A LINING (SINCE PLATE OF A LINING (SINCE PLATE OF A LINING (SINCE PLATE OF A LINING (SINCE PLATE OF A LINING PRACTICE PROMOTE OF A LINING PRACTICE PROMOTE OF A LINING PRACTICE	ENGINEERING (FII Mechanical & 1 OTHER CE LAST APPLICAT ANT FUNDAMENTALS CEATIONS ON SHIFT ING DOM COM COM COM COM COM COM COM	ION - SE a. MONT FROM	EE INSTRU	(Use	e Co 3	MBER EKS	0 - 1 - 2 - 3 - 4 - 5 - 13. NAVY 1 2 3 4 5 5 - 6 7 8 9 9	Noning N	E TIFICATE OCIATE HELON TERM TORAL ERIENCE (DO RO	cify) F cify) R (Inc.	DOUB!	TECHNYPE (OUNT -	SEE	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 1-NUCLEA (Class 2-PLANT CLASSR OBSERV 3-OPERAT CONTRO SIMULA A. Uni b. CERTIF PROGRA NO. OF PL	R OF OF 4 LINING (SINCE PLATE OF A COMPANY O	ENGINEERING (FI) Mechanical & 1 OTHER CE LAST APPLICAT ANT FUNDAMENTALS CATIONS ON SHIFT ING DOM) P X YES NO K MANIPULATIONS	ELDS) Nuclear ION - SE a. MONT FROM	EE INSTRU TH AND YI	UCTION OF	e Co 3	MBER EKS	0 - 1 - 2 - 3 - 4 - 5 - 13. NAVY 1 2 3 4 5 5 - 6 7 8 9 9 COMM	NONTH	PLANT STAFF DEFICATE OCIATE HELOR FER CON FORAL ERIESCE (DO RO ECOM/PPWO EWS/PPWS ERS/CRW DTHER (Spector FLANT STAFF DTHER (Spector FLANT STAFF DTHER (Spector IAL NUCLEAR REACTOR OF	cify) F cify) R (Inc. Test	DOUBB ludit Re R (L	TECHNYPE (OUNT -	SEE	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEA (Class 2-PLANT CLASSR OBSERV 3-OPERAT CONTRO SIMULA A. Uni b. CERTIF PROGRA NO. OF PL 5 4-SRO IN	R OF OF 4 LINING (SINCE PLATE OF A COMPANY O	ENGINEERING (FI) Mechanical & 1 OTHER CE LAST APPLICAT ANT FUNDAMENTALS CETIONS ON SHIFT ING COMD) P X YES NO (MANIPULATIONS SIMULATOR	ELDS) Nuclear ION - SE a. MONT FROM	EE INSTRU	UCTION OF	e Co 3	MBER EKS	0 - 1 - 2 - 3 - 4 - 5 - 13. NAVY 1 2 3 4 - 5 - 6 7 8 9 9	NONTH	PLANT STAFF DEFINITION TOTAL ERIESCE (DO RO ECOM/PPWO EWS/PPWS ERS/CRW DTHER (Spector DEFENTION SUPERVISOR PLANT STAFF DTHER (Spector IAL NUCLEAR REACTOR OF	cify) F cify) R (Inc. Test PERATOR	DOUB!	mg Reactoricens	DUNT -	SEE	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEA (Class OBSERV 3-OPERAT CONTRO SIMULA a. Uni b. CERTIF PROGRA NO. OF PL 5 4-SRO IN 5-EXTRA	R OF OF 4 LINING (SINCE PLATE OF A COMPANY O	ENGINEERING (FI) Mechanical & 1 OTHER CE LAST APPLICAT ANT FUNDAMENTALS CATIONS ON SHIFT ING OOM) P X YES NO Y MANIPULATIONS SIMULATOR SHIFT IN CONTROL	ELDS) Nuclear ION - SE a. MONT FROM	EE INSTRU	UCTION OF	e Co 3	MBER EKS	13. NAVY 12. 3. 13. NAVY 1. 2. 3. 4. 5. POSS 6. 7. 8. 9. COMM.	NONT	TIFICATE CIATE CIATE FER FORAL ERIESCE (DO RO ECOM/PPWO EWS/PPWS ERS/CRW DTHER (Spec DPERATOR SUPERVISOR PLANT STAFF DTHER (Spec IAL NUCLEAR REACTOR OF SENIOR OPF	cify) F cify) R (Inc. Tesi PERATOR ERATOR	DOUB!	TECHN YPE (LE CC Ing Reactor icense icense	OUNT - OUNT - osearcricated) sed)	SEE a	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEA (Class 2-PLANT CLASSR OBSERV 3-OPERAT CONTRO SIMULA a. Uni b. CERTIF PROGRA NO. OF FL 5 4-SRO IN 5-EXTRA ROOM (R OF OF 4 LINING (SINCE PLATE OF OF A COMPANY OF A COMPAN	ENGINEERING (FI) Mechanical & 1 OTHER CE LAST APPLICAT ANT FUNDAMENTALS CATIONS ON SHIFT ING OOM) P X YES NO (MANIPULATIONS SIMULATOR SHIFT IN CONTROL NIMUM)	ELDS) Nuclear ION - SE a. MONT FROM	EE INSTRU	UCTION OF	e Co 3	MBER EKS	0 - 1 - 2 - 3 - 4 - 5 - 13. NAVY 1 2 3 4 - 5 - 6 7 8 9 9	Nonth Nont	TIFICATE CIATE CIATE CIATE FER FORAL ERIEBCE (DO RO ECOW/PPWO EWS/FPWS ERS/CRW DTHER (Spec DEFERATOR SUPERVISOR PLANT STAFF DTHER (Spec IAL MUCLEAR REACTOR OF SENIOR OFF SHIFT SUPE STAFF/SHIF	cify) F cify) R (Inc Test PERATOR ERATOR ERATOR	DOUB Ludit Re R (L (Li R (L INEE	ng Reactoricense cense icense (Li	DUNT - DUNT - Sed) sed) sed)	SEE a a children and	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEA (Class 2-PLANT CLASSR OBSERV 3-OPERAT CONTRO SIMULA A. Uni b. CERTIF PROGRA NO. OF PL 5-EXTRA ROOM (R OF OF 4 LINING (SINCE PLATION COMPACT OF CHART	ENGINEERING (FI) Mechanical & 1 OTHER CE LAST APPLICAT ANT FUNDAMENTALS CATIONS ON SHIFT ING OOM) P X YES NO Y MANIPULATIONS SIMULATOR SHIFT IN CONTROL	ELDS) Nuclear ION - SE a. MONT FROM	EE INSTRU	UCTION OF	e Co 3	MBER EKS	0 - 1 - 2 - 3 - 4 - 5 - 13. NAVY 1 2 3 4 - 5 - 6 7 8 9 9	Nonth Nont	CIATE CIATE CIATE CIATE CIATE CIATE CIATE CIATE CIATE COLOR COOM/PPWO EWS/PPWS ERS/CRW OTHER (Spector COPERATOR COMPERVISOR PLANT STAFF OTHER (Spector CIAL HUCLEAN REACTOR OF SHIFT SUPF STAFF/SHIF AUX /EQUIT	cify) F cify) R (Inc. Test PERATOR ERATOR ERATOR ERVISOR FT ENG.	DOUB Ludit Re R (L (Li R (L INEE	ng Reactoricense cense icense (Li	osearc coloridad sed)	SEE a a children and	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEAA (Class 2-PLANT CLASSR OBSERV 3-OPERAT CONTRO SIMULA A. Uni b. CERTIF PROGRA NO. OF PL 5-EXTRA ROOM ((6- OUAL	R OF OF GE 4 LINING (SINCE PLATION) SYSTEMS OOM ATION ING FRACTICATION TOR OPERATION TOR OPERATION TOR NAMES t 1 COMPLETED REACTIVITY ANT STRUCTION PERSON ON S 13-WEEK MINIME E ON SHIFT WEEK MINIME LIFICATION	ENGINEERING (FI) Mechanical & 1 OTHER CE LAST APPLICAT ANT FUNDAMENTALS CATIONS ON SHIFT ING OOM) P X YES NO (MANIPULATIONS SIMULATOR SHIFT IN CONTROL NIMUM)	ELDS) Nuclear ION - SE a. MONT FROM	EE INSTRU	UCTION OF	e Co 3	MBER EKS	0 - 1 - 2 - 3 - 4 - 5 - 13. NAVY 1 2 3 4 - 5 - 8 9 9	Nonth Nont	TIFICATE CIATE CIATE TIFICATE CIATE TER TORAL ERIEBCE (DO RO ECOW/PPWO EWS/FPWS ERS/CRW DTHER (Spec DPERATOR SUPERVISOR PLANT STAFF DTHER (Spec IAL HUCLEAR REACTOR OF SENIOR OFF STAFF/SELE AUX /EQUIT PLANT STAFF	cify) F (Inc Test PERATOR ERATOR ERVISOR FT ENG. P. OPER	DOUBE Ludit Re R (L (Li R (L INEE R. ()	ng Reactoricense cense icense (Li	osearc coloridad sed)	SEE a a children and	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEAA (Class 2-PLANT CLASSR OBSERV 3-OPERAT CONTRO SIMULA A. Uni b. CERTIF PROGRA NO. OF PL 5-EXTRA ROOM ((6- OUAL	R OF OF 4 LINING (SINCE PLATION COMPACT OF CHART	ENGINEERING (FI) Mechanical & 1 OTHER CE LAST APPLICAT ANT FUNDAMENTALS CATIONS ON SHIFT ING OOM) P X YES NO (MANIPULATIONS SIMULATOR SHIFT IN CONTROL NIMUM)	ELDS) Nuclear ION - SE a. MONT FROM	EE INSTRU	UCTION OF	e Co 3	MBER EKS	0 - 1 - 2 - 3 - 4 - 5 - 13. NAVY 1 2 3 4 - 5 - 8 9 9	Nonth Nont	CIATE CIATE CIATE CIATE CIATE CIATE CIATE CIATE CIATE COLOR COOM/PPWO EWS/PPWS ERS/CRW OTHER (Spector COPERATOR COMPERVISOR PLANT STAFF OTHER (Spector CIAL HUCLEAN REACTOR OF SHIFT SUPF STAFF/SHIF AUX /EQUIT	cify) F (Inc Test PERATOR ERATOR ERVISOR FT ENG. P. OPER	DOUBE Ludit Re R (L (Li R (L INEE R. ()	ng Reactoricense cense icense (Li	osearc coloridad sed)	SEE a a children and	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEAA (Class 2-PLANT CLASSR OBSERV 3-OPERAT CONTRO SIMULA A. Uni b. CERTIF PROGRA NO. OF PL 5-EXTRA ROOM ((6- OUAL	R OF OF GE 4 LINING (SINCE PLATION) SYSTEMS OOM ATION ING FRACTICATION TOR OPERATION TOR OPERATION TOR NAMES t 1 COMPLETED REACTIVITY ANT STRUCTION PERSON ON S 13-WEEK MINIME E ON SHIFT WEEK MINIME LIFICATION	ENGINEERING (FI) Mechanical & 1 OTHER CE LAST APPLICAT ANT FUNDAMENTALS CATIONS ON SHIFT ING OOM) P X YES NO (MANIPULATIONS SIMULATOR SHIFT IN CONTROL NIMUM)	ELDS) Nuclear ION - SE a. MONT FROM	EE INSTRU	UCTION OF	e Co 3	MBER EKS	0 - 1 - 2 - 3 - 4 - 5 - 13. NAVY 1 2 3 4 - 5 - 8 9 9	Nonth Nont	TIFICATE CIATE CIATE TIFICATE CIATE TER TORAL ERIEBCE (DO RO ECOW/PPWO EWS/FPWS ERS/CRW DTHER (Spec DPERATOR SUPERVISOR PLANT STAFF DTHER (Spec IAL HUCLEAR REACTOR OF SENIOR OFF STAFF/SELE AUX /EQUIT PLANT STAFF	cify) F (Inc Test PERATOR ERATOR ERVISOR FT ENG. P. OPER	DOUBE Ludit Re R (L (Li R (L INEE R. ()	ng Reactoricense cense icense (Li	osearc coloridad sed)	SEE a a children and	INSTRI	MONTHS JCTIONS AND YEA	YES	NO
	X GRADU GED E NO b. NUMBE YEARS COLLE 12. TRA 1-NUCLEA (Class 2-FLANT CLASSR OBSERV 3-OPERAT CONTRO SIMULA a. Uni b. CERTIF PROGRA NO. OF PL 5-EXTRA ROOM (66- QUAL 7-OTHER	R OF OF GE 4 LINING (SINCE PLATION) SYSTEMS OOM ATION ING FRACTICATION TOR OPERATION TOR OPERATION TOR NAMES t 1 COMPLETED REACTIVITY ANT STRUCTION PERSON ON S 13-WEEK MINIME E ON SHIFT WEEK MINIME LIFICATION	ENGINEERING (FII Mechanical & I OTHER CE LAST APPLICAT. ANT FUNDAMENTALS NO SHIFT IN CONTROL OF THE PROPERTAL	ELDS) Nuclear ION - SE a. MONT FROM	EE INSTRU	UCTION OF	e Co 3	MBER EKS	0 - 1 - 2 - 3 - 4 - 5 - 13. NAVY 1 2 3 4 - 5 - 8 9 9	Nonth Nont	TIFICATE CIATE CIATE TIFICATE CIATE TER TORAL ERIEBCE (DO RO ECOW/PPWO EWS/FPWS ERS/CRW DTHER (Spec DPERATOR SUPERVISOR PLANT STAFF DTHER (Spec IAL HUCLEAR REACTOR OF SENIOR OFF STAFF/SELE AUX /EQUIT PLANT STAFF	cify) F (Inc Test PERATOR ERATOR ERVISOR FT ENG. P. OPER	DOUBE Ludit Re R (L (Li R (L INEE R. ()	ng Reactoricense cense icense (Li	osearc coloridad sed)	SEE a a children and	INSTRI	MONTHS JCTIONS AND YEA	YES	NO

			 	14. PACII	LITY OPERATO	R TRAINI	NG PROGRAM			·	 :-
a. GRADUATE TRAINING A SYSTEMS	OF INPO ACCRI PROGRAM TEAT APPROACH TO	EDITED OFF IS BASED TRAINING	ERATOR UPON	X YES	ОМ		IFIED ON NRC FOR LITY CERTIFICATI LATION FACILITY ATOR TRAINING PR	M 474 ("SIMULA ON") OR NRC AF IS USED IN THE OGRAM	TION	X YES	NO
				15.	FOR RENEWA					· · · · · · · · · · · · · · · · · · ·	
HOURS OPE	RATED FACILI	ГУ	• •			b. DATE	AND RESULT OF M NT NRC ADMINISTE ALIFICATION EXAM	OST DA	TE	RESU	LT
BOOKE OF				·				INATION		PASS	FAIL
		mar			16. EXPER	IERCE DE	TAILS	· · · · · · · · · · · · · · · · · · ·			
a. POSIT	TION TITLE	FROM	TO	1 1	b. FACILITY			c. I	UTIES		
									•		
	,					*					
								•			
						<i>i</i> .		•			
			٠.								
			,								
										. ,	
17 COMMENTS	S (Specify the	a item nu	mher to	which you	are elabora	ting At	tach additional	shoote en moos			
17. 001111111	s (bpecity ca			whiteh you	gre erapore	ting. At	cach additional	sueers as nece	ssary.)		,
			•								
								• .			,
			-						•	•	
								-			
			٠.			*					•
									•		
		•		:	:		• -				
						• .	•				
		,									
10 EDC POOM	204 (************************************	CATTON OR	MEDICA	T DVANTEAS	YOU DE DIOTE					·····	 ,
							NSEE, IS ATTACHE ENTS, MAY BE SUB	and the second s	AND CDIM	INAL CANCETO	
19a. I certi:	fy under pena	lty of pe	rjury t	hat the in	formation in	this do	cument and attac	hments is true	AND CRIM	est T fur	ther
by a He- control instanc and (4) the res	that I have a alth and Huma led substance where I hav any reasons ults of exami	notified on Service, and the eben are for removed the termoved the termover the ter	my curr s (HHS) test r rested al or r o my em	ent employed Certified esults exceptor the sale evocation of eployers for	er of: (1) a Drug Testin eeded the cu le, use or p of unescorte r use in pre	ll previ g Labora toff lev ossession d access paring r	cument and attac ous employers; (tory or a Licens els established n of a controlle at a nuclear fa etraining progra	2) any instance ee's testing if pursuant to 10 d substance de cility, I also	e where acility CFR Par scribed authoria	have been cor alcohol 26: (3) and in 10 CFR Page the NRC t	tested or a y rt 26; o submit
SIGNATURE -	APPLICANT	Han	X.	di -			<u> </u>			DATE 3/	9/92
CHECK APPLIC	ABLE BOX	Nen	14000	am				· · · · · · · · · · · · · · · · · · ·		5/	1112
X b. I	certify that s an Operator need for an vailable for ttachments is	the abov /Senior O Operator/ examinati	e named perator Senior on. I	individual pursuant i Operator 1 also certii	l has succes to Title 10, icense to pe fy under pen	sfully c Code of rform hi alty of	ompleted the fac Federal Regulat s/her assigned d perjury that the	ility licensee ions, Part 55; uties and that information i	s require and that the fact n this do	ements to be the indivi	licensed dual has e made
c. RE	NEWAL ONLY -	I certify noted in licensed	that t Item 17 respons	he above no) as required ibilities of	amed individued by sections	ual meet on 50.54 and safe	s the approved r (i-1) of 10 CFR ly. I also cert s true and corre	equalification 50, and that	program	(with excep	tions d his/her
	TDATHT	informati	on in t	his documen	nt and attac	hments i					
PRINTED OR		Robert C	-	·. ·		PRINT	ED OR TYPED NAME	GEMENT REPRESE	- ,	OH SITE	•
SIGNATURE	Robert	+ Cler	neit	DATI		SIGNA	NON-CERT	TURE REQUIRED IFIED APPLICAT	ION	DATE	
	WAIVER (Che	ck or	mlete '	tome s=		R NRC US	······································	Inone			
<u> </u>	GRANTE		hrace J	DENIED		PLET	S REQUIREMENTS	DOES NOT MEE	T REQUIRE	MENTS (Expla	in below)
CATEGORY	HEADQUARTERS	REGIO	N HF	ADQUARTERS	REGION	\dashv					•
TTEN						-		•	٠.		
ERATING					· · · · · · ·	7					
ELIGIBILITY						1	<u> </u>			*	
MEDICAL						SIGN	ATURE - REVIEWER	-		DATE	
OTHER	(20.00)										
NRC FORM 398	(10-90)						,				

NAME OF AFFLICANT

ESTITUTED RECORD POR RESPONSE TO COUPLY WITH THE INFORMATION COLLECTION REDUCEST. IS BUY FORWARD MECHANISM COLLECTION FERTURE TO THE INFORMATION COLLECTION FERTURE TO THE INFORMATION AND RECORDS MANAGEMENT EXAMINATION TO TAKE A POLICY OF THE FAMILY MANAGEMENT OF THE FAMILY OF REDUCTION PROJECT DISCORDING OF FIGURE OF MANAGEMENT OF COSMIT

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEF

Goodwin,	. Dean R.	
	Generating Station, Unit 1	FACILITY DOCKET NUMBE
	A 14501044 54	50.200
THIS IS TO CERTIFY THAT THE ABONE NAME	A. MEDICAL EXAMINATION CERTIFICATION ED APPLICANT FOR AN OFERATOR SENIOR OFERATOR L STATE AND LICENSE NUMBER	ON
PRINTED NAME (of physician)	DAFFLICANT FUR AN UPERATOR SENIOR OPERATOR	LICENSE HAS BEEN EXAMINED BY & BUNDING
		EXAMPLE
BASED ON THE RESULTS OF THE TOWN	CA G60318	EXAMINATION DATE
	ION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT AND AND AND AND AND AND AND AND AND AND	
2. CORRECTIVE LENSES BE WORN WHEN	PERFORMING LICENSED DUTIES	
- DEARING AID SE WORN WHEN PERFO	RMING LICENSED DUTIES	
4. RESTRICTED LICENSE OR EXCEPTION.	S-Provide desetts but	
5. RESTRICTION CHANGE FROM PREVIO	PIES CLIEBLET AL DELL'AL LA TELL'AL LA TELL'ARIES PELESTE	for NRC review.
PROPOSED WORDING OF RESTRICTION (Block 4	OUS SUBMITTAL —Provide defails below and arrech topograing. 4 above)	medical evidence for NRC review
	(And XV	11/4/91
Corrective lenses be wo	orn when performing licensed dut	i de
RELATIONSHIP OF RESTRICTION TO DISQUAL	IFYING CONDITION (Briefly indicate how regriction will con	ies.
	PTING CONDITION (Briefly indicate how restriction will cor	rect the discustifuing madicinal
		the suspentating conditions
MARKS FOR RESTRICTION CHANGE (Block 5	(above)	
THIS CENTIFIES	B. NONMEDICAL CERTIFICATION	
FOR LICENSED OPERATORS	B. NONMEDICAL CERTIFICATION EEN FOUND TO MEET THE SAFEGUARDS AND FITNESS F	
DESCRIPTIONS.	FITNESS F	FOR DUTY REQUIREMENTS OF THIS FACILITY
NY FALSE STATEMENT OR OMISSION IN THIS DOCUMERJURY THAT THE INFORMATION IN THIS DOCUMERJURY THAT THE INFORMATION IN THIS DOCUMERJURY THE INFORMATION IN THE I	MENT, INCLUDING ATTACHMENTS 1000	A STATE OF THE PROPERTY.
RINTED NAME AND CICHATURE	MENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL A NT AND ATTACHMENTS IS TRUE AND CORRECT. I TITLE	IND CRIMINAL SANCTIONS, I CERTIFY UNDER BENEFIT OF
RINTED NAME AND SIGNATURE (Senior Manager No Signature Required News	ment Representative on Site! TITLE	THE PERSON OF TH
-8-rated Redutted, Non	n-Certified F	DATE
H. E. Morgan App	_1	i ·
		& Site Manager
Communications, th	his form shall be submitted to the NRC as follows: BY MAIL AD	
Regional Administrator, Region I	Backers & Action 1 1 2 2 2	DDRESSED TO:
475 Allendate Road	U.S. Nuclear Regulatory Commission	Regional Administrator, Region III
King of Prussia, PA 19406	I'V Marietta Street Suita 3100	U.S. MUEIRAF KAR HAYARA CAMMITA
	Atlanta, GA 30323	TES TOOMERS IN NAME .
Regional Administrator, Region IV U.S. Nuclear Regulatory Commission 513 Ryan Bloom	Regional Administrator, Region V	Glen Ellyn, IL 60137
	U.S. Nuclear Regulatory Commission	Director, Division of Licenses Performance
Arlington, TX 76011	1450 Maria Lane, Suite 210 Walnut Creek, CA 94598	Attn: Operator Licensine Burney
		V 3. MUCHAI Regulatory Committee
Pursuant to 5 U.S.C. 557a(e)(3), enacted imp law by 1974 (Public Law 83-579), the following statement	PRIVACY ACT STATEMENT	113 May on, DC 20555
	Commend to individuals who local assency in the many the	primation may be disclosed to an appropriate Federal, State, or he information indicates a violation or potential violation of law reation indicates a violation or potential violation of law
Assembled at 55 Federal Play erer 32978 (Assembly reco	ands designated as NRC18 and, the course of an edition	ne information indicates a violation or potential violation of law nation indicates a violation or potential violation of law

THORITY: Sections 107 and 161(1) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

NCIPAL PURPOSEISI: Information amared on this form is used to determine ther the physical condition and general health of the applicant are such that they not cause operational errors endangering public health and safety. This information may be used by the NRC half to detarmine if the individual mens the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, Disclosure is voluntary, if the requested information is not provided, however, the application for a facility operator's

SYSTEM MANAGERISI AND ADDRESS: Onet, Operator Licensing Branch, Office Co Nuclear Reactor Regulation, U.S. Nuclear Pagaletory Commission, Washington, DC 20555

				,						· .	•	•
RRC FORM 398 (FACSIMILE) U.S (10-90) 10 CFR 55.31, 55.35, 55.47, and 55.57	. NUCLEAF	REGULAT	ORY COMMISS	ION	ESTI WITH REQU	APPROVED BY EXI MATED BURDEN THIS INFORMEST: 2.0 ERS	OMB: TRES: PER ATION FOR	NO. 3150-0090 1-31-92 RESPONSE TO COLLECTION WARD COMMENTS	OMPLY (To	DATE F	ECEIVI	ED by NRC
PERSONAL QUALIFICATION S TO REMAIN VALID, THIS FO		· ·			MATI (MNB MISS THE 0090	RDING BURDEN ON AND RECOF B 7714) U.S. ION, WASHING PAPERWORK RE OFFICE OF INGTON, DC.	ESTI DS MA NUCLE STON DUCTI MANAG	NO. 3150-0090 1-31-92 RESPONSE TO COLLECTION WARD COMMENTS MATE TO THE IN NAGEMENT BRAN AR REGULATORY DC 20555 AND ON PROJECT (3 EMENT AND BUDG	COM- TO 150- SET,			
1. APPLICANT'S FULL NAME (Last, F (include ZIP Code)					`			(Check appli		s) EC	T	COLI
					Ť	a. NEW	• • • • • • • • • • • • • • • • • • • •	£	WAIVER F	LEQUESTED		
JANKE, JASON BRIAN	• .					b. RENEWAL c. UPGRADE	•		Justify 1-writte	N (Cates	ory)	
4794 Via Escala Oceanside, CA 92056						d. MULTI-UNI INCLUDE A	MA) T	END TO	2-OPERAT	ING (Cat	egory)) .
						e. REAPPLICA			3-ELIGIE			
2. CITIZERSHIP		3. E	IRTH DATE		-	1-FIRST 2-SECOND			5-OTHER			
X a. UNITED STATES		MONTH		AR		3-THIRD	See B	lock 17 * g	DATE PASS FUNDAMENT INATION S (IF APPLI	ED GENER ALS EXAM ECTION	IC M	4 YY
b. OTHER (Specify) 5. TYPE OF LICENSE APPLIED FOR	<u>_</u>	0 8	1 7 6	4	6.	PREVIOUS LI	CENSE		(IF APPLI	CABLE)		
a. OPERATOR	a. DOCK	ET NUMBE	R RO SRO	b. 1		NSE NUMBER	c.	EXPIRATION DA		CILITY D	OCKET	NIMBET
X b. SENIOR OPERATOR c. LIMITED_SRO_		0385	X	ļ		58-00	MONT	H DAY YI 8 3 1 9	AR 3 50-2			110111111
(e.g., Fuel Handler) 7. NAME AND ADDRESS (Include ZIP C	ode) OF A	PPLICANT		-		1		CURRENT POSIT			<u>.</u>	
	 -				1	PLANT SUPER	INTEN	DENT			IT OPE	RATOR,
Southern California Edison P.O. Box 128 San Clemente, California 92674-0	128		• .	-	1	ASSISTANT F		SUPERINTENDEN:	ING/ (NON	LIARY UN NEE/TURB EQUIPMEN LICENSED	OPERA OPERA	ATOR (TOR)
8. NAME OF APPLICANT'S FACILITY	TAGET	TEN DOM	TT \TT \TT		1.	STAFF ENGIN		<u></u>	_ յ. oī⊞i	R (Speci	ÍŸ)	
San Onofre Unit 1		30-206	ET NUMBER		f.	SHIFT TECHN SHIFT ENGIN INSTRUCTOR	EER	ADVISOR/		· · ·		
9. ADDITIONAL FACILITY DOCKETS	(Multi-u	mit Lice	nses)	Ļ	1	•		OOM OPERATOR	-	٠.		
			11. EDUCA	ION	п.	CONTROL ROC	M OPE	RATUR				
HIGH SCHOOL c. MAJOR AREA(S) OF	NUMBER OF YEARS	HIGHEST DEGREE	DEGI (To	REE (CODES used for DEGREE"	•	d. VOCATIONAL	1;	NUMBER OF	CERTI REC	FICATE
X GRADUATE ENGINEERING (FI	ELDS)		(Use Codes)	obti	aine	1)		TYPE OF TRA	INING	MONTES	YES	NO
NO OTHER General		2	. 0	12.	- CE - AS - BA	NE RTIFICATE SOCIATE THELOR						
b. NUMBER OF YEARS OF COLLEGE 2				- 4 -	- MA	SOCIATE HELOR STER CTORAL				ļ		
12. TRAINING (SINCE LAST APPLICAT			_ 1.	 	. EX	PERIENCE (DO	NOT I	DOUBLE COUNT -	SEE INST	I RUCTIONS)	<u> </u>
	FROM	I AND YEA	OF WEEKS	RAY	VY			•	a.MONT	H AND YE	OF	NUMBER MONTHS
1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)] .	1 -							
2-PLANT SYSTEMS CLASSROOM OBSERVATION			<u> </u>	-	_	EWS/PPWS					+-	
3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT			1 .	-		ERS/CRW	16.)				工	
SIMULATOR OPERATING (Includes Classroom)		 	1:	 	SSIL	OTHER (Spec	119)	Dperator	- · · ·			
SIMULATOR NAMES						OPERATOR						
b.						SUPERVISOR PLANT STAFF						
CERTIFIED STARTUP YES NO						OTHER (Spec					+-	
NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR				œ	PER	IAL NUCLEAR	(Inc.	luding Researc	h/		1	
See Block 17 4-SRO INSTRUCTION							ERATOR	R (Licensed)				
5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)		-				SENIOR OPE SHIFT SUPE			-		+	· .
a. TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)				1	13	STAFF/SEIF	T ENG	INEER (License			1	
EQUALIFICATION				1	15	PLANT STAF	F	R. (Nonlicense	(۵	-	+	
OTHER (Specify)		<u> </u>			16	OTHER (Spe	cify)					
		-	 								-	
NRC FORM 398 (10-90)		-		!		<u> </u>						
					,	. 1	٠		٠			

			14. FACII	LITY OPERATO	R TRAINI	RG PROCERAM			
a. GRADUATE OF INPO ACTIVATION OF TRAINING PROGRAM TO A SYSTEMS APPROACH	CREDITED O HAT IS BASE TO TRAININ	PERATOR D UPON G	X YES	NO	b. CERT FACI SIMU	IFIED ON NRC FORM 474 (LITY CERTIFICATION") CE LATION FACILITY IS USED ATOR TRAINING PROGRAM	"SIMULATION NRC AFPROVED IN THE	X YES	NO
			15	FOR RENEW	LS ONLY		-		
HOURS OPERATED FAC	ILITY				b. DATE	AND RESULT OF MOST NT NRC ADMINISTERED ALIFICATION EXAMINATION	DATE	RESUL	.T
200.20								PASS	FAIL
DOCUMENT BUTTLE	mov	T 20	· · · · · · · · · · · · · · · · · · ·	16. EXPE	LIENCE DE	TAILS			
a. POSITION TITLE	FROM	TO	 	b. FACILITY			c. DUTIES		
									•
				4				•	
	,								
	.					. , .			
								,	
			* •	-	•				
		'							
								•	
		.*							1. · · · ·
,	•		,	·			• • •		
									- :
		,						• .	
17. COMMENTS (Specify	the item n	umber to	which you	are elabora	ting. At	tach additional sheets	as necessary.)		<u> </u>
4.g. Mr. Janke h	eld a RO li	cense pr	rior to the	Generic Fur	- ndamental	s Examination. Mr. Jan	ke should	* .	•
be exempt f	rom the Gen	eric Fur	ndamentals 1	Examination	based on	Generic Letter 89-17, ions are not required f	date September 6		
					•	•			
	•							•	•
	٠.								-
		•							•
						,			
				•					
	٠.			,			•		
					<u> </u>			•	
						NSEE, IS ATTACHED			
19a T certify under n	enalty of n	or in it	het the in	formation in	ATTACHM	ENTS, MAY BE SUBJECT TO	CIVIL AND CRIMI	NAL SANCTION	S.
certify that I have by a Health and H	ve notified uman Servic	es (HHS)	rent employed	er of: (1) a Drug Testin	ill previ	cument and attachments ous employers; (2) any tory or a Licensee's te and of a controlled subst at a nuclear facility, straining programs, as	instance where I sting facility (have been t	her ested
controlled substa	nce, and th have been a	e test r	for the sa	eeded the cu le, use or p	toff lev cssession	els established pursuan n of a controlled subst	t to 10 CFR Part	. 26: (3) any	t 26:
the results of ex	ns for remo amigations	to my en	ployers for	of unescorte r use in pre	ed access paring r	at a nuclear facility, etraining programs, as	I also authoriz necessary.	e the NRC to	submit
SIGNATURE - APPLICANT	how	BIL	R					DATE	1-92
CHECK APPLICABLE BOX	<	~				- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	7.13	>10
X b. I certify t	hat the abo	ve named	individua	l has succes	sfully c	ompleted the facility 1	icensees require	ments to be	licensed
a need for available f attachments	an Operator or examinat is true an	/Senior ion. I d correc	Operator 1: also certi:	icense to per fy under per	erform hi	ompleted the facility l Federal Regulations, P s/her assigned duties a perjury that the inform	art 35; and that nd that the faci ation in this do	the individ lity will be cument and	made
c. RENEWAL ONLY	- I certif noted in licensed informat	y that t Item 17 respons ion in t	the above na 7) as requires of sibilities of this document	amed individual red by section competently into and attack	lual meet on 50.54 and safe chments i	s the approved requalif (i-1) of 10 CFR 50, an ly. I also certify und s true and correct.	ication program d that be/she ha er penalty of pe	(with except is discharged orjury that t	ions his/her he
TRA	INTING COORD	INATOR			:	SENIOR MANAGEMENT			
PRINTED OR TYPED NAME	Robert Cl	ement			PRINT	ED OR TYPED NAME	E. MORGAN		
SIGNATURE COLLET	~	A	DATI	E 2 10 0=	SIGNA			DATE	: .
Galet	Ulme	۲	·	3 17-92 T	10 km/	TURE NO SIGNATURE R NON-CERTIFIED	APPLICATION	, 1	
WAIVER (Check or co	mplete i	items, as a		MEET MEET		NOT WEET BEQUITE	MENTS (F-1 ·	- hali :
GRA	NTED BY		DENIED		- I.EEI	LUCES DUES	NOT MEET REQUIRE	richio(Explai	u pelow)
CATEGORY HEADQUART	ERS REGI	ON HE	ADQUARTERS	REGION	1		• • •		•
ITTEN					่		•		•
PERATING]				
ELIGIBILITY MEDICAL		-,		<u> </u>					
OTHER			· · · · · · · · · · · · · · · · · · ·		- SIGN	ATURE - REVIEWER		DATE	
NRC FORM 398 (10-90)		·····J		L		· · · · · · · · · · · · · · · · · · ·			·· ·· ·

APPROPERTURE NO PROPERTY DOPPES, 121 H

ESTIMATED PURCOUS PER RESPONSE TO COURLY WITH THIS INFORMATION COLLECTION REDUEST. 15 MM FORMATION COMMETTS WEST STUDY EST THAT EST OF THE PROPERTIES OF THE STUDY OF THE STU PARTY OF THE PROPERTY SOURCES PROPERTY OF OR DESCRIPTION OF THE PROPERTY OF COURSE OF COURSE OF THE PROPERTY O

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

		DIFFICE OF MANAGEMENT AND BUDGET, MASHINGTON DO 2000
NAME OF APPLICANT		
Janke, Jason		
FACILITY		FACILITY DOCKET NUMBER
San Onofre Nuclear Gener	ating Station, Unit 1	50-206
	A. MEDICAL EXAMINATION CERTIFICAT	TION
THIS IS TO CERTIFY THAT THE ABONE NAMED AF	PLICANT FOR AN OFERATOR SENIOR OFERATO	R LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.
PRINTED NAME (of physician)	STATE AND LICENSE NUMBER	EXAMINATION DATE
S. Rosen, MD	CA G24823	Nov. 25 1001
AND SAFETY, I CERTIFY THAT IN REACHING THIS FOLLOWED AND THAT DOCUMENTATION IS AVAILON THE BASIS OF THE RECOMMENDATION OF THE	DETERMINATION, THE GUIDANCE CONTAINED LABLE FOR REVIEW BY NRC.	AFFLICANT, THE PHYSICIAN MAS DETERMINED THAT THE SE OFERATIONAL ERRORS ENDANGERING PUBLIC HEALTH IN ANSI/ANS 3.4-1993, OR ANSI/ANS 15.4-1977 (N3SO) WAS
1. NO RESTRICTIONS 2. CORRECTIVE LENSES BE WORN WHEN PER 3. HEARING AID BE WORN WHEN PERFORMI	RFORMING LICENSED DUTIES NG'LICENSED DUTIES	
	evide details below and attach supporting medical evide SUBMITTAL—Provide details below and attach support	
CORRECTIVE LENSES BE WORN I	WHEN PERFORMING LICENSED DUT	
RELATIONSHIP OF RESTRICTION TO DISQUALIFY	ING CONDITION (Srietly indicate how regrittion will	l correct the disquelifying condition!
REMARKS FOR RESTRICTION CHANGE (Block 5 abo	ore)	
	B. NONMEDICAL CERTIFICATION	
	FOUND TO MEET THE SAFEGUARDS AND FITN	ESS FOR DUTY REQUIREMENTS OF THIS FACILITY IVIL AND CRIMINAL SANCTIONS, I CERTIFY UNDER FENALTY OF

NAME AND SIGNATURE (Senior Management Representative on Site) TITLE

DATE

No Signature Required, Non-Certified

Application H. E. Morgan

In accordance with 10 CFR E5.5, Communications, this form shall be submitted to the NRC at follows: BY MAIL ADDRESSED TO:

Vice President & Site Manager

Regional Administrator, Region I

U.S. Nuclear Regulatory Commission 475 Allendale Road King of Prossis, PA 19405

Regional Administrator, Region IV U.S. Nuclear Repulsiony Commission 611 Ryan Plaza Drive, Suite 1000 Arlington, TX 76011

Regional Administrator, Region II U.S. Nuclear Regulatory Commission 101 Mariema Street, Suite 3100 Atlanta, GA 30323

Regional Administrator, Region V U.S. Nuclear Regulatory Commission 1450 Maria Lane, Suite 210 Walnut Creek, CA \$4596

Regional Administrator, Region III U.S. Nuclear Regulatory Commission 799 Roosevelt Road Glen Ellyn, IL 60137

Director, Division of Licenses Performance and Quality Evaluation Attn: Operator Licensing Branch U.S. Nuclear Regulatory Commission Washington, DC 20555

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 5572(e)(3), exacted imo law by section 3 of the Privacy Act of 1974 (Public Law 53-578), the following natement is furnished to individuals who supply information to the U.S. Nuclear Pepulatory Commission on NFC Form 3PS. This information is maimained in a system of records designated as NFC-18 and a conclude as \$5 Federal Register 20508 (August 20, 1990).

AUTHORITY: Sections 167 and 161(1) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

FRINCIPAL PURPOSEIS): Information amound on this form is used to determine whether the physical condition and seneral health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NPC start to determine if the individual means the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an expressiate Federal, State, or local evency in the event the information indicates a violation or potential violation of law and in the every the information indicates a violation or potential violation of law and in the couns of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and merchany for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, Disclosure is voluntary, if the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGERIS) AND ADDRESS: Oriet, Operator Licensing Branch, Office or Nuclear Fermor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

		·													* .	100
NRC FORM 398 (FACSIMILE) U.S (10-90) 10 CFR 55 31, 55.35, 55.47, and 55.57	. NUCLE	AR REGUL	ATORY	CON	MISS:	ION	API ESTIMAT WITH TH	PROVED BY TED BURDEN IIS INFORM I.S 10 HRS ING BURDEN AND RECOR 7114) U S WASHING PERWORK RE DEFFICE OF TON, DC,	OMB: N PIRES: I PER F ATION	10 31 1-31- ESPON COLLE	50-0090 92 SE TO CO	MPLY	(To b	DATE R e compl	ECEIV eted	ED by NRC)
PERSONAL QUALIFICATION S	TATEMEN	T - LICE	NSEE			1	REGARDI REGARDI MATION (MNBB 7	ING BURDEN AND RECOR	FORV ESTIN DS MAN NUCLEA	IARD CO IATE TO IAGEMEN IR REGI	OMMENTS O THE IN NT BRANC ULATORY	TEOR- COM-			٠.	. * * *
TO REMAIN VALID, THIS FO	TPIM MG	NOT BE	AT TED	FD			THE PAR	ERWORK RE	DUCTIO	MENT	TECT (31	150- SET,				<i>:</i>
1. APPLICANT'S FULL NAME (Last, F (include ZIP Code)					s	1	4.TYPE	OF APPLIC	ATION	(Chec)	c applic	able	boxes) <u>H</u> O	T	COLD
(include Zir Code)			,					NEW	-	7	f.	WAT	VED DE	NESTED		
BODDICHEZ CILDEDE			, j			ŀ		RENEWAL				֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	ŘÍŤÍÉN	QUESTED on Reve (Cates	rse) ory)	
RODRIGUEZ, GILBERT 5241 Heatherwood Dr.						2	_	UPGRADE			-	- I		NG (Cat		
Oceanside, CA 92056		•	•		-		d.	MULTI-UNI INCLUDE /	T (AME	ND TO	NIT)	4 -	<u>:</u>	·	egory	<i>)</i>
							_	REAPPLICA			·	-	LIGIBI EDICAL	LITY		
		1 -				_		1-FIRST			-	⊣	THER			
2. CITIZENSHIP X a. UNITED STATES		MONTH	BIRI	- 1	YE	AB	H	2-SECOND 3-THIRD	See Blo	ck 17	* g	DATE	PASSE	D GENER	IC	
b. OTHER (Specify)		0 5	1	6	5	6	لنا	3-1HIRD		-		INAT	ION SE	D GENER LS EXAM CTION ABLE)	- <u> M</u>	M YY
5. TYPE OF LICENSE APPLIED FOR	<u> </u>	,	11				6. P	EVIOUS LI	CENSE	S) HE		,		, <u></u>	!	
a. OPERATOR	a. DO	CKET NUM	BER	RO	SRO	ъ. 1	LICENSE	NUMBER	c.	EXPIR	ATION DA	ATE	d FAC	TITTY N	~~~	NUMBER
X b. SENIOR OPERATOR	ļ								MONTE			AR			OCKE1	NUMBER
c. LIMITED SRO (e.g., Fuel Handler)	33	-50178		X		OP.	-50122-	01	0 8	0	7 9	3	50-20	6		
7. NAME AND ADDRESS (Include ZIP C	ode) OF	APPLICA	NT'S	EMPI	OYER						POSITI	ON A				
Southern California Edison				,			1	ANT SUPER SISTANT F			L	1.	AUXIL TRAIN	IARY UN EE/TURB OUIPMEN ICENSED	IT OF	ERATOR/
Southern California Edison P.O. Box 128 San Clemente, California 92674-0	128	•					4	HIFT SUPER		OFERI	A I EUDEU I		(NONE	CENSED	OPER	ATOR
				•		-	1	AFF ENGIN				- .				
8. NAME OF APPLICANT'S FACILITY	FAC	ILITY DO	CKET	NUME	ER		e. SE	IFT TECHN	ICAL A	DVISO	R/ ∟	3.	OTHER	(Speci	fy)	
San Onofre Unit 1 9. ADDITIONAL FACILITY DOCKETS	· /M-1-2	50-206		- \		· .	f. IN	ISTRUCTOR	•	•						
3. ADDITIONAL PACIEITI DOCKETS	(Multi	-unit Li	cense	5)		x	1 .	NIOR CONT ONTROL ROC			ERATOR		. —		•	
			1	1. I	DUCA	TION	1				·					
HIGH SCHOOL c. MAJOR AREA(S	OF.	NUMBER OF YEAR	S B	IGHE DEGR	ST	DEGE (To	REE COD	ES d for		d. VO	ATIONAL ENICAL	. /		NUMBER	CERT	IFICATE CEIVED
X GRADUATE ENGINEERING (F)		 				obta	GHEST Dained)	EGREË"	4.		OF TRA		G	MONTES	YES	NO
GED EQUIVALENCY			<u> </u>			0 :	- NONE - CERTI	FICATE		Nucle	ear Powe	r Sc	hool	6	Х	
NO OTHER						3 -	- BACHE	LOR		Nucle	ear Prot	otyp	е	6	Х	
b. NUMBER OF YEARS OF COLLEGE 0		-	П			3 -	- MASTE - DOCTO							·		-
12. TRAINING (SINCE LAST APPLICAT	ION - S	EE INSTRI	UCTIO	NS)		13.	EXPE	LIENCE (DO	NOT	OUBLE	COUNT -	SEE	INSTR	JCTIONS))	_1
	a, MON	TH AND Y	EAR b	, NU	MBER EKS						·	a	. MONTH	AND YE	AR b.	NUMBER MONTES
1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)	1 FROM	TO	\perp			KAY							FROM	TO	J.,	PONTES
2-PLANT SYSTEMS CLASSROOM							1 - RC	OW/PPWO		-		-		-		
OBSERVATION		<u> </u>	-					S/PPWS				\dashv		 ,		
3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT	-						4 - ER									
SIMULATOR OPERATING	<u> </u>	-	_				5 - OI	HER (Spec	ify) E	lectri	cal		•			
(Includes Classroom)			<u> </u>			FOS	SSIL									
SIMULATOR NAMES				HIHI				ERATOR						ļ		
b.								PERVISOR		-				 	+	
CERTIFIED STARTUP YES NO PROGRAM COMPLETED	1 8844864111784666	munummunummunum		11:11:11:11:11:11:11:11:11:11:11:11:11:				ANT STAFF								
								ANT STAFF						 		
NO. OF REACTIVITY MANIPULATIONS						COP	9 - OT	HER (Spec	ify)	udine	Reserve	h/				
PLANT SIMULATOR						CO1	9 - OT	HER (Spec	ify) (Incl Test			h/				
						con	9 - OT	HER (Spec L NUCLEAR EACTOR OF	ify) (Incl Test	(Lice	nsed)	h/				
PLANT SIMULATOR See Block 17 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL						COP+	9 - OT TERCIA 10 - R 11 - S	HER (Spec	ify) (Incl Test ERATOR	(Licer	nsed)	h/				
PLANT SIMULATOR See Block 17 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)						COL	9 - OT TERCIA 10 - R 11 - S 12 - S	HER (Spec	ify) (Incl Test ERATOR RATOR	(Licer (Licer	ensed) ensed)					
PLANT SIMULATOR See Block 17 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)						cor	9 - OT 10 - R 11 - S 12 - S 13 - S 14 - A	HER (Spec L NUCLEAR EACTOR OF ENIOR OPE HIFT SUPE TAFF/SHIF UX./EQUIF	(Incl Test PERATOR RATOR RVISOR T ENGI	(Licer (Licer (Lice	ensed) ensed) (License	od)				
PLANT SIMULATOR See Block 17 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)						COP	9 - OT TERCIA 10 - R 11 - S 12 - S 13 - S 14 - A 15 - F	HER (Spec L NUCLEAR EACTOR OF ENIOR OFE HIFT SUPE TAFF/SHIF UX./EQUIP LANT STAF	ify) (Incl Test ERATOR RATOR REVISOR T ENGI	(Licer (Licer (Lice	ensed) ensed) (License	od)				
PLANT SIMULATOR See Block 17 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) EQUALIFICATION						COR	9 - OT TERCIA 10 - R 11 - S 12 - S 13 - S 14 - A 15 - F	HER (Spec L NUCLEAR EACTOR OF ENIOR OPE HIFT SUPE TAFF/SHIF UX./EQUIF	ify) (Incl Test ERATOR RATOR REVISOR T ENGI	(Licer (Licer (Lice	ensed) ensed) (License	od)				
PLANT SIMULATOR See Block 17 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) EQUALIFICATION						cor	9 - OT TERCIA 10 - R 11 - S 12 - S 13 - S 14 - A 15 - F	HER (Spec L NUCLEAR EACTOR OF ENIOR OFE HIFT SUPE TAFF/SHIF UX./EQUIP LANT STAF	ify) (Incl Test ERATOR RATOR REVISOR T ENGI	(Licer (Licer (Lice	ensed) ensed) (License	od)				

										. 1			
					14. FACI	LITY OPERATO				•			
	a. GRADUATE TRAINING A SYSTEMS	OF INPO ACCR PROGRAM THAT S APPROACH TO	EDITED OF IS BASED TRAINING	PERATOR UPON	X YES	NO	b. CERT FACI SIMU OPER	IFIED ON NR LITY CERTIF LATION FACI ATOR TRAINI	C FORM 474 (ICATION") OR LITY IS USED NG PROGRAM	"SIMULATION NRC APPROVED IN THE	х	YES	NO
					15	. FOR RENEWA	LS ORLY	:.					·
	HOURS OP	ERATED FACILI	TY				b. DATE RECE	AND RESULT NT NRC ADMI	OF MOST NISTERED EXAMINATION	DATE		RESUL	· ,
						16. EXPER			EXAMINATION			PASS	FAIL
: -	a. POSI	TION TITLE	FROM	TO	Ť.	b. FACILITY			·	c. DUTIES			
								÷	-				
						•			• •				
		*									·		
	* -			p.			2						
							٠			•			
				٠.		•	٠.					*	
	٠,			٠	1	4		*	•	•			
		,	1	<i>:</i>									
		•		٠,		•							
										as necessary.)			
										amination. Mr ted September (ıld
											0, 1707	•	
	12.3.D. Cert	riiled Weacto	r Startur	and Nu	mper of Ke	activity Man	ipulation	is are not	required for	SRO Upgrades.			
			•	•			*		¥ .				
				. '	. *								
			i-		1					,			
			ė					•		•			
	18 MDC POIDM	306 CEPTIET	CATTON OF	MEDICA	T EVALUTEAT	TON DW WAGTE			· · · · · · · · · · · · · · · · · · ·			• •	
	18. NRC FORM ANY FALSI									CIVIL AND CRIN	ATNAT C	ANCETON	·
١.	19a. I certi	fy under pena	lty of pe	rjury t	hat the in	formation in	this do	ument and a	attachments	is true and con	rect.	I furth	er
	by a Heacontrol	alth and Huma led substance	notified n Service	my curr s (HHS) test r	Certified exults exc	er or: (1) a. Drug Testing eeded the cu	LL previo	ory or a L	rs; (2) any icensee's te	is true and cor instance where sting facility t to 10 CFR Far ance described I also authori necessary.	I have	been to	sted
	instance and (4)	where I hav	e been ar for remov	rested al or r	for the sa	le, use or po of unescorted	ssession access	of a conti	rolled substant ar facility.	ance described I also authori	in 10 ((3) any FR Part NBC to	26;
	SIGNATURE -	APPLICANT\	A \N _ \ \Z -	·	ployers to	r use in pre	paring re	training pr	cograms, as	necessary.			
			howes ic	mizi.	\		 .	·			DA:	TE 3-9	-92
1	X b. I		the abov	e named	individua	1 has success	fully co	ad betalam	· facility 1			4 - 1 - 9	
	a:	an Operator need for an	/Senior C Operator/	perator Senior	pursuant Operator 1	to Title 10, icense to per	Code of	Federal Reg /her assign	gulations, Paned duties a	icensees requirer 55; and the fact that the fact ation in this continuous control of the control	ements	to be l Individu	icensed al has made
	at	ttachments is	true and	correc	t.	ly under pen	alty of p	erjury that	the inform	ation in this c	locument	and	
	c. REI	NEWAL ONLY -	I certify noted in	that to	he abova n) as requi	amed individu	meets	the approv	ed requalif: CFR 50, and	ication program d that he/she her penalty of p	with	excepti	ons his/her
			informati	on in t	his documen	nt and attach	nd safel ments is	y. I also true and c	certify und	er penalty of p	erjury	that th	10
٠	PRINTED OR 1		NG COORDI	RATOR	 	· · · · · · · · · · · · · · · · · · ·				REPRESENTATIVE	OR SIT	3	
			obert Cle	ment	·		PRINT	D OR TYPED		E. MORGAN			- '
	SIGNATURE	Robert	Clem	e 🖯 🗀	DAT	5-17-9z	SIGNAT	URE N	O SIGNATURE	REQUIRED APPLICATION	DAT	E	
							NORC USI					· · · · · · · · · · · · · · · · · · ·	
		WAIVER (Che		plete i			MEETS	REQUIREMEN	ITS DOES I	NOT MEET REQUIR	EMENTS	Explain	below)
	CATEGORY	GRANTE HEADQUARTERS		N HF	DENIED ADQUARTERS	BY REGION	4.						
	TTEN						1					•	
-	ERATING						1						
1	ELIGIBILITY MEDICAL		ļ				ļ. <u>.</u> .						
-	OTHER		1				SIGNA	TURE - REVI	EWER		DAT	E	
L	MDC BODY SOA		1			L							

NRC FORM 396 O CFR 55 23 55 25. 55 27,55 31,55 57 U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB. NO 3:50-0074 EXPIRES. 131 A

ESTIMATED BURDEN PER RESPONSE TO COURLY WITH THIS INFORMATION COLLECTION REQUEST. IS MIN. FORMATION COMMENTS REGARDING BURDEN ESTIMATETOTHE INFORMATION AND RECORDS MANAGEMENT BRANCH (MISS 77'4), U.S. NUCLEAR REGULATORY COMMISSION, MASHINGTON, DC. 2015. AND TO THE PAPERMORY REDUCTION PROJECT (3150-0024). OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

NAME OF APPLICANT Rodrianez Gilbert FACILITY FACILITY DOCKET NUMBER LINIT 1 SONGS 50-206 A. MEDICAL EXAMINATION CERTIFICATION THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN. PRINTED NAME CECIL ROLBIN M.D. STATE AND LICENSE NUMBER EXAMINATION DATE 4523 6:14 BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY, I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983, OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC. ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS, NO RESTRICTIONS 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES 4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review. 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and attach supporting medical evidence for NRC rev PROPOSED WORDING OF RESTRICTION (Block 4 above) Corrective lenses be worn when performing licensed duties. RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition) REMARKS FOR RESTRICTION CHANGE (Block 5 above) B. NONMEDICAL CERTIFICATION THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS. ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT. PRINTED NAME AND SIGNATURE (Senior Management Representative on Site) | TITLE DATE No Signature Required, Non-Certified Application Vice President & Site Manager H. E. Morgan In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO: Regional Administrator, Region I Regional Administrator, Region II Regional Administrator, Region III U.S. Nuclear Regulatory Commission U.S. Nuclear Regulatory Commission U.S. Nuclear Regulatory Commission 475 Allendale Road 101 Marietta Street, Suite 3100 799 Roosevelt Road King of Prussia, PA 19406 Atlanta, GA 30323 Glen Ellyn, 1L 60137

PRIVACY ACT STATEMENT

Regional Administrator, Region V

1450 Maria Lane, Suite 210

Walnut Creek, CA 94596

U.S. Nuclear Regulatory Commission

ursuant to 5 U.S.C. 552a(e)(3), enacted imp law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC-16 and . described at 55 Federal Register 33978 (August 20, 1990). AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as

amended (42 U.S.C. 2137 and 2201(i)).

Regional Administrator, Region IV

Arlington, TX 76011

U.S. Nuclear Regulatory Commission 611 Ryan Plaza Drive, Suite 1000

PRINCIPAL PURPOSE(S): Information emered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, o local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

Director, Division of Licensee Performance

and Quality Evaluation

Washington, DC 20555

Attn: Operator Licensing Branch

U.S. Nuclear Regulatory Commission

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, Disclosure is voluntary, if the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGERIS) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Hashington, DC 20555

	NIICI E	AD DECIM	ATORY CO	POTIME	TON	ADDOCKIED BY	CD (D) 17/	21.60	0000					
RRC FORM 398 (FACSIMILE) U. (10-90) 10 CFR 55.31, 55.35, 55.47, and 55.57	, MUULE	AR REGUL	AIURI UU	×11199	EWAR	APPROVED BY STIMATED BURDEN LITH THIS INFORM EQUEST: 20 HRS EGARDING BURDEN ATION AND RECOMMBB 7714) U S HISSION WASHING HE PAPERWORK RE 090) OFFICE OF ASHINGTON, DC,	PIRES: NO PIRES: N PER RI MATION (S. FORWA N ESTIMA	1-31-92 ESPONSE COLLECT ARD COM	TO CO	MPLY	(To b	DATE R e compl	eceivi	D) Y NRC)
PERSONAL QUALIFICATION	STATEME	T - LICE	NSEE		MCMHC MHC	MTION AND RECORMINES 7714) U.S. IISSION, WASHING HE PAPERWORK RE	DS MANA NUCLEAR TON DO DUCTION	AGEMENT R REGUL 20555 N PROJE	ATORY ATORY AND CT (31	HOM-				•
TO REMAIN VALID, THIS F	ORM MUST	NOT BE	ALTERED		W.	ASBINGTON, DC,	20503	ALNI AN	שעטמ עו	EI,				
1. APPLICANT'S FULL NAME (Last, (include ZIP Code)	First, M	Middle) A	ND ADDRE	ess:	4	.TYPE OF APPLIC	ROITA	(Check	applic	able	boxes	X EO	7	COLD
WOOD, KEVIN CRAIG 1122 Las Posas San Clemente, CA 92672					X	b. RENEWAL c. UPGRADE d. MULTI-UNI INCLUDE A	IT (AME)	ND TO]{J\#	tify (QUESTED On Reve (Catego		
	1	•				e. REAPPLICA			. -	- 1	IGIBII DICAL	LITY		
		τ				1-FIRST				5-01	HER			•
2. CITIZENSHIP		+	BIRTH I			2-SECOND	٠.		X g.	DATE	PASSE	GENER		. ,
X a. UNITED STATES		MONTH	DAY		AR	3-THIRD	•		<u>ب</u>	FUNDA INATI	MENTAL ION SEC	GENER LS EXAM CTION ABLE)	- <u>M</u>	
b. OTHER (Specify)	- r ·	1 1 1	1 1	5	9					(IF A	APPLICA	ABLE)	10	90
5. TYPE OF LICENSE APPLIED FOR	 				1 .	6. PREVIOUS LI								
a. OPERATOR	a. DC	CKET NUM	BER RO	SRO	b. L	ICENSE NUMBER	c. I	EXPIRAT	ION DA	TE	d FAC	ILITY D	YKFT	NIIMBED
X b. SENIOR OPERATOR							MONTH	DAY	YE	AR				
c. LIMITED SRO (e.g., Fuel Handler)	55-		. 1	ŀ	•						50-			
	2-3-> 05	ATTY TOA	PEIC BA	77 07700	 		L			لبيا				
7. NAME AND ADDRESS (Include ZIP	code) Of	APPLICA	WI 2 EVE	DIEK	 			URRENT	POSITI					
Southern California Edison		•		•	\vdash	a. PLANT SUPER		-	L	_]±.	TRAIN	IARY UN EE/TURB OUIPMEN ICENSED	IT OPE INE BU	RATOR/
Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128					Ш	b. ASSISTANT F		UPERINT	ENDENT		ING/EC	OUIPMEN'	OPER	ATOR TOR
92674-0128	:					c. SHIFT SUPER	RVISOR	•			(1,01,2,		01140	
						d. STAFF ENGIN	VEER			٦,	OTUEO	(Connai)	ė_ \	
8. NAME OF APPLICANT'S FACILITY San Onofre Unit 1	FAC	CILITY DO 50-206	CKET NUN	BER	X	e. SHIFT TECHN SHIFT ENGIN f. INSTRUCTOR	NICAL AL	DVISOR/	· -	_յ,		(Speci:	- Y	· .
ADDITIONAL DARK TON DOWN		16.91										,		
9. ADDITIONAL FACILITY DOCKET	S (Multi	l-unit Li	censes		\vdash	g. SENIOR CONT			ATOR					
					<u></u> _	h. CONTROL ROC	M OPER	ATOR	* 1					
TICH SCHOOL - WATER AREA	C) 05			EDUCA							· -	`		
HIGH SCHOOL c. MAJOR AREA(S) Ur	NUMBER OF YEAR	S HIGH	FREE	(To	EE CODES be used for HEST DEGREE"	· · · · · · · · · · · · · · · · · · ·	d. VOCA TECH	TIONAL NICAL	. /		NUMBER OF	CERTI	FICATE EIVED
X GRADUATE ENGINEERING (F	IELDS)	1	(Use C	Codes)	obta	HEST DEGREE"	- 1	TYPE	OF TRA	INING	;	MONTHS	YES	NO
GED EQUIVALENCY Mechanical		4	3		0 -	NONE								
NO OTHER					j	CERTIFICATE ASSOCIATE	-						·	-
		2	() '	3 <u> </u>	BACHELOR MASTER DOCTORAL	• [
b. NUMBER OF YEARS OF					15-	DOCTORAL.								
b. NUMBER OF YEARS OF COLLEGE 6					5 -	DOCTORAL								
b. NUMBER OF YEARS OF					13.	DOCTORAL EXPERIENCE (DO	NOT DO	OUBLE C	OUNT -					<u> </u>
b. NUMBER OF YEARS OF COLLEGE 6					13.		NOT DO	OUBLE C	OUNT -					NUMBER
b. NUMBER OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA	a. MON	TH AND Y	EAR b. 1		13.	EXPERIENCE (DO		OUBLE C	OUNT -	a.		JCTIONS AND YEA		NUMBER MONTES
b. NUMBER OF YEARS OF COLLEGE 6	a. MON	TH AND Y	EAR b. 1		13.	EXPERIENCE (DO		OUBLE C	OUNT -	a.	MONTH	AND YE		NUMBER MONTES
b. NUMBER OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classroom) 2-PLANT SYSTEMS	a. MON	TH AND Y	EAR b. 1		13.	EXPERIENCE (DO			OUNT -	a.	MONTH	AND YE		NUMBER MONTES
b. NUMBER OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classroom) 2-PLANT SYSTEMS CLASSROOM	a. MON	TH AND Y	EAR b. 1		13.	EXPERIENCE (DO			OUNT -	a.	MONTH	AND YE		NUMBER MONTHS
b. NUMBER OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION	a. MON	TH AND Y	EAR b. 1		13.	EXPERIENCE (DO YY 1 - RO 2 - EOOW/FFWO			- TNUO	a.	MONTH	AND YE		
b. NUMBER OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classroom) 2-PLANT SYSTEMS CLASSROOM	a. MON	TH AND Y	EAR b. 1		13.	PEOPERIENCE (DO TY 1 - RO 2 - ECOM/PPWO 3 - EWS/PPWS 4 - ERS/CRW	,		OUNT -	a.	MONTH FROM	AND YE		NUMBER
b. NUMBER OF YEARS OF	a. MON	TH AND Y	EAR b. 1		13.	EXPERIENCE (DO Y 1 - RO 2 - EOOW/PPWO 3 - EWS/PPWS 4 - ERS/CRW 5 - OTHER (Spec	,		OUNT -	a.	MONTH FROM	AND YE		
b. NUMBER OF YEARS OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIF SIMULATOR OPERATING (Includes Classroom)	a. MON FROM	TH AND Y	EAR OF P	NUMBER VEEKS	13.	EXPERIENCE (DO Y 1 - RO 2 - ECOW/PPWO 3 - EWS/PPWS 4 - ERS/CRW 5 - OTHER (Spec	,		- TNUO	a.	MONTH FROM	AND YE		
b. NUMBER OF YEARS OF	a. MON FROM	TH AND Y	EAR OF P	VIMBER VEEKS	13.	EXPERIENCE (DO Y 1 - RO 2 - ECOW/PFWO 3 - EWS/PFWS 4 - ERS/CRW 5 - OTHER (Special Control of the control of t	,		TNUO	a.	MONTH FROM	AND YE		
b. NUMBER OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATION PRACTICE CONTROL ROOM OPERATIONS ON SHIF SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES	a. MON FROM	TH AND Y	EAR OF P	VIMBER VEEKS	13.	PEOPERIENCE (DO TY 1 - RO 2 - EOOW/PFWO 3 - EWS/PFWS 4 - ERS/CRW 5 - OTHER (Special Control of the control of	eify)		OUNT -	a.	MONTH FROM	AND YE		
b. NUMBER OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO	a. MON FROM	TH AND Y	EAR OF P	VIMBER VEEKS	13.	EXPERIENCE (DO Y 1 - RO 2 - ECOW/FFWO 3 - EWS/FFWS 4 - ERS/CRW 5 - OTHER (Special) 6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF	cify)		OUNT -	a.	MONTH FROM	AND YE		
b. NUMBER OF YEARS OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATION FRACTICE CONTROL ROOM OPERATIONS ON SHIF SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED	a. MON FROM	TH AND Y	EAR OF P	VIMBER VEEKS	13.	PEOPERIENCE (DO TY 1 - RO 2 - EOOW/PFWO 3 - EWS/PFWS 4 - ERS/CRW 5 - OTHER (Special Control of the control of	cify)		OUNT -	a.	MONTH FROM	AND YE		
b. NUMBER OF YEARS OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING FRACTICE CONTROL ROOM OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED	a. MON FROM	TH AND Y	EAR OF P	NUMBER VEEKS	TOS.	PEOPERIENCE (DO TY 1 - RO 2 - ECOW/PPWO 3 - EWS/PPWS 4 - ERS/CRW 5 - OTHER (Special Control of the control of	cify)			a.	MONTH FROM	AND YE		
b. NUMBER OF YEARS OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classicom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING FRACTICE CONTROL ROOM OPERATIONS ON SHIF SIMULATOR OPERATING (Includes Classicom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR	a. MON FROM	TH AND Y	EAR OF L	NUMBER VEEKS	FOS	EXPERIENCE (DO Y 1 - RO 2 - EOOW/PPWO 3 - EWS/PPWS 4 - ERS/CRW 5 - OTHER (Specially) 6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Specially) PERCIAL HUCLEAR	cify) reify) R (Inclu	uding R	esearcr)	a.	MONTH FROM	AND YE		
b. NUMBER OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIF SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR	a. MON FROM	TH AND Y	EAR OF L	NUMBER VEEKS	FOS.	PERPENCE (DO Y 1 - RO 2 - ECOW/PPWO 3 - EWS/PPWS 4 - ERS/CRW 5 - OTHER (Special Control of the control of	cify) cify) R (Inclu	uding R Reacto	esearcr)	a.	MONTH FROM	AND YE		
b. NUMBER OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIF SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PLANT SIMULATOR SIMULATOR PLANT SIMULATOR 5 4-SRO INSTRUCTION	a. MON FROM	TH AND Y	EAR OF L	NUMBER VEEKS	FOS	TY 1 - RO 2 - ECOW/PFWO 3 - EWS/PFWS 4 - ERS/CRW 5 - OTHER (Special Control of the control of t	eify) rify) R (Includes Test PERATOR (RATOR)	uding R Reacto (Licens	esearc r) sed)	a.	MONTH FROM	AND YE		
b. NUMBER OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIF SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR	a. MON FROM	TH AND Y	EAR OF L	NUMBER VEEKS	FOS	EXPERIENCE (DO YY 1 - RO 2 - EOOW/PFWO 3 - EWS/PFWS 4 - ERS/CRW 5 - OTHER (Special 6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Special 10 - REACTOR OF 11 - SENIOR OPE 12 - SHIFT SUPE	eify) R (Includes Test Perator (ERATOR uding R Reacto (Licens	esearc r) sed) ed)	h/	MONTH FROM	AND YE			
b. NUMBER OF YEARS OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIF SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X SIMULATOR 5 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROROOM (13-WEEK MINIMUM)	a. MON FROM	TH AND Y	EAR OF L	NUMBER VEEKS	TOS:	EXPERIENCE (DO Y 1 - RO 2 - ECOW/FFWO 3 - EWS/FFWS 4 - ERS/CRW 5 - OTHER (Special 6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Special 10 - REACTOR OF 11 - SENIOR OPE 12 - SHIFT SUPE 13 - STAFF/SHIF	eify) R (Include Testor Carator Carator Carator English	ading R Reacto (Licens (Licens (Licens	esearcr) sed) ed) sed)	h/	MONTH FROM	AND YE		
b. NUMBER OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIF SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO THE SIMULATOR SIMULATOR SIMULATOR THE SIMULATOR YES NO NO SHIFT IN CONTROL TO THE ON SHIFT ABOVE 20X POWER (6-WEEK MINIMUM)	a. MON FROM	TH AND Y	EAR OF P	NUMBER VEEKS	TOS:	EXPERIENCE (DO Y 1 - RO 2 - ECOW/FFWO 3 - EWS/FFWS 4 - ERS/CRW 5 - OTHER (Special) 6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Special) MERCIAL MUCLEAR 10 - REACTOR OF 11 - SENIOR OFF 12 - SHIFT SUPE 13 - STAFF/SHIF 14 - AUX./EQUIF	eify) Prify) R (Incluing Test PERATOR (ERATOR ading R Reacto (Licens (Licens (Licens	esearcr) sed) ed) sed)	h/	MONTH FROM	AND YE			
b. NUMBER OF YEARS OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classicom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING FRACTICE CONTROL ROOM OPERATIONS ON SHIF SIMULATOR OPERATING (Includes Classicom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20X POWER (6-WEEK MINIMUM)	a. MON FROM	TH AND Y	EAR OF P	NUMBER VEEKS	FOS.	EXPERIENCE (DO Y 1 - RO 2 - ECOW/FFWO 3 - EWS/FFWS 4 - ERS/CRW 5 - OTHER (Special SIL 6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Special SUCLEAR 10 - REACTOR OF 11 - SENIOR OFE 12 - SHIFT SUPE 13 - STAFF/SHIF 14 - AUX./EQUIF	eify) R (Include Test PERATOR (ERVISOR ERT ENGINE PROPERE PRO	ading R Reacto (Licens (Licens (Licens	esearcr) sed) ed) sed)	h/	MONTH FROM	AND YE		
b. NUMBER OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIF SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO THE SIMULATOR SIMULATOR SIMULATOR THE SIMULATOR YES NO NO SHIFT IN CONTROL TO THE ON SHIFT ABOVE 20X POWER (6-WEEK MINIMUM)	a. MON FROM	TH AND Y	EAR OF P	NUMBER VEEKS	FOS.	EXPERIENCE (DO Y 1 - RO 2 - ECOW/FFWO 3 - EWS/FFWS 4 - ERS/CRW 5 - OTHER (Special) 6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Special) MERCIAL MUCLEAR 10 - REACTOR OF 11 - SENIOR OFF 12 - SHIFT SUPE 13 - STAFF/SHIF 14 - AUX./EQUIF	eify) R (Include Test PERATOR (ERVISOR ERT ENGINE PROPERE PRO	ading R Reacto (Licens (Licens (Licens	esearcr) sed) ed) sed)	h/	MONTH FROM	AND YE		
b. NUMBER OF YEARS OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classicom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING FRACTICE CONTROL ROOM OPERATIONS ON SHIF SIMULATOR OPERATING (Includes Classicom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20X POWER (6-WEEK MINIMUM)	a. MON FROM	TH AND Y	EAR OF P	NUMBER VEEKS	FOS.	EXPERIENCE (DO Y 1 - RO 2 - ECOW/FFWO 3 - EWS/FFWS 4 - ERS/CRW 5 - OTHER (Special SIL 6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Special SUCLEAR 10 - REACTOR OF 11 - SENIOR OFE 12 - SHIFT SUPE 13 - STAFF/SHIF 14 - AUX./EQUIF	eify) R (Include Test PERATOR (ERVISOR ERT ENGINE PROPERE PRO	ading R Reacto (Licens (Licens (Licens	esearcr) sed) ed) sed)	h/	MONTH FROM	AND YE		
b. NUMBER OF YEARS OF YEARS OF COLLEGE 6 12. TRAINING (SINCE LAST APPLICA 1-NUCLEAR POWER PLANT FUNDAMENTAL (Classicom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING FRACTICE CONTROL ROOM OPERATIONS ON SHIF SIMULATOR OPERATING (Includes Classicom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20X POWER (6-WEEK MINIMUM)	a. MON FROM	TH AND Y	EAR OF P	NUMBER VEEKS	FOS.	EXPERIENCE (DO Y 1 - RO 2 - ECOW/FFWO 3 - EWS/FFWS 4 - ERS/CRW 5 - OTHER (Special SIL 6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Special SUCLEAR 10 - REACTOR OF 11 - SENIOR OFE 12 - SHIFT SUPE 13 - STAFF/SHIF 14 - AUX./EQUIF	eify) R (Include Test PERATOR (ERVISOR ERT ENGINE PROPERE PRO	ading R Reacto (Licens (Licens (Licens	esearcr) sed) ed) sed)	h/	MONTH FROM	AND YE		

· · · · · · · · · · · · · · · · · · ·				14 FACTI	TTY OF	ERATO	R TRAINI	G PROGRAM				<u> </u>	· · · · · · · · · · · · · · · · · · ·
a. GRADUATE TRAINING A SYSTEMS	OF INPO ACCR PROGRAM THAT APPROACH TO	EDITED OF	PERATOR UPON	X YES	Π	10				("SIMULATION R NRC APPROVED D IN THE	x	YES	NO
				15	POR R	ENEWA	LS ONLY		1.			<u> </u>	
ROIPS OPE	RATED FACILI	TY					b. DATE	AND RESULT	OF MOST NISTERED EXAMINATIO	DATE		RESI	ЛŤ
HOURS OF E	WILD INCIDI	·•							EXAMINATIO	N		PASS	FAIL
2007	TON BITTE	FROM	70				IENCE DE	AILS	<u>:</u>	DURTER		<u> </u>	<u> </u>
a. POSIT	ION TITLE	FROM	10	<u> </u>	. FACI	LITY				c. DUTIES			· · · · · ·
			•								•		
					•								
	•												
					*.								
							,					. ,	
											•	•	•
	4									ž.			
			,							,	. :	: • .	
٠.,		-							1+				
		1 .	`			·							
		1.								•		٠.	
				<u> </u>		-							
17. COMMENTS	(Specify th	e item n	mber to	which you	are el	abora.	ting. Att	ach additi	onal sheets	as necessary.):		
			• .							-		•	:
					*								
			•			•		,		·			
			1					•			•		
		-											
			4.4								•		
									•	- 			
					1		. '	,					•
18. RRC FORM	396, CERTIFI	CATION O	F MEDICA	L EXAMINAT	ION BY	FACIL	ITY LICE	SEE, IS AT	TACHED		• .		···
ANY FALSE	STATEMENT C	OR OMISSI	ON IN TE	IS DOCUMEN	r, incl	UDING	ATTACHMI	NTS, MAY B	E SUBJECT T	O CIVIL AND CR	IMINA	L SANCTIO	NS.
19a. I certify certify by a Her controll instance and (4) the resu	that I have alth and Huma led substance where I have any reasons alts of exami	alty of positive and Service, and the peen after removed and the contractions.	erjury t my curr es (HHS) e test r rrested val or r to my em	hat the intent employed certified esults except for the safe eyocation employers for	formati er of: Drug T eeded t le, use of unes r use i	on in (1) a lesting the current or presented in the current or presented in the current of the current or the c	this doe 11 previous 2 Laborat toff leve 0ssession d access paring re	cument and ous employed cory or a L els establia a of a cont at a nucle etraining p	attachments rs; (2) any icensee's t shed pursua rolled subs ar facility programs, as	is true and constance when esting facility in to 10 CFR is tance describe, I also authorized.	orrect e I have great 20 d in crize	t. I fur ave been alcohol 6: (3) ar 10 CFR Pa the NRC t	ther tested or a ny art 26; to submit
SIGNATURE -	APPLICANT	Kum	~ a1.	vod_				•				DATE 3	-8-92
CHECK APPLICA								*				····	
X b. I	certify that an Operator need for an vailable for ttachments is	the aborder (Senior (Operator, examinator,	ve named Operator /Senior ion. I d correc	individua pursuant Operator l also certi: t.	l has s to Titl icense fy unde	to pe	sfully concern code of rform his alty of party o	expleted the Federal Resider assignment of the control of the cont	e facility gulations, med duties the information	licensees requ Part 55; and t and that the f mation in this	iremer hat the acility docum	nts to be ne indivi ty will h ment and	licensed dual has e made
c. REN	NEWAL ONLY -	I certify noted in licensed informat	y that t Item 17 respons ion in t	he above no has required in the half in th	amed in red by compete nt and	divid secti ntly attac	ual meets on 50.54 and safel hments is	the appro (i-1) of 1 y. I also true and	ved requali 0 CFR 50, a certify un correct.	fication progr nd that he/she der penalty of	am (wi has o perju	ith excer discharge ary that	tions d his/her the
	TRAINI	DIG COORD	IRATOR					SERTOR	MARAGEMENT	REPRESENTATIV			
PRINTED OR 1	ITEU NAME	Robert (Clement				PRINTI	D OR TYPED		E. MORGAN		*.	
SIGNATURE	Role	A Co	ement	DAT	3-19	7-92	SIGNA	TURE N	O SIGNATURE	REQUIRED D APPLICATION		DATE	
	- 12.00	*	<u>~</u>		<u> </u>		R NRC USI			- MILLONITON	<u>:</u>		· · · · · · · · · · · · · · · · · · ·
	WAIVER (Che	ck or co	mplete i	tems, as a	pplicab	le)	MEETS	REQUIREME	NTS DOES	NOT MEET REQU	IREME	NTS(Expla	in below)
ATEGORY	GRANTE	7	232	DENIED									
TEN	HEADQUARTERS	REGIO	JN HE	ADQUARTERS	REG	SION	-	-				_	
OPERATING		 		· · · · · · · · · · · · · · · · · · ·	<u> </u>								
ELIGIBILITY		1			· · ·		-		•				*.
MEDICAL							SIGNA	TURE - REV	TEWER		. .	DATE	
OTHER]			·	. '		
NRC FORM 398	(10-90)												

NRC 4CEN 396 10 CER 65 73 55 75, 55 27, 55 31, 55 57 U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OUR NO 3'SCOTTA EXPIRES: 131.5

ESTIMATED BURDON PER RESPONSE TO COMPLY WITH THE CRAMMED NOTAMBORN OF TRAUCES NOTIFICATION OF THE PROPERTY OF PROPRIATION COLLECTION REQUEST: 15 MM, FORWARD COMMENTS REGARDING BURDEN ESTIMATE TOTALE PROPRIATION AND RECORDS MANAGEMENT BRAVEN UNES 17:41, U.S. NUCLEAR REGULATORY COMMISSION, MICHIGATORY DO 2005, AND TO THE PAPERMORK REDUCTION PROJECT (31000024). OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20523.

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

NAME OF APPLICANT

KEVIN CRAIG WOOD

FACILITY

SONGS UNIT 1 FACILITY DOCKET NUMBER 50-206

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

PRINTED NAME (of physician)
CECIL ROLBIN M.D.

STATE AND LICENSE NUMBER

14523

EXAMINATION DATE 11/201

BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY, I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983, OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- 1. NO RESTRICTIONS
- 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- 4. RESTRICTED LICENSE OR EXCEPTION-Provide details below and attach supporting medical evidence for NRC review.
- 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL -Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disquelifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS, I CERTIFY UNDER PENALTY OF PERSONNEY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management, Representative on Site) | TITLE

DATE

No Signature Required, Non-Certified

H. E. Morgan

Application

Vice President & Site Manager

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region I U.S. Nuclear Regulatory Commission 475 Allendale Road King of Prussia, PA 19406

Regional Administrator, Region IV U.S. Nuclear Regulatory Commission 611 Ryan Plaza Drive, Suite 1000 Arlington, TX 76011

Regional Administrator, Region II U.S. Nuclear Regulatory Commission 101 Marietta Street, Suite 3100 Atlanta, GA 30323

Regional Administrator, Region V U.S. Nuclear Regulatory Commission 1450 Maria Lane, Suite 210 Walnut Creek, CA 94596

Regional Administrator, Region III U.S. Nuclear Regulatory Commission 799 Roosevelt Road Glan Ellyn, IL 60137

Director, Division of Licenses Performance and Quality Evaluation Attn: Operator Licensing Branch U.S. Nuclear Regulatory Commission Washington, DC 20555

PRIVACY ACT STATEMENT

Pursuant to & U.S.C. 552a(e)(3), enacted imp law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following tratement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 3PB. This information is maimained in a system of records designated as NRC-16 and . described at 55 Federal Register 33978 (August 20, 1990).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSEIS): Information amered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license,

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, Disclosure is voluntary, 11 1M requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator, Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

ŗ					000000		T									
	NRC FORM 398 (FACSIMILE) U.S (10-90) 10 CFR 55.31 55.35, 55.47, and 55.57	S. NUCLE	AR REGULA	TORY	COMMISS	LON	ESTIM WITE REQUE	PPROVED BY ATED BURDE; THIS INFORM ST: 2 0 HR DING BURDE; 7714) U S ON WASHING APERWORK RI OFFICE OF NGTON, DC,	OMB: N PIRES: N PER R MATION S. FORW	IO. 31 1-31- ESPON COLLEC IARD CO	50-009 92 SE TO CTION CMMENT	0 COMPL S	Y (To)	DATE R	ECEIVE eted b	D y NRC)
	PERSONAL QUALIFICATION S	TATEMEN	T - LICEN	SEE	· · ·		MATIO (MNBB MISSI	N AND RECOR 7714) U.S ON, WASHING	N ESTIMAN RDS MAN NUCLEA FTON D	ATE TO	O THE NT BRA ULATOR 55, AN	INFOR NCH Y COM D TO	-			
	TO REMAIN VALID, THIS FO						0090) WASHI	OFFICE OF NGTON, DC,	MANAGE 20503	MENT	ĂÑĎ BÙ	DGET,				
	1. APPLICANT'S FULL NAME (Last, I (include ZIP Code)	irst, M	iddle) AN	D ADD	RESS		4.TYP	E OF APPLIC	MOITA	(Chec)	k appl	icabl	e boxe	s) X BO	T.	COLD
	BARRIE, DOUGLAS CRAIG 595 Lemonwood Ct.						B c	. NEW . RENEWAL . UPGRADE				{{\bullet}{1}}	RITTE	OUESTED ON Reve N (Cates		
	Oceanside, CA 92054					· · ·		. MULTI-UNI INCLUDE A . REAPPLICA 1-FIRST		NAL U	NIT)	3-1	ELIGIB:	ILITY		
	2. CITIZENSHIP		3.	BIRTE	DATE			2-SECOND	**.		X			En GENER	TC	
1	X a. UNITED STATES		MONTE	DAY		AR	ļ Ľ	3-THIRD	•	•	<u> </u>	FUNI	AMENT	ED GENER ALS EXAM ECTION CABLE)	- MM	YY
-	b. OTHER (Specify)	1	0 7	1	0 5	8	<u>L.,</u>					(IF	APPLI	CABLE)	02	91
}	5. TYPE OF LICENSE APPLIED FOR X a. OPERATOR	 				Т	6.	PREVIOUS LI				D 4 #77		· · · · · · · · · · · · · · · · · · ·		
•	b. SENIOR OPERATOR	a. DO	CKET NUMB	ER	RO SRO	ъ.	LICEN	SE NUMBER			ATION		d.FA	CILITY D	OCKET	NUMBER
ا .	c. LIMITED SRO (e.g., Fuel Handler)	55-				╁			MONTE	100	AY '	YEAR	50-			
-	(e.g., Fuel Handler) 7. NAME AND ADDRESS (Include ZIP (inda) OP	ADDITCAN	* · · · · ·	MOI OVER	_										
-		,oae, cr	AFFLICAN	1 3 E	AFLUIER	-	T.,	PLANT SUPER			r POST		AT PAC			D. 4 20 7 /
	Southern California Edison P. O. Box 128 San Clemente, CA					\vdash	⊣	ASSISTANT E			L	X L	TRAI	IARY UN NEE/TURB COUIPMEN ICENSED	ÎNE BU	RATUR/ ILD- ATOR
	San Clemente, CA 92674-0128						⊣ .	SHIFT SUPER					(NON	ICENSED	OPERA	TOR)
							_ d. s	STAFF ENGIN	EER		г	᠆.			. ·.	
	8. RAME OF APPLICANT'S FACILITY San Onofre Unit 1	<u> </u>	ILITY DOC 50-206			L	e. f.	HIFT TECHN HIFT ENGIN INSTRUCTOR	IICAL A	DVISO	e/ L] 3		R (Speci	<u> </u>	· ·
	9. ADDITIONAL FACILITY DOCKETS	(Multi	-unit Lic	enses)	<u></u>		SENIOR CONT			ERATOR					
4					. EDUCA			CONTROL ROC	M OPER	ATOR						
	HIGH SCHOOL c. MAJOR AREA(S	OF	NUMBER		GHEST	1	GREE CO	DDES	·	d. Voc	CATION	AT /		NUMBER	CEDTT	ETCATE
	X GRADUATE ENGINEERING (F)	·	OF YEARS		EGRÉÉ	II.	IGHEST	ed for DEGREE"	-	TEC	CHNICA	L .		OF MONTES	REC	EIVED
	GED EQUIVALENCY	ELDS)		(088	Codes)	0.0	tained;		ŀ		E OF T				YES	NO.
.	NO OTHER			 		Ž	- CERT	TTTTCATE	}		Lear Po			6	X	
	b. NUMBER OF Liberal A	irts	1	-	0	3 4 5	- ASSO - BACH - MASS	IELOR IER IORAL					-			
}	COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT	TON - S	FF INCTOL	CTION	67		<u> </u>					=				
ł	12. IRRIBING (SINCE LASI APPLICA)						3. EXP	RIENCE (DO	NOT D	OUBLE	COUNT					
-		FRUM	TH AND YE	ii)	WEEKS	W	AVY					ľ	FROM	AND YE	OF	NUMBER NONTES
İ	1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)			·		1 -	1 - F	₹0 .			:		PROG	10		
ſ	2-PLANT SYSTEMS CLASSROOM			.		1	2 - I	COOW/PPWO						 		
	OBSERVATION					1	3 - 1	WS/PPWS								
	3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT					1		RS/CRW							_	
	SIMULATOR OPERATIONS ON SHIP! SIMULATOR OPERATING (Includes Classroom)	·	- 	+		L		THER (Spec	ify)							
l	SIMULATOR NAMES					P	OSSIL 6 - 0	PERATOR								
	a. Unit 1				MINIMUM			UPERVISOR		-,		\dashv		 :	- 	
	b .			1111111111111111			8 - I	LANT STAFF							+	
- 1	CERTIFIED STARTUP X YES NO			ЩШШ	Hillminninn							1		1		
İ	CERTIFIED STARTUP X YES NO PROGRAM COMPLETED						9 - 0	THER (Spec	ify)	_		_	· · ·	-	1	·
	NO. OF REACTIVITY MANIPULATIONS					α		THER (Spec	(Incl	uding	Resea	ch/				
						α	MERC	OTHER (Spec	(Incl	Keact	or)	rch/				
	NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR					α	10 -	THER (Special Muclear REACTOR OF	(Includes to the contract of t	(Lice	or)	rch/				
-	NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 7 4-SRO INSTRUCTION					α	10 - 11 -	OTHER (Spec	(Includes the Test Perator RATOR	(Licen	or) ensed)	rch/				
-	NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)					α	10 - 11 - 12 -	THER (Spec AL NUCLEAR REACTOR OP SENIOR OPE	(Includes the Test Person to Test Pe	(Licen	ensed) used) used)					
-	NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROI ROOM (13-WEEK MINIMUM) a. TIME ON SHIFT ABOVE 201 POWER (6-WEEK MINIMUM)					α	10 - 11 - 12 - 13 - 14 -	THER (Spec TAL MUCLEAR REACTOR OP SENIOR OPE SHIFT SUPE STAFF/SHIF AUX./EQUIP	ERATOR RATOR RVISOR T ENGI	(Licentification) (Licentification)	ensed) ensed) ensed) (Licens	sed)				
-	PLANT SIMULATOR PLANT SIMULATOR 7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) a. TIME ON SHIFT ABOVE 202 POWER (6-WEEK MINIMUM) EQUALIFICATION					α	10 - 11 - 12 - 13 - 14 - 15 -	THER (Spec TAL MUCLEAR REACTOR OP SENIOR OPE SHIFT SUPE STAFF/SHIF AUX./EQUIP PLANT STAF	E (Included Test Test Test Test Test Test Test Test	(Licentification) (Licentification)	ensed) ensed) ensed) (Licens	sed)				
-	NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROI ROOM (13-WEEK MINIMUM) a. TIME ON SHIFT ABOVE 201 POWER (6-WEEK MINIMUM)					α	10 - 11 - 12 - 13 - 14 - 15 -	THER (Spec TAL MUCLEAR REACTOR OP SENIOR OPE SHIFT SUPE STAFF/SHIF AUX./EQUIP	E (Included Test Test Test Test Test Test Test Test	(Licentification) (Licentification)	ensed) ensed) ensed) (Licens	sed)				
-	PLANT SIMULATOR PLANT SIMULATOR 7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) a. TIME ON SHIFT ABOVE 202 POWER (6-WEEK MINIMUM) EQUALIFICATION					α	10 - 11 - 12 - 13 - 14 - 15 -	THER (Spec TAL MUCLEAR REACTOR OP SENIOR OPE SHIFT SUPE STAFF/SHIF AUX./EQUIP PLANT STAF	E (Included Test Test Test Test Test Test Test Test	(Licentification) (Licentification)	ensed) ensed) ensed) (Licens	sed)				

				14. FAC	ILITY	OPERAT	OR TRAINI	NG PROGRAM	,		
a. GRADUATE TRAINING A SYSTEM	OF INPO ACCR PROGRAM THAT S APPROACH TO	EDITED OPER IS BASED U TRAINING	ATOR PON	X YES		NO	b. CERT FACI SIMU	IFIED ON NRC FORM A LITY CERTIFICATION LATION FACILITY IS	474 ("SIMULATION ") OR NRC APPROVED USED IN THE	X YES	
				1	5. PO	R RENEW	ALS ORLY				-
HOURS OF	ERATED FACILI	TY					b. DATE	AND RESULT OF MOST NT NRC ADMINISTERED ALIFICATION EXAMINA	DATE	RESUL	T
2002		· · · · · · · · · · · · · · · · · · ·	<u> </u>						ATION	PASS	FAIL
- POST	TION TITLE	FROM	TO	· · · · · · · · · · · · · · · · · · ·		6. EXPE	RIENCE DE	TAILS	DUTTEC		
4. 1031	1101 11122	That,			<u> </u>	ACILITY			c. DUTIES		· .
						. *	•				
•	•					٠.,					
		' .					•		•		
						٠,					
				,							
						·					
			•							•	
17. COMMENT	S (Specify th	e item numb	er to	which vo	u are	el abor	ting At	tach additional she	ota an massassas \		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					ecs as necessary.)		٠.
								• •			
		•									
	6.										
								•	•		
1.		•				•					
	•			•						· .	
									٠		
T					• •						
İ						•					••
18. NRC FORM	396 CERTIFI	CATION OF P	EDICA	. PYAMTHA	TION	RV PACT	TTV TICE	SEE IS ATTACHED			
ANY FALS	E STATEMENT C	R OMISSION	IN TH	IS DOCUME	NT. II	NCLUDING	ATTACHM	ENTS MAY BE SUBJECT	T TO CIVIL AND CRI	MINAL SANCTIONS	
19a. I certi certify	fy under pens that I have	lty of perj	ury th	nat the i	nforma	ation in	this do	cument and attachme bus employers; (2) cory or a Licensee' als established pur n of a controlled s at a nuclear facil straining programs,	nts is true and co	rrect. I furt	ner
control	alth and Huma led substance	n Services , and the t	(HHS)	Certifie esults ex	d Drug	Testing the cu	g Labora	ory or a Licensee'	s testing facility suant to 10 CFR Pa	for alcohol of	r a
and (4) the res	any reasons ults of exami	for removal nations to	or re	evocation ployers f	of ur	nescort	d access	at a nuclear facil at a nuclear facil straining programs	ity, I also author	in 10 CFR Partize the NRC to	t 26; submit
SIGNATURE -	APPLICANT				2		<u> </u>	0 P0		DATE 1/-4	10-
CHECK APPLIC	ABLE BOX						<u>. </u>				752
X b. I	certify that	the above	named	individu	al has	succes	sfully co	empleted the facili	ty licensees requi	rements to be	Licensed
	need for an vailable for ttachments is	Operator/Se examination true and o	nior (Operator also cert	licens ify ur	se to per	rform his	empleted the facili Federal Regulation Ther assigned duti perjury that the in	es and that the factormation in this	at the individu cility will be document and	made
c. RE	NEWAL ONLY -	I certify to noted in It licensed re	hat them 17 spons	ne above) as requi bilities	named ired h	individed by section of the section	ual meets on 50.54 and safe	the approved required to the structure of the structure o	alification program , and that he/she l under penalty of	n (with exception (with exception) as discharged perjury that the	lons his/her
	TRAINI	NG COORDINA	TOR	113 0000	eric at	id accad	nments 1	SENTOR MANAGEM	ENT REPRESENTATIVE	OH CITY	
PRINTED OR	TYPED NAME	Robert Cl					PRINT	D OR TYPED NAME		· SIIE	·
SIGNATURE (214) / A	emeric.	DA	TE >		SIGNA		H. E. MORGAN	DATE	
	solut (Jeme 7			3	17-92	- [REQUIRED D APPLICATION	DATE	
	WAIVER (Che	ck or compl	ete it	Lems. As	applic		R NRC US		OFC NOT WEEK PRO	DEMONTO (P.	
CATEGORY	GRANTE			DENIE			1.221.	- Indontrial D	OES NOT MEET REQUII	remento(explain	DeTOM)
	HEADQUARTERS	REGION	HEA	ADQUARTER	S F	REGION					
ITTEN							_]		•	•	•
ERATING ELIGIBILITY	-			`	+		_ ·				,
MEDICAL	 	 -	+		+		STONA	TURE - REVIEWER			
OTHER		,	+	•				TORL REVIEWER		DATE	•
NRC FORM 398	(10-90)										

APPENDED ON HE STRAET DPRES. 131 H

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

פיד אידא אומינס כל שנימפש אפת מסמים כדישותפ באגאפסז אין פון דפשנפש אפרושבנסט אפרושפסזאן מרגאפסזא שיד פון דרשניפש אפרושבנאם אפרושפסזאן מרגאפסזא שיד פון שניער פון אפרוש של מאסאנים אידי פריקושנים COMMENTS GUARANT RIPOLEN ES LA ELU AL TRUMANANT ROPOLES CAR CANCION DE PROPERTIE EN PROPERTIE DE

THE SE ALLESSON	
Barrie, Douglas	
FACILITY	FACILITY DOCKET NUMBER
San Onofre Nuclear Generating Station, Unit 1	50-206
A. MEDICAL EXAMINATION CERTIFICATION	50 200
HIS IS TO CERTIFY THAT THE ABONE NAMED APPLICANT FOR AN OPERATOR SENIOR CPERATOR LICENSE HAS BEE	N EXAUNED EV 1 EZCERTI
RINTED NAME (of physician) STATE AND LICENSE NUMBER	EXAMINATION DATE
Michael Santiago, MD CA G60318	
EASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE AFFLICANT, THE PH APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OFERATIONAL E AND SAFETY, I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSIVANS 3.4-15 FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.	SA, OR ANSI/ANS 15.4-1977 (N380) WAS
ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LI FOLLOWS:	CENSE BE CONDITIONED AS
1. NO RESTRICTIONS	
X 2. CORRECTIVE LENSES SE WORN WHEN PERFORMING LICENSED DUTIES	
3. HEARING AID SE WORN WHEN PERFORMING LICENSED DUTIES	
4. RESTRICTED LICENSE OR EXCEPTION-Provide details below and attach supporting medical evidence for NRC review.	
5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL -Provide details below and attach supporting medical evidence	6-A100
FROPOSED WORDING OF RESTRICTION (Elock 4 show)	for NAC review.
CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTYES.	JMD upofil
RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly Indicate how restriction will correct the disquality	
The state of the s	ring concribity
REMARKS FOR RESTRICTION CHANGE (Block 5 above)	
The state of the s	
B. NONMEDICAL CERTIFICATION	
THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY RECEDENCED OPERATORS.	DUIREMENTS OF THIS FACILITY
ANY FALSE STATEMENT OR CHISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL S. PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.	ANCTIONS, I CERTIFY UNDER FENALTY OF
FRINTED NAME AND SIGNATURE (Senior Management Representative on Site) TITLE	DATE
No Signature Required, Non-Certified	1
H. E. Morgan Application Vice President & Site M.	•
In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO	:
475 Allendale Road 101 Warierts Spiret, Suite 3100 7 King of Pourie PA 19206	Regional Administrator, Region III U.S. Nuclear Regulatory Commission 99 Rocsevelt Road Blan Ellyn, IL 60137
Regional Administrator, Region IV U.S. Nuclear Regulatory Commission U.S. Nuclear Regulatory Commission U.S. Nuclear Regulatory Commission U.S. Nuclear Regulatory Commission 1450 Maria Lane, Suite 210 Arilington, TX 76011 Walnut Creek, CA 94596 U.S. Nuclear Regulatory Commission U.S. Nuclear Reg	Director, Division of Licensee Performance and Quality Evaluation Attn: Operator Licensing Branch U.S. Nuclear Repulatory Commission
PENNICY ACTIVITIES	Yashington, DC 20555

Pursuant to \$ U.S.C. 552a(a)(3), enemied limb law by section 3 of the Privacy Act of 1974 (Public Law \$3.579), the following materiant is furnished to individuals who supply information to the U.S. Nuclear Pepulatory Commission on NRC Form 3PB. This information is maimained in a system of records designmed as NRC18 and . Concretion at 15 Faceral Register 32918 (Aug. # 20) 1990).

AUTHORITY: Sections 107 and 161(1) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

FRINCIPAL PURPOSEIS): Information amazed on this form is used to determine whether the physical condition and peneral health of the applicant are such that they will not cause operational emore endangering public health and safety. This information may be used by the NRC matf to determine if the individual mens the requirements of 10 CFR 55 to take an examination or to be insued an operator's limited.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local egency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding, in addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NAC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL CF NOT FROVIDING INFORMATION, Discipling is voluntary, if the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGERISS AND ADDRESS: Chief, Operator Licensing Branch, Cifice of Nuclear Reactor Pepulation, U.S. Nuclear Pepulatory Commission, Historyon, DC 2555

1-NUCLEAR POWER PLANT FUNDAMENTALS a. MONTH AND YEAR D. NUMBER (Classroom) 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CONTROL ROOM OPERATIONS ON SHIFT 5. OUTLEAR POWER PLANT FUNDAMENTALS CONTROL ROOM OPERATIONS ON SHIFT 5. OUTLEAR PROMER PLANT FUNDAMENTALS CONTROL ROOM OPERATIONS ON SHIFT 5. OUTLEAR POWER PLANT FUNDAMENTALS CONTROL ROOM OPERATIONS ON SHIFT 5. OUTLEAR POWER PLANT FUNDAMENTALS CONTROL ROOM OPERATIONS ON SHIFT 5. OUTLEAR POWER PLANT FUNDAMENTALS 4. PRO 2. ECOM/PPWO 3. EMPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) 1. RO 2. ECOM/PPWO 3. EMPRIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) A. MONTH AND YEAR D. NUMBER FROM TO 2. ECOM/PPWO 3. EMPS/PPWS 4. ERS/CRW 5. OTHER (Specify) FOSSIL 6. OPERATOR 7. SUPERVISOR 8. PLANT STAFF 9. OTHER (Specify) COMMERCIAL MUCLEAR (Including Research/ Test Reactor) 10. REACTOR OPERATOR (Licensed)	(10-90)	SCROTTEN II O					· · · · ·			1			i		*	
COTTON, BERNSTER WILLIAM COTTON, BERNSTER WILLIAM Layou Sherwood Court Temecula, CA 92390 2. CHIZMERIP 3. RIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. OCCURT WINDERS AND SOO D. LICENSE NAMER 5. STIFF OF CLINES APPLICATION 2. LILIMITED SOO 1. LILIMITED SOO 1. LILIMITED SOO 2. LILIMITED SOO 2. LILIMITED SOO 3. SIEND BATE 3. SENDER CESSATOR 4. MAY SUPERATION 5. SENDER CESSATOR 5. SENDER CESSATOR 5. SENDER CESSATOR 6. PRETTOUS LICENSE(S) BEED 7. NAME AND ADDRESS (INclude SIF Code) OF APPLICANT'S TREATMENT 5. SUPPLICANT'S FACILITY DOCKET WROSEN 8. SENDER CESSATOR 8. SENDER CESSATOR 9. ADDITIONAL PARTICLATY OCCURTS (MAILTINGS) 10. CHARGE STATE 10. CHARGE	1 10 000 26 01 66	SIMILE) U.S	. NUCLE	AR REGULA	MORY	COMMISS	NOI	APPROVED BY	CMB: PIRES:	NO. 31	50-00	90	(To	DATE !	ECEIV	ED
COTTON, BERNSTER WILLIAM COTTON, BERNSTER WILLIAM Layou Sherwood Court Temecula, CA 92390 2. CHIZMERIP 3. RIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. OCCURT WINDERS AND SOO D. LICENSE NAMER 5. STIFF OF CLINES APPLICATION 2. LILIMITED SOO 1. LILIMITED SOO 1. LILIMITED SOO 2. LILIMITED SOO 2. LILIMITED SOO 3. SIEND BATE 3. SENDER CESSATOR 4. MAY SUPERATION 5. SENDER CESSATOR 5. SENDER CESSATOR 5. SENDER CESSATOR 6. PRETTOUS LICENSE(S) BEED 7. NAME AND ADDRESS (INclude SIF Code) OF APPLICANT'S TREATMENT 5. SUPPLICANT'S FACILITY DOCKET WROSEN 8. SENDER CESSATOR 8. SENDER CESSATOR 9. ADDITIONAL PARTICLATY OCCURTS (MAILTINGS) 10. CHARGE STATE 10. CHARGE	55.47, and 55.57	.35,			-		ES1	IMATED BURDE H THIS INFOR	N PER	RÉSPON COLLE	ŚĒ. TO CTION	COM	LTA (10	De Comp.	recea	DY NAC
COTTON, BERNSTER WILLIAM COTTON, BERNSTER WILLIAM Layou Sherwood Court Temecula, CA 92390 2. CHIZMERIP 3. RIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. OCCURT WINDERS AND SOO D. LICENSE NAMER 5. STIFF OF CLINES APPLICATION 2. LILIMITED SOO 1. LILIMITED SOO 1. LILIMITED SOO 2. LILIMITED SOO 2. LILIMITED SOO 3. SIEND BATE 3. SENDER CESSATOR 4. MAY SUPERATION 5. SENDER CESSATOR 5. SENDER CESSATOR 5. SENDER CESSATOR 6. PRETTOUS LICENSE(S) BEED 7. NAME AND ADDRESS (INclude SIF Code) OF APPLICANT'S TREATMENT 5. SUPPLICANT'S FACILITY DOCKET WROSEN 8. SENDER CESSATOR 8. SENDER CESSATOR 9. ADDITIONAL PARTICLATY OCCURTS (MAILTINGS) 10. CHARGE STATE 10. CHARGE			-			· · · · · · · · · · · · · · · · · · ·	REC	UEST: 2.0 ER ARDING BURDE	S. FOR	WARD C	OMMEN O THE	TS INFO	DR-		•	
COTTON, BERNSTER WILLIAM COTTON, BERNSTER WILLIAM Layou Sherwood Court Temecula, CA 92390 2. CHIZMERIP 3. RIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. OCCURT WINDERS AND SOO D. LICENSE NAMER 5. STIFF OF CLINES APPLICATION 2. LILIMITED SOO 1. LILIMITED SOO 1. LILIMITED SOO 2. LILIMITED SOO 2. LILIMITED SOO 3. SIEND BATE 3. SENDER CESSATOR 4. MAY SUPERATION 5. SENDER CESSATOR 5. SENDER CESSATOR 5. SENDER CESSATOR 6. PRETTOUS LICENSE(S) BEED 7. NAME AND ADDRESS (INclude SIF Code) OF APPLICANT'S TREATMENT 5. SUPPLICANT'S FACILITY DOCKET WROSEN 8. SENDER CESSATOR 8. SENDER CESSATOR 9. ADDITIONAL PARTICLATY OCCURTS (MAILTINGS) 10. CHARGE STATE 10. CHARGE	PERSONAL	. QUALIFICATION S	TATEMEN	T - LICER	SEE		MAT (MN	ION AND RECC	RDS MA	NAGEME AR REG	NT BR ULATO	ANCH RY CO	M-	-		
COTTON, BERNSTER WILLIAM COTTON, BERNSTER WILLIAM Layou Sherwood Court Temecula, CA 92390 2. CHIZMERIP 3. RIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. UNITED STATES HORTE MAY YEAR 3. SIEND BATE X a. OCCURT WINDERS AND SOO D. LICENSE NAMER 5. STIFF OF CLINES APPLICATION 2. LILIMITED SOO 1. LILIMITED SOO 1. LILIMITED SOO 2. LILIMITED SOO 2. LILIMITED SOO 3. SIEND BATE 3. SENDER CESSATOR 4. MAY SUPERATION 5. SENDER CESSATOR 5. SENDER CESSATOR 5. SENDER CESSATOR 6. PRETTOUS LICENSE(S) BEED 7. NAME AND ADDRESS (INclude SIF Code) OF APPLICANT'S TREATMENT 5. SUPPLICANT'S FACILITY DOCKET WROSEN 8. SENDER CESSATOR 8. SENDER CESSATOR 9. ADDITIONAL PARTICLATY OCCURTS (MAILTINGS) 10. CHARGE STATE 10. CHARGE							THE	PAPERWORK R	EDUCTI	ON PRO	ĴĘĊT ^A	ND TO (3150]-		٠.	
COTTON, REASSTER WILLIAM ALPSS Sherwood Court Temerula, CA 92999 2. CITIZENSHIP 3. BIRTH DATE 2. CITIZENSHIP 3. BIRTH DATE 2. CITIZENSHIP 3. BIRTH DATE 4. C. WANDLAND STATES 4. C. WANDLAND STATES 5							WAS	HINGTON, DC,	20503	EMENI	ם שאא	UDGE		· 	· `·	<u>, </u>
COTTON, REMOSTER WILLIAM 4.1905 Shorwood Court Temecula, CA 92310 2. CITIZENSEIF 2. SIZER MATE 2. CITIZENSEIF 3. SIZER MATE 4. UNITED STATES 4. UNITED STATES 5. OTHER (Specify) 5. TIFF OF LICENSE APPLICATION 5. STREET OF LICENSE APPLICATION 5. STREET OF LICENSE APPLICATION 5. STREET OF LICENSE APPLICATION 5. STREET OF LICENSE APPLICATION 5. SERVICE STATE 5. OTHER (Specify) 5. TIFF OF LICENSE APPLICATION 5. SERVICE STATE 5. STREET OF LICENSE APPLICATION 5. SERVICE STATE 5. STREET OF LICENSE APPLICATION 5. SERVICE STATE 5. STREET OF LICENSE APPLICATION 5. SERVICE STATE 6. PREVIOUS LICENSE (S) REID 7. TAMES AND ADDRESS (Include 21P Code) OF APPLICANT'S PROTOCER 5. SOUTH STATE STATE 5. SOUTH STATE STATE 6. RAME OF APPLICANT'S PACILITY FACILITY DOCKET HUNGER 7. ADDITIONAL FACILITY DOCKET HUNGER 8. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE PLANT SUPERISTENDENT 7. ADDITIONAL FACILITY DOCKET HUNGER 8. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE PLANT SUPERISTENDENT 6. SERVICE STATE SUPERISTENDENT 6. SERVICE STATE SUPERISTENDENT 6. SERVICE STATE SUPERISTENDENT 6. SERVICE STATE SUPERISTENDENT 6. SERVICE STATE SUPERISTENDENT 6. SERVICE STATE SUPERISTENDENT 6. SERVICE STATE SUPERISTENDENT 6. SERVICE STATE SUPERISTENDENT 6. SERVICE STATE SUPERISTENDENT 6. SERVICE STATE SUPERISTENDENT 6. SERVICE STATE SUPERISTENDENT 6. SERVICE STATE SUPERISTENDENT 6. SERVICE STATE SUPERISTENDENT 6. SERV	(include ZIP C	ode)	1150, 11	itudie, Ar	<u> </u>				CATION	(Chec	k app	licat	le boxe	s) X EC	T	COI
Teasoula, CA 92330 C. USENDAS: C. SELECTRONIC S. SECRET BATE C. CHILDREN S. SECRET BATE C. CHILDREN S. SECRET BATE C. CHILDREN S. SECRET BATE C. CHILDREN S. SECRET SATE C. LOWER (Syelity) C. LOWER S. SECRET CARRACT D. SESSIOR OFFERING D. SESSIOR OFFERING D. SESSIOR OFFERING D. LOWER S. SECRET S. SECRET SATE C. LOWER S. SECRET S. SECRET S. SECRET S. SECRET S. SECRET SATE C. LOWER S. SECRET S. SECRET S. SECRET S. SECRET S. SECRET S. SECRET SATE C. LOWER S. SECRET S. SECRET S. SECRET S. SECRET S. SECRET S. SECRET SATE C. LOWER S. SECRET S. SECRET S. SECRET S. SECRET S. SECRET S. SECRET SATE C. LOWER S. SECRET S	COTTON. BRE	WSTER WILLIAM		: '			X				L	£. %	AIVER F	EQUESTED	rse)	·.
Temerula, CA \$2390 A SELLICINITY A SELECTION SE						•	H					П,	-WRITTI	N (Cates	ory)	
2. CHILDRENIP 3. BIRTH DATE 2. CHILDRENIP 3. BIRTH DATE 3. A. UNITED STATES 4. OFTER (Specify) 3. A. UNITED STATES 5. OFTER (Specify) 3. A. UNITED STATES 5. OFTER (Specify) 4. A. UNITED STATES 5. OFTER (Specify) 4. A. OFTER (Specify) 5. ITTER OF CHANGE (Specify) 5. ITTER OF CHANGE (Specify) 5. ITTER OF CHANGE (Specify) 6. D. SENIOR CHANGE (Specify) 6. D. SENIOR CHANGE (Specify) 6. D. SENIOR CHANGE (Specify) 7. ANALOGOUS (Specify) 6. D. SENIOR CHANGE (Specify) 7. ANALOGOUS (Specify) 8. OFTER (Specify) 8. OFTER (Specify) 8. OFTER (Specify) 8. OFTER (Specify) 8. OFTER (Specify) 8. OFTER (Specify) 8. OFTER (Specify) 9. ADDITIONAL FACILITY DOCKET NUMBER 8. SENIOR CONTROL ROW OPERATOR 9. ADDITIONAL FACILITY DOCKET (MINER) 10. OFTER (Specify) 11. EXPLANTICAL TORS 12. ADDITIONAL FACILITY DOCKET (MINER) 13. OFTER (Specify) 14. OFTER (Specify) 15. OFTER (Specify) 16. OFTER (Specify) 17. OFTER (Specify)	Temecula, C	A 92390			•	•		-,-	II (AM	END TO		2	-OPERAT	ING (Cat	egory)
2. CITIZENSHIF 3. BIRTH DATE X a. UNITED STATES MONTHS DAY YEAR b. OFTER (Specify) 1 2 1 1 5 0 5. TIPE OF LICENSE APPLICABLE FOR b. SERIOR OFFENDOR C. LICENSE APPLICABLE FOR c. LICENSE LICENSE APPLICABLE FOR b. SERIOR OFFENDOR c. LICENSE CONSERVATION C. LIMITED SSD HEADLES C. LIMITED SSD HEADLE							F			ONAL UI	NIT)	3	-ELIGIE	ILITY	<u> </u>	
N. S. UNITED STATES DOTER (Specify) 1 2 1 1 5 0 1 2 1 1 5 0 1 2 1 1 5 0 1 2 1 1 5 0 1 2 1 1 5 0 1 2 1 1 5 0 1 2 1 1 5 0 1 2 1 1 5 0 1 3 1 2 1 1 5 0 1 3 1 2 1 1 5 0 1 3 1 2 1 1 5 0 1 4 2 1 1 5 0 1 5 1776 OF UNITED STATES D. SENIOR OFERATOR S. CLESSIFY TO BE SENIOR OF THE SENIOR OF								_	ALLON	. •		4	-MEDICA	Ţ		
5. TREVIOUS LICENSE(S) HELD D. SENIOR OPERATOR C. LIMITED SRO C. SELIT SUPERVISION D. ASSISTANT PLANT SUPERITISMENT C. SELIT SUPERVISION D. ASSISTANT PLANT SUPERITISMENT C. SELIT SUPERVISION D. ASSISTANT PLANT SUPERITISMENT C. SELIT SUPERVISION D. ASSISTANT PLANT SUPERITISMENT C. SELIT SUPERVISION D. ASSISTANT PLANT SUPERITISMENT C. SELIT SUPERVISION D. ASSISTANT PLANT SUPERITISMENT C. SELIT SUPERVISION D. ASSISTANT PLANT SUPERITISMENT C. SELIT SUPERVISION D. ASSISTANT PLANT SUPERITISMENT C. SELIT SUPERVISION D. SERVICION SUPERITISMENT C. SELIT SUPERVISION D. SELIT SUPERVISION D. CHERCE COOLS C. SELIT SUPERVISION C.	2. C	ITIZENSHIP		3.	BIRTH	DATE	-	2-SECOND		• .	-			•		
5. TREVIOUS LICENSE(S) HELD D. SENIOR OPERATOR C. LIMITED SRO C. SELIT SUPERVISION D. ASSISTANT PLANT SUPERITISMENT C. SELIT SUPERVISION D. ASSISTANT PLANT SUPERITISMENT C. SELIT SUPERVISION D. ASSISTANT PLANT SUPERITISMENT C. SELIT SUPERVISION D. ASSISTANT PLANT SUPERITISMENT C. SELIT SUPERVISION D. ASSISTANT PLANT SUPERITISMENT C. SELIT SUPERVISION D. ASSISTANT PLANT SUPERITISMENT C. SELIT SUPERVISION D. ASSISTANT PLANT SUPERITISMENT C. SELIT SUPERVISION D. ASSISTANT PLANT SUPERITISMENT C. SELIT SUPERVISION D. SERVICION SUPERITISMENT C. SELIT SUPERVISION D. SELIT SUPERVISION D. CHERCE COOLS C. SELIT SUPERVISION C.				MONTE			AR	3-THIRD			X	8.₽A	TE PASS NDAMENT	ED GENER	IC M	M YY
N. A. OPERATOR D. SENIOR OPERATOR C. LIMITED SED Sanaler) 35- 7. RAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S PAPLOTER SOUTHER CALIFORNIA Edition SOUTHER CALIFORNIA Edition SOUTHER SED SANALOR OF APPLICANT'S PAPLOTER SOUTHER CALIFORNIA Edition SOUTHER CALIFORNIA Edition SOUTHER CALIFORNIA Edition SOUTHER CALIFORNIA Edition SOUTHER CALIFORNIA Edition SOUTHER CALIFORNIA Edition SOUTHER CALIFORNIA Edition SOUTHER CALIFORNIA Edition SOUTHER CALIFORNIA Edition SOUTHER CALIFORNIA EDITION SOUTH CALIFORNIA EDITION SOUTH CALIFORNIA ED		 	'	1 2	1	1 5	0					(Î	F APPLI	CABLE)	06	91
D. SENIOR OPERATOR C. PHILIP STATE OF TRAINING CONTROL C. STATE AND ADDRESS (Include 21P Code) OF APPLICANT'S EMPLOYER SOUTHER CAPITAL STATE AND ADDRESS (Include 21P Code) OF APPLICANT'S EMPLOYER SOUTHER CAPITAL STATE AND ADDRESS (Include 21P Code) OF APPLICANT'S EMPLOYER SOUTHER CAPITAL STATE AND ADDRESS (Include 21P Code) OF APPLICANT'S EMPLOYER SOUTHER CAPITAL STATE AND STATE AND ADDRESS (Include 21P Code) OF APPLICANT'S EMPLOYER SOUTHER CAPITAL STATE AND ADDRESS (Include 21P Code) OF APPLICANT'S EMPLOYER SOUTHER CAPITAL STATE AND ADDRESS (Include 21P Code) OF APPLICANT'S EMPLOYER S. RAME OF APPLICANT'S FACILITY FACILITY DOCKET NUMBER S. SENIOR CONTROL ROOM OPERATOR J. ADDITIONAL FACILITY DOCKETS (Malici-unit License) S. MANGE OF APPLICANT'S FACILITY DOCKET NUMBER GENERAL EMPLOYERS (Malici-unit License) J. ROOM TO COMPANY OF A COMPANY		MOL APPLIED FOR	 		· · · · ·	<u> </u>	6	. PREVIOUS L	T				<u> </u>			
C. LIMITED SAO C. C. S. FWEE Bandler) 7. RAME AND ADDRESS (Include ZIF Code) OF AFFLICANT'S EMPLOTER SOUTHER COLIFORNIA Edition Sen Construction San Clements, CA 92674-0128 8. RAME OF AFFLICANT'S FACILITY FACILITY DOCKET NUMBER 8. RAME OF AFFLICANT'S FACILITY 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) 8. RAME OF AFFLICANT SET STATULITY 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) 8. SERIOR COURTED ROCH OPERATOR 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) 8. SERIOR COURTED ROCH OPERATOR 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) 8. SERIOR COURTED ROCH OPERATOR 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) 8. SERIOR COURTED ROCH OPERATOR 11. EDUCATION 8. SERIOR COURTED ROCH OPERATOR 12. COUNTY OF TRAINING (MULTI-UNIT LICENSES) 8. SERIOR COURTED ROCH OPERATOR 13. COURTED ROCH OPERATOR 14. SERIOR COURTED ROCH OPERATOR 15. MORE SERIOR COURTED ROCH OPERATOR 16. COURTED ROCH OPERATOR 17. SERIOR COURTED ROCH OPERATOR 18. MORE SERIOR COURTED ROCH OPERATOR 19. SERIOR COURTED ROCH OPERATOR 19. SERIOR COURTED ROCH OPERATOR 10. COURTED ROCH OPERATOR 10. SERIOR COURTED ROCH OPERATOR 11. EDUCATION 12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) 14. RAVY 15. ROCHEROR 15. ROCHEROR 16. OPERATOR 17. ROCHEROR 17. SECONDARY PROMITE ROCHEROR 18. SERIOR COURTED ROCH RESERVED 19. SERIOR COURTED ROCH RESERVED 10. SERIOR (SPECIFY) 10. SERIOR COURTED ROCH RESERVED 11. ROCHEROR (SPECIFY) 11. SECONDARY PROMITE ROCHEROR (SPECIFY) 12. TRAINING (SINCE LAST APPLICATIONS) 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) 14. TRAINING (SINCE LAST APPLICATIONS) 15. ROCHEROR (SPECIFY) 16. OPERATOR 17. SERIOR OPERATOR (Licensed) 17. SERIOR OPERATOR (Licensed) 18. SERIOR OPERATOR (Licensed) 19. SERIOR OPERATOR (Licensed) 19. SERIOR OPERATOR (Licensed) 19. SERIOR OPERATOR (Licensed) 19. SERIOR OPERATOR (Licensed) 19. SERIOR COURTED ROCKERS (SPECIFY) 19. SERIOR OPERATOR (Licens		RATOR	a. DO	CKET NUMB	ER ·	ro sro	b. LIC	ENSE NUMBER	<u> </u>				d.FA	CILITY D	OCKET	NUMBE
(e.g., Fuel Bandler) RAME AND ADDRESS (Include ZIP Code) OF AFFLICART'S EMPLOTER Southern California Edison San Clemente, CA 92674-0128 8. RAME OF AFFLICART'S FACILITY FACILITY, DOCKET NUMBER 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) 11. EDUCATION 11. EDUCATION 12. SERVING CONTROL ROOM OPERATOR 13. OTHER (Specify) BIGS SCHOOL 14. MANGE AREA(S) OF OF YEARS DEGREE 15. SERVING CONTROL ROOM OPERATOR 16. CONTROL ROOM OPERATOR 17. EDUCATION 17. EDUCATION 18. CONTROL ROOM OPERATOR 19. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) 11. EDUCATION 11. EDUCATION 12. SERVING CONTROL ROOM OPERATOR 13. OTHER (Specify) 14. CONTROL ROOM OPERATOR 15. SERVING CONTROL ROOM OPERATOR 16. SERVING CONTROL ROOM OPERATOR 17. FUEL AND SERVING FROM THE SERVING CONTROL ROOM OPERATOR 18. CONTROL ROOM OPERATOR 19. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) 19. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) 11. EDUCATION 11. EDUCATION 11. EDUCATION 12. SERVING CONTROL ROOM OPERATOR 11. EDUCATION 12. SERVING CONTROL ROOM OPERATOR 13. SERVING CONTROL ROOM OPERATOR 14. ENGINEERING OF TRAINING MUMBER 15. ROOM OF TRAINING MUMBER 16. SERVING CONTROL ROOM OPERATOR 16. NONE SERVING CONTROL MUMBER 16. SERVING CONTROL ROOM OPERATOR 17. SERVING CONTROL ROOM OPERATOR 18. ROOM TO THE SERVING CONTROL ROOM OPERATOR 19. NONE SERVING CONTROL ROOM OPERATOR 19. NONE SERVING CONTROL ROOM OPERATOR 19. NONE SERVING CONTROL ROOM OPERATOR 19. NONE SERVING CONTROL ROOM OPERATOR 19. NONE SERVING CONTROL ROOM OPERATOR 19. NONE SERVING CONTROL ROOM OPERATOR 19. NONE SERVING CONTROL ROOM OPERATOR 19. NONE SERVING CONTROL ROOM OPERATOR 19. NONE SERVING CONTROL ROOM OPERATOR 19. NONE SERVING CONTROL ROOM OPERATOR 19. NONE SERVING CONTROL ROOM OPERATOR 19. OTHER (SPECIFY) 19. OTHER (SPECIFY) 19. OTHER (SPECIFY) 19. OTHER (SPECIFY) 19. OTHER (SPECIFY) 19. OTHER (SPECIFY) 19. OTHER (SPECIFY) 19. OTHER (SPECIFY) 19. OTHER (SPECIFY) 19. OTHER (SPECIFY) 19. OTHER (SPECIFY) 19. OTHER (SPECIFY) 19. O	c. LIMITED SR	0	55-			- 	 		TAUM	- D/	7.1	1LAR	: :			
Southern Calfornia Edison San Clemente, CA 92674-0128 a. FLANT SUPERINTENDENT D. ASSISTANT FLANT SUPERINTENDENT C. SETTIF SUPERINTENDENT C. SETTI				ATT TO A T			ļ	, .	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$				<u>.</u>	· -		
SAN CLEMENTS, CA 22674-0128 b. ASSISTANT PLANT SUPERITIEDENT C. SHIFT SUPERVISOR C. SHIFT	AND ADDRES	- (Include SIF C	ode) OF	AFFLICAN	1 2 E	APLUYER	-	DI ANT CULT			POS					
d. STAFF ENGINEER g. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) HIGH SCHOOL c. MAJOR AREA(S) OF ON THE STORY HIGH SCHOOL c. MAJOR AREA(S) OF OF YEARS DEGREE GRADUATE KORNELOR OF THE STORY NO OTHER MUSIC D. MINDER OF THE STORY NO OTHER MUSIC D. MINDER OF THE STORY NO OTHER MUSIC D. MINDER OF THE STORY NO OTHER MUSIC D. MINDER OF THE STORY NO OTHER MUSIC D. MINDER OF THE STORY NO OTHER MUSIC D. MINDER OF THE STORY NO OTHER MUSIC D. MINDER OF THE STORY NO OTHER MUSIC D. MINDER OF THE STORY NO OTHER MUSIC D. MINDER OF THE STORY D. MINDER OF THE ST	P. O. Box 128		,	• .			─ ─				ורואידו		1. AUXI TRAI	LIARY UN NEE/TURB	IT OP	ERATOR
S. RAME OF APPLICANT'S FACILITY FACILITY DOCKET NUMBER San Choice Unit 1 Section 1 Section 1 Section 1 Section 2 Section Control Room Operator 1 Section 2 Section Control Room Operator 1 Section 2 Section Control Room Operator 1 Section 2 Section Control Room Operator 1 Section 2 Section Control Room Operator 1 Section 2 Section Control Room Operator 1 Section 2 Section Control Room Operator 1 Section 2 Section Control Room Operator 1 Section 2 Section Control Room Operator 1 Section 2 Section 2 Section 2 Section Control Room Operator 1 Section 2 Section 3 Section 2 Section 3 Section 2 Section 3 Section 2 Section 3 Section 2 Section 3 Section 2 Section 3 Section 3 Section 2 Section 3 Sec	San Clemente,	P2674-0128			,					SOLEKI	(IEMDI	żu I	(NON	LICENSED	OPER	ATOR)
San Chofre Unit 1 50-206 P. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) P. SENIOR CONTROL ROOM OPERATOR P. INSTRUCTOR P. SENIOR CONTROL ROOM OPERATOR P. CONTROL ROOM O	· · · · · · · · · · · · · · · · · · ·											· .				
9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) S. SENIOC CONTROL ROOM OFFRATOR	8. RAME OF APPLIC San Onofre Uni	ANT'S FACILITY	FAC	ILITY DOC	KET N	UMBER	e	. SHIFT TECH	NICAL A	ADVISOR	ا /ر		j. OTHE	R. (Speci	fy)	
HIGH SCEOOL C. MAJOR AREA(S) OF NUMBER HIGHEST DESCRIPTION GRADUATE ENGINEERING (FIELDS) (Use Codes) DESCRIPTION TECHNICAL / NUMBER CERTIFICATE ASSOCIATE TECHNICAL / NO OF REACTIVE TO THE MAJOR AREA (S) OF YEARS DESCRIPTION TO THE MAJOR AR	9 ADDITIONAL	PACTI ITY POORTE				 	├──┤ ̄	. INSTRUCTOR			•					
HIGH SCHOOL C. MAJOR AREA(S) OF OF TEAS HIGHEST DEGREE CODES OF TEAS HIGHEST DEGREE CODES OF TEAS HIGHEST DEGREE CODES OF TEAS HIGHEST DEGREE CODES OF TEAS HIGHEST DEGREE CODES OF TEASH OF TEASH OF TEACH OF TEASH OF TEACH OF TEASH OF TEACH OF THE TEACH OF TEACH O	y. ADDITIONAL	PACILITY DUCKETS	(Multi-	-unit Lic	enses)	ш.	·			RATOR	₹				
HIGH SCHOOL C. MAJOR AREA(S) OF OF WEARS DEGRET OF SCHOOL OF WEARS DEGRET OF SCHOOL OF WEARS DEGREE OF SCHOOL OF WEARS OF WEARS OF SCHOOL OF WEARS		,			11	EDIICA'		. CONTROL RO	M OPE	RATOR						
GRADUATE X GED EQUIVALENCY NO DITER Music 2 2 3 - ARCHIOR DITER COLLEGE 3 General 1 0 0 - NOME COLLEGE 3 GENERAL 1 - NUMBER OF COLLEGE 3 GENERAL 1 - NUMBER OF COLLEGE 3 GENERAL 1 - NUMBER OF COLLEGE 3 GENERAL 1 - NUMBER OF COLLEGE 3 GENERAL 1 - NUMBER OF COLLEGE 3 GENERAL 1 - NUMBER OF COLLEGE 3 - ARCHIOR 3 - DOCTORAL 1 - NUMBER OF COLLEGE 3 - ARCHIOR 3 - DOCTORAL 1 - NUMBER OF COLLEGE 3 - ARCHIOR 3 - DOCTORAL 1 - NUMBER OF COLLEGE 3 - ARCHIOR 3 - DOCTORAL 1 - NUMBER OF FROM TO 1 - RO 1 - RO 1 - RO 2 - LEASTNOWN 1 - CERTIFIC STREET SEMULATOR OFFERATION 3 - DEFRATING FRACTIVE ON SHIFT SIMULATOR OFFERATION NO. OF REACTIVITY MANIFULATIONS FLANT FROM TO - SENDILATOR NO. OF REACTIVITY MANIFULATIONS FLANT FROM TO - SENDILATOR 1 - SENDILATOR 7 - SUPERVISOR 8 - FLANT STAFF 9 - OTHER (Specify) COMMERCIAL NUCLEAR (Including Research/ Test Reactor) 1 - SENDILATOR 1 - SENDINSTRUCTION - SENDIR STRUCTION - SENDIR STR	HIGH SCHOOL	c. MAJOR AREA(S) OF	NUMBER	HI	GHEST	DEGREE	CODES		d. VOC	ATION	IAI. /		NUMBER	CERTI	FTCAT
X GED EQUIVALENCY NO OTHER Music 2 2 3 - SESCRIPTICATE 3 - BACEFELOR 5 - MANUER OF COLLEGE 3 - General 1 1 0 12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) 14. MONTH AND YEAR DECTORAL 15. MONTH AND YEAR DECTORAL 16. MONTH AND YEAR DECTORAL 17. MUCLEAR POWER PLANT FUNDAMENTALS 18. MONTH AND YEAR DECTORAL 19. MONTH AND YEAR DECTORAL 10. MONTH AND YEAR DECTORAL 10. TO PROVINCE COUNT - SEE INSTRUCTIONS) 11. ROV 1 - RO 2 - ECOM/PPWO 3 - EMS/CHW 5 - OTHER (Specify) 1 - RO 2 - ECOM/PPWO 3 - EMS/CHW 5 - OTHER (Specify) 10. OF REACTIVITY MANIFULATIONS PLANT SIMULATOR 10. FROM TO 10. OF REACTIVITY MANIFULATIONS PLANT SIMULATOR 10. REACTIVITY MANIFULATIONS PLANT SIMULATOR 10. REACTIVITY MANIFULATIONS PLANT SIMULATOR 10. REACTIVITY MANIFULATIONS PLANT SIMULATOR 10. REACTIVITY MANIFULATIONS 11. SENIOR OPERATOR (Licensed) 12. SHIFT SUPERVISOR (Licensed) 13. STAFF/SHIFT ENGRORY (Licensed) 14. SENIOR OPERATOR (Licensed) 15. PLANT STAFF 16. OTHER (Specify) 16. OTHER (Specify) 17. STAFF/SHIFT ENGRORY (Licensed) 18. AND FROM TO DECTORAL 19. MONTH AND YEAR DECTORAL 2 - EOCH/PPWO 3 - ENSORPHING 4 - EBS/CRW 5 - OTHER (Specify) COMMENTE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) 17. RAVY 1 - RO 18. MONTH AND YEAR DECTORAL 18. MONTH AND YEAR DECTORAL 19. MONTH AND YEAR DECTORAL 19. MONTH AND YEAR DECTORAL 10. PROPERTY OF THE COUNT - SEE INSTRUCTIONS 10. REACTION OPERATOR 10. REACTION OPERATOR (Licensed) 11. SENIOR OPERATOR (Licensed) 12. SHIFT SUPERVISOR (Licensed) 13. STAFF/SHIFT ENGRESHED 14. AND FROM THE COUNT - SEE INSTRUCTIONS 15. PLANT STAFF 16. OTHER (Specify)	GRADUATE			UF TEARS			HIGHE!	used for		TEC	HNICA	Ţ,		OF	REC	ÉÍVÉĎ
NO. NUMBER OF COLLEGE 3 General 1 0 SACRETICATE SACRETION	X GED EQUIVALENCY	1			1 (030			3,500.00	• '					MONTHS		
12. TRAINTING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) a. MONTH AND YEAR B. NUMBER FROM TO F WEEKS I-NUCLEAR FOWER PLANT FUNDAMENTALS CLASSFOOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROAM OPERATIONS ON SHIFT 5. OUTHER (Specify) FOSSIL CERTIFIED STARTUP X YES NO PERCORAN CONFIDENCE (Licensed) PLANT SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PERCORAN CONFIDENCE (Licensed) FASTO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL COMMENCIAN FOR SHIFT IN CONTROL COMMENCIAN FOR SHIFT SUPERVISOR (Licensed) 12. THE ON SHIFT SUPERVISOR (Licensed) 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) A. HOWELES FROM TO C. E. HOWELES FROM TO C. E. HOWELES FROM TO C. E. HOWELES FROM TO C. E. HOWELES A. UNIT AND YEAR B. NUMBER FROM TO C. E. HOWELES FROM TO C. E. FOR WILLIAM STAFF 9 OTHER (Specify) COMMENCIAN FACE (Licensed) 11. SENIOR OPERATOR (Licensed) 12. SHIFT SUPERVISOR (Licensed) 13. STAFF/SHIFT ENDINEER (Licensed) 14. AUX./EQUIP. OPER. (Nonlicensed) 15. PLANT STAFF 16. OTHER (Specify)	¬¬,,,					,	ODCain	ed)	• •	TYPE	OF I	RAIN	ING	MONTHS		NO
12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) a. MONTH AND YEAR b. NUMBER (Classicom) 1-NUCLEAR POWER PLANT FUNDAMENTALS A. MONTH AND YEAR D. NUMBER (Classicom) 2-FIANT SYSTEMS CLASSROOM 3-DEBRATING FRACTICE CONTROL ROW OFFERATIONS ON SHIFT SIMULATOR OPERATING 5-CHIRIF STARTUP X YES NO CERTIFIC STARTUP X YES NO NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 7-SUPERVISOR 8-PLANT SIMULATOR 7-SUPERVISOR 8-PLANT SIMULATOR 7-SUPERVISOR 8-PLANT SIMULATOR 7-OTHER (Specify) COMMERCIAL HUCLEAR (Including Research) Test Reactor) 10-REACTIVITY MANIPULATIONS 11-SENIOR OPERATOR (Licensed) 11-SENIOR OPERATOR (Licensed) 12-SHIFT SUPERVISOR (Licensed) 13-STAFF/SHIFT ENGINEER (Licensed) 14-AUX./EQUIP. OPER. (Nonlicensed) 15-PLANT STAFF 16-OTHER (Specify)		OTHER		,			O - N	od) ONE	• *	TYPE	OF I	RAIN	ING	MONTHS		NO
a. MONTH AND YEAR FROM TO AMONTH AND YEAR A	<u></u>	OTHER		2			0 - NO 1 - Cl 2 - Al 3 - Bl 4 - M	od) ONE ERTIFICATE SSOCIATE ACHELOR ASTER		TYPE	OF T	RAIN	ING	MONTHS		NO
1-NUCLEAR POWER PLANT FUNDAMENTALS FROM TO OF WEEKS CLASSROOM 2-ELANT SYSTEMS OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SBIFT SIMULATOR OPERATING (Includes classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUF X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X ON SBIFT T 4-SRO INSTRUCTION 5-EXTRA PERSON ON SEIFT IN CONTROL 6-WEEK MINIMUM) COMMERCIAL HOLDER (Including Research) 12 - SBIFT SUPERVISOR 1 - RO COMMERCIAL HOLDER (Including Research) 12 - SBIFT SUPERVISOR (Licensed) 13 - STAFF/SBIFT ENGINEER (Licensed) 14 - AUX. /EQUIP. OPER. (Nonlicensed) 15 - FLANT STAFF DUELER (Specify) THER (Specify) THER (Specify) THER (Specify)	b. NUMBER OF YEARS OF COLLEGE 3	OTHER Music General		1		2	0 - NO 1 - Cl 2 - Al 3 - Bu 4 - M	ONE ERTIFICATE SSOCIATE ACHELOR STER CTORAL						MONTHS	YES	NO
1 - RO 2 - ELANT SYSTEMS CLASSFORM OBSERVATION 3 - EWS/PFWS 4 - ERS/CRW SIMULATOR OPERATING (Includes Classroom) B. CRITIFIED STARTUF X YES NO FROORAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR PLANT SIMULATOR PLANT SIMULATOR OF REACTIVITY MANIPULATIONS PLANT SIMULATOR PLANT SIMULATOR To SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Specify) COMMERCIAL BUCLEAR (Including Research/ Test Reactor) 10 - REACTOR OPERATOR (Licensed) 11 - SENIOR OPERATOR (Licensed) 12 - SEIFT SUPERVISOR (Licensed) 13 - STAFF/SBIFT ENGINEER (Licensed) 14 - AUX./EQUIP. OPER. (Nonlicensed) 15 - FLANT STAFF 16 - OTHER (Specify)	b. NUMBER OF YEARS OF COLLEGE 3	OTHER Music General		1 EE INSTRUC		2 0 S)	0 - NO 1 - Cl 2 - Al 3 - Bu 4 - M	ONE ERTIFICATE SSOCIATE ACHELOR STER CTORAL	TON C				EE INST	RUCTIONS	YES	NO
2 - ECOM/PFMO CLASSROM OBSERVATION 3 - EWS/PFMS 4 - ERS/CRW 5 - OTHER (Specify) FOSSIL SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES 4. Unit Manipulations D. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SIN	OTHER Music General CE LAST APPLICAT	a. MONT	1 EE INSTRUC	ARh	2 0 S)	0 - No 1 - Ci 2 - Ai 3 - M 5 - Do	ONE ERTIFICATE SSOCIATE ACHELOR STER CTORAL	I TON C				EE INST	RUCTIONS H AND YE	YES	NINGE
OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIOS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS FLANT SIMULATOR 7 SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Specify) COMMERCIAL HUCLEAR (Including Research/ Test Reactor) 10 - REACTOR OPERATOR (Licensed) 11 - SENIOR OPERATOR (Licensed) 12 - SHIFT SUPERVISOR (Licensed) 12 - SHIFT SUPERVISOR (Licensed) 13 - STAFF/SHIFT ENGINEER (Licensed) 14 - AUX./EQUIP. OPER. (Nonlicensed) 15 - PLANT STAFF 16 - OTHER (Specify)	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SIN	OTHER Music General CE LAST APPLICAT	a. MONT	1 EE INSTRUC	ARh	2 0 S)	0 - NO 1 - CI 2 - BI 3 - BI 4 - MI 5 - DO	ONE CRIFFICATE SOCIATE SCHELOR STER CHELOR STER CTORAL OPERIENCE (DO	I TON C				EE INST	RUCTIONS H AND YE	YES	NINGE
SIMULATOR OPERATING (Includes Classicom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X SIMULATOR PLANT SIMULATOR 7 7 4-SRO INSTRUCTION S-EXTRA PERSON ON SHIFT IN CONTROL ROM (13-WEEK MINIMUM) a. TIME ON SHIFT ABOVE 201 POWER 6 (-WEEK MINIMUM) EQUALIFICATION OTHER (Specify) 5 - OTHER (Specify) FOSSIL 6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Specify) COMMERCIAL HUCLEAR (Including Research/ Test Reactor) 10 - REACTOR OPERATOR (Licensed) 11 - SENIOR OPERATOR (Licensed) 12 - SHIFT SUPERVISOR 13 - STAFF/SHIFT ENGINEER (Licensed) 14 - AUX./EQUIP. OPER. (Nonlicensed) 15 - FLANT STAFF 16 - OTHER (Specify)	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SIN 1-NUCLEAR POWER PL (Classroom)	OTHER Music General CE LAST APPLICAT	a. MONT	1 EE INSTRUC	ARh	2 0 S)	0 - NO 1 - CI 2 - AI 3 - BI 4 - MI 5 - DO	ONE CRIFFICATE CRIFFICATE SOCIATE SCHELOR STER CHELOR CHEL	I TON C				EE INST	RUCTIONS H AND YE	YES	NINGE
SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL CG-WEEK MINIMUM) a. TIME ON SHIFT ABOVE 201 POWER (G-WEEK MINIMUM) EQUALIFICATION OTHER (Specify) DIECUALIFICATION OTHER (Specify) FOSSIL 6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Specify) COMMERCIAL MUCLEAR (Including Research/ Test Reactor) 10 - REACTOR OPERATOR (Licensed) 11 - SENIOR OPERATOR (Licensed) 12 - SHIFT SUPERVISOR (Licensed) 13 - STAFF/SHIFT ENGINEER (Licensed) 14 - AUX./EQUIP. OPER. (Nonlicensed) 15 - PLANT STAFF 16 - OTHER (Specify)	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SIN 1-NUCLEAR POWER PL (Classroom) 2-PLANT SYSTEMS CLASSROOM	OTHER Music General CE LAST APPLICAT	a. MONT	1 EE INSTRUC	ARh	2 0 S)	0 - N: 1 - Ci 2 - A: 3 - B: 4 - M: 5 - D: 13. E: RAVY	ONE CRIFICATE CRIFICATE SOCIATE SOCIATE SCHELOR STERAL CPERIENCE (DO RO - RO	I TON C				EE INST	RUCTIONS H AND YE	YES	NINGE
SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 7 CENTIFIED STARTUP X YES NO NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 10 - REACTOR OPERATOR (Licensed) 11 - SENIOR OPERATOR (Licensed) 12 - SHIFT SUPERVISOR 12 - SHIFT SUPERVISOR 13 - STAFF/SHIFT ENGINEER (Licensed) 13 - STAFF/SHIFT ENGINEER (Licensed) 14 - AUX./EQUIP. OPER. (Nonlicensed) 15 - PLANT STAFF 16 - OTHER (Specify)	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SING CLASSFOOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING FRACTION	OTHER Music General CE LAST APPLICAT ANT FUNDAMENTALS	a. MONT	1 EE INSTRUC	ARh	2 0 S)	0 - N: 1 - CA 3 - B 5 - DO 13. E	ONE ERTIFICATE SOCIATE ACHELOR STER COTORAL OPERIENCE (DO RO EOOW/PPWO EWS/PPWS ERS/CRW					EE INST	RUCTIONS H AND YE	YES	NINGE
a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 7 7 4-SRO INSTRUCTION 11 - SENIOR OPERATOR (Licensed) 11 - SENIOR OPERATOR (Licensed) 12 - SHIFT SUPERVISOR (Licensed) 12 - SHIFT SUPERVISOR (Licensed) 13 - STAFF/SHIFT ENGINEER (Licensed) 14 - AUX./EQUIP. OPER. (Nonlicensed) 15 - PLANT STAFF 16 - OTHER (Specify)	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SING CLASSICOM) 2-PLANT SYSTEMS CLASSICOM OBSERVATION 3-OPERATING FRACTIC CONTROL ROOM OPE	OTHER Music General CE LAST APPLICAT ANT FUNDAMENTALS CE RATIONS ON SHIFT	a. MONT	1 EE INSTRUC	ARh	2 0 S)	0 - N: 1 - CA 3 - B 5 - DO 13. E	ONE ERTIFICATE SOCIATE ACHELOR STER COTORAL OPERIENCE (DO RO EOOW/PPWO EWS/PPWS ERS/CRW					EE INST	RUCTIONS H AND YE	YES	NINGE
D. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SEIFT IN CONTROL a. TIME ON SHIFT ABOVE 201 POWER (6-WEEK MINIMUM) EQUALIFICATION CHARGE (Specify) 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Specify) COMMERCIAL BUCLEAR (Including Research/ Test Reactor) 10 - REACTOR OPERATOR (Licensed) 11 - SENIOR OPERATOR (Licensed) 12 - SHIFT SUPERVISOR (Licensed) 13 - STAFF/SHIFT ENGINEER (Licensed) 14 - AUX./EQUIP. OPER. (Nonlicensed) 15 - PLANT STAFF 16 - OTHER (Specify)	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SING 1-NUCLEAR POWER PL (CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING FRACTIC CONTROL ROOM OPER SIMULATOR OPERAT (Includes Classro	OTHER Music General CE LAST APPLICAT ANT FUNDAMENTALS CE RATIONS ON SHIFT	a. MONT	1 EE INSTRUC	ARh	2 0 S)	0 - NO 12 - A3 3 - B4 5 - DO 13. E	ONE CRITIFICATE SOCIATE COMPETENC					EE INST	RUCTIONS H AND YE	YES	NINGE
PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 10 - REACTOR OPERATOR (Licensed) P-EXTRA PERSON ON SHIFT IN CONTROL 12 - SHIFT SUPERVISOR (Licensed) ROOM (13-WEEK MINIMUM) 13 - STAFF/SHIFT ENGINEER (Licensed) 14 - AUX./EQUIP. OPER. (Nonlicensed) 15 - PLANT STAFF OTHER (Specify) 16 - OTHER (Specify)	b. NUMBER OF YEARS OF 3 12. TRAINING (SIN 1-NUCLEAR POWER PL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING FRACTIC CONTROL ROOM OPEL SIMULATOR OPERAT (Includes Classroom) SIMULATOR NAMES	OTHER Music General CE LAST APPLICAT ANT FUNDAMENTALS CE RATIONS ON SHIFT	a. MONT	1 EE INSTRUCTH AND YEA TO	AR b	2 0 S) NUMBER WEEKS	0 - NO 1 - C	OPERATOR					EE INST	RUCTIONS H AND YE	YES	NINGE
NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) a. TIME ON SHIFT ABOVE 201 POWER (6-WEEK MINIMUM) EQUALIFICATION OTHER (Specify) COMMERCIAL NUCLEAR (Including Research/ Test Reactor) 10 - REACTOR OPERATOR (Licensed) 11 - SENIOR OPERATOR (Licensed) 12 - SHIFT SUPERVISOR (Licensed) 13 - STAFF/SHIFT ENGINEER (Licensed) 14 - AUX./EQUIP. OPER. (Nonlicensed) 15 - PLANT STAFF 16 - OTHER (Specify)	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SING CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING FRACTIC CONTROL ROOM OPERATIC (Includes Classroom) SIMULATOR OPERATIC (Includes Classroom) SIMULATOR NAMES a. Unit 1	OTHER Music General CE LAST APPLICAT ANT FUNDAMENTALS CE RATIONS ON SHIFT ING OOM)	a. MONT	1 EE INSTRUCTH AND YEA TO	AR b	2 0 S) NUMBER WEEKS	0 - N(OPERATOR SUPERVISOR STORAL OPERIENCE (DO RO EWS/PFWO OTHER (Spec	ify)				EE INST	RUCTIONS H AND YE	YES	NINGE
7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROCM (13-WEEK MINIMUM) a. TIME ON SHIFT ABOVE 201 POWER (6-WEEK MINIMUM) EQUALIFICATION OTHER (Specify) 10 - REACTOR OPERATOR (Licensed) 11 - SENIOR OPERATOR (Licensed) 12 - SHIFT SUPERVISOR (Licensed) 13 - STAFF/SHIFT ENGINEER (Licensed) 14 - AUX./EQUIP. OPER. (Nonlicensed) 15 - PLANT STAFF 16 - OTHER (Specify)	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SING CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTIC CONTROL ROOM OPERATIC (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUM	OTHER Music General CE LAST APPLICAT ANT FUNDAMENTALS CE RATIONS ON SHIFT ING DOM P X YES NO	a. MONT	1 EE INSTRUCTH AND YEA TO	AR b	2 0 S) NUMBER WEEKS	0 - N: 12 - A: 3 - B: 5 - D: 13. E: RAVY 1 - 2 - 3 - 3 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	OPERATOR CPERATOR COPERATOR PLANT STAFF	ify)				EE INST	RUCTIONS H AND YE	YES	NINGE
A-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) a. TIME ON SHIFT ABOVE 201 POWER (6-WEEK MINIMUM) EQUALIFICATION 5-EXTRA PERSON ON SHIFT IN CONTROL 12 - SHIFT SUPERVISOR (Licensed) 13 - STAFF/SHIFT ENGINEER (Licensed) 14 - AUX./EQUIP. OPER. (Nonlicensed) 5-PLANT STAFF 5-PLANT STAFF 16 - OTHER (Specify)	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SING CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTIC CONTROL ROOM OPERATIC (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUL FROGRAM COMPLETE	OTHER Music General CE LAST APPLICAT ANT FUNDAMENTALS CE TATIONS ON SHIFT ING DOM P X YES NO	a. MONT	1 EE INSTRUCTH AND YEA TO TO TO TO TO TO TO TO TO TO TO TO TO	AR bi	2 0 S) NUMBER WEEKS	0 - NO 12 - A3 3 - B4 5 - DO 13. EE RAVY 1 - 2 - 3 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	ONE CRITIFICATE SOCIATE COMPETENCE (DO COMPETENCE (ify)	DOUBLE	COUNT	- SI	EE INST	RUCTIONS H AND YE	YES	NINGE
S-EXTRA PERSON ON SHIFT IN CONTROL a. TIME ON SHIFT ABOVE 201 POWER (6-WEEK MINIMUM) EQUALIFICATION OTHER (Specify) 11 - SENIOR OPERATOR (Licensed) 12 - SHIFT SUPERVISOR (Licensed) 13 - STAFF/SHIFT ENGINEER (Licensed) 14 - AUX./EQUIP. OPER. (Nonlicensed) 15 - PLANT STAFF 16 - OTHER (Specify)	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SIN) 1-NUCLEAR POWER PL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTIC CONTROL ROOM OPER SIMULATOR OPERAT (Includes Classroom) b. CERTIFIED STARTUL PROGRAM COMPLETED NO. OF REACTIVITY PLANT	OTHER Music General CE LAST APPLICAT ANT FUNDAMENTALS CE TO SET TO S	a. MONT	1 EE INSTRUCTH AND YEA TO TO TO TO TO TO TO TO TO TO TO TO TO	AR bi	2 0 S) NUMBER WEEKS	0 - NO 12 - A3 3 - B4 5 - DO 13. EE RAVY 1 - 2 - 3 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	ONE CRITIFICATE SOCIATE COMPETENCE (DO COMPETENCE (ify)	DOUBLE	COUNT	- SI	EE INST	RUCTIONS H AND YE	YES	NINGE
a. TIME ON SHIFT ABOVE 201 POWER (6-WEEK MINIMUM) EQUALIFICATION OTHER (Specify) 13 - STAFF/SHIFT ENGINEER (Licensed) 14 - AUX./EQUIP. OPER. (Nonlicensed) 15 - PLANT STAFF 16 - OTHER (Specify)	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SIN 1-NUCLEAR POWER PL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING FRACTIC CONTROL ROOM OPERATING COMPOPERATION OPERATION HER Music General CE LAST APPLICAT ANT FUNDAMENTALS CE TO SET TO S	a. MONT	1 EE INSTRUCTH AND YEA TO TO TO TO TO TO TO TO TO TO TO TO TO	AR bi	2 0 S) NUMBER WEEKS	0 - NO 0 - NO 13 - B 5 - DO 13 - E RAVY 1 - 2 - 3 - 3 - 4 - 5 - 5 FOSSII 6 - 7 - 8 - 9 - 6 COMMEN	ONE CRITIFICATE SOCIATE CRETIFICATE SOCIATE CRETIFICATE SOCIATE CRETIFICATE CR	eify) ify) (Incl Test ERATOR	uding:	COUNT Resea	- SI	EE INST	RUCTIONS H AND YE	YES	NINGE	
(6-WEEK MINIMUM) 14 - AUX./EQUIP. OPER. (Nonlicensed) EQUALIFICATION 15 - PLANT STAFF OTHER (Specify) 16 - OTHER (Specify)	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SING CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTIC CONTROL ROOM OPERATING PRACTIC (Includes Classroom) b. CERTIFIED STARTUF PROGRAM COMPLETED NO. OF REACTIVITY PLANT 7 4-SRO INSTRUCTION	OTHER Music General CE LAST APPLICAT ANT FUNDAMENTALS CE TO SELECT TO SE	a. MONT	1 EE INSTRUCTH AND YEA TO TO TO TO TO TO TO TO TO TO TO TO TO	AR bi	2 0 S) NUMBER WEEKS	0 - NO - NO - NO - NO - NO - NO - NO - N	ONE CRITIFICATE SOCIATE SOCIATE SOCIATE SOCIATE SOCIATE SOCIATE SOCIATE SOCIATE SOCIATE SOCIATE SOCIATE OFERIENCE (DO OFERIENCE (DO OFERIENCE (DO OFERATOR OFERATOR OFERATOR OTHER (Special Supervisor OTHER (Special Sucial eify) ify) (Include Test Test TEST TEST TEST TEST	uding l React. (Licen	Resea or)	- SI	EE INST	RUCTIONS H AND YE	YES	NINGE	
EQUALIFICATION 15 - PLANT STAFF 16 - OTHER (Specify)	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SIN) 1-NUCLEAR POWER PL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING FRACTIC CONTROL ROOM OFEE SIMULATOR OPERAT (Includes Classroom) b. CERTIFIED STARTUE PROGRAM COMPLETED NO. OF REACTIVITY PLANT 7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SECOND (13-WEEK MIN)	OTHER Music General CE LAST APPLICAT ANT FUNDAMENTALS CE RATIONS ON SHIFT ING ODD Y MANIPULATIONS SIMULATOR SHIFT IN CONTROL NIMUM)	a. MONT	1 EE INSTRUCTH AND YEA TO TO TO TO TO TO TO TO TO TO TO TO TO	AR bi	2 0 S) NUMBER WEEKS	0 - NO - COPPLET - 10 - 11 - 12 - 12 - 12 - 12 - 12 - 12	ONE CRITIFICATE SOCIATE CREEKER COMPENS COMPEN	eify) ify) (Incl Test ERATOR RATOR RVISOR	uding l React (Licen (Licen	Resea or) nsed)	rch/	EE INST	RUCTIONS H AND YE	YES	NINGE
OTHER (Specify) 16 - OTHER (Specify)	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SIN) 1-NUCLEAR POWER PL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING FRACTIC CONTROL ROOM OFEE SIMULATOR OPERAT (Includes Classroom) b. CERTIFIED STARTUE PROGRAM COMPLETED NO. OF REACTIVITY PLANT 7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SECOND (13-WEEK MIN)	OTHER Music General CE LAST APPLICAT ANT FUNDAMENTALS CE RATIONS ON SHIFT ING ODD Y MANIPULATIONS SIMULATOR SHIFT IN CONTROL NIMUM)	a. MONT	1 EE INSTRUCTH AND YEA TO TO TO TO TO TO TO TO TO TO TO TO TO	AR bi	2 0 S) NUMBER WEEKS	0 - NO - NO - COPPLET - 10 - NO - NO - NO - NO - NO - NO - NO - N	ONE CRITIFICATE SOCIATE SOCIATE SOCIATE SOCIATE SOCIATE SOCIATE SOCIATE SOCIATE SOCIATE SOCIATE SOCIATE OFFICIAL OF	eify) (Incl Test ERATOR RATOR RVISOR T ENGI	uding the React (Licen (Licen NEER ()	Resea or) nsed) nsed)	rch/	EE INST	RUCTIONS H AND YE	YES	NINGE
	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SIN) 1-NUCLEAR POWER PL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTIC (Includes Classroom) SIMULATOR OPERATIC (Includes Classroom) b. CERTIFIED STARTUF PROGRAM COMPLETED NO. OF REACTIVITY PLANT 7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SECOM (13-WEEK MIN) a. TIME ON SHIFT (6-WEEK MIN) EQUALIFICATION	OTHER Music General CE LAST APPLICAT ANT FUNDAMENTALS CE RATIONS ON SHIFT ING ODD Y MANIPULATIONS SIMULATOR SHIFT IN CONTROL NIMUM)	a. MONT	1 EE INSTRUCTH AND YEA TO TO TO TO TO TO TO TO TO TO TO TO TO	AR bi	2 0 S) NUMBER WEEKS	0 - NO - NO - NO - NO - NO - NO - NO - N	ONE CRETIFICATE SOCIATE CRETIFICATE SOCIATE CHELOR STER CHELOR STER COMPENCE (DO COMPENCE (DO COMPENCE (DO COMPENCE (DO COMPENCE (DO COMPENCE (DO COMPENCE (SPECIAL COMPENCE ((Incl Test Test ERATOR RATOR TENGI	uding the React (Licen (Licen NEER ()	Resea or) nsed) nsed)	rch/	EE INST	RUCTIONS H AND YE	YES	NINGE
	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SIN) 1-NUCLEAR POWER PL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTIC (Includes Classroom) SIMULATOR OPERATIC (Includes Classroom) b. CERTIFIED STARTUF PROGRAM COMPLETED NO. OF REACTIVITY PLANT 7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SECOM (13-WEEK MIN) a. TIME ON SHIFT (6-WEEK MIN) EQUALIFICATION	OTHER Music General CE LAST APPLICAT ANT FUNDAMENTALS CE RATIONS ON SHIFT ING ODD Y MANIPULATIONS SIMULATOR SHIFT IN CONTROL NIMUM)	a. MONT	1 EE INSTRUCTH AND YEA TO TO TO TO TO TO TO TO TO TO TO TO TO	AR bi	2 0 S) NUMBER WEEKS	0 - NO - NO - NO - NO - NO - NO - NO - N	ONE CRITIFICATE CRETIFICATE SOCIATE CRETIFICATE SOCIATE CRETIFICAT	eify) (Include Test Test Test Test Test Test Test Test	uding React (Licen (Licen NEER ()	Resea or) nsed) nsed)	rch/	EE INST	RUCTIONS H AND YE	YES	NINGE
	b. NUMBER OF YEARS OF COLLEGE 3 12. TRAINING (SIN) 1-NUCLEAR POWER PL (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTIC (Includes Classroom) SIMULATOR OPERATIC (Includes Classroom) b. CERTIFIED STARTUF PROGRAM COMPLETED NO. OF REACTIVITY PLANT 7 4-SRO INSTRUCTION 5-EXTRA PERSON ON SECOM (13-WEEK MIN) a. TIME ON SHIFT (6-WEEK MIN) EQUALIFICATION	OTHER Music General CE LAST APPLICAT ANT FUNDAMENTALS CE RATIONS ON SHIFT ING ODD Y MANIPULATIONS SIMULATOR SHIFT IN CONTROL NIMUM)	a. MONT	1 EE INSTRUCTH AND YEA TO TO TO TO TO TO TO TO TO TO TO TO TO	AR bi	2 0 S) NUMBER WEEKS	0 - NO - NO - NO - NO - NO - NO - NO - N	ONE CRITIFICATE CRETIFICATE SOCIATE CRETIFICATE SOCIATE CRETIFICAT	eify) (Include Test Test Test Test Test Test Test Test	uding React (Licen (Licen NEER ()	Resea or) nsed) nsed)	rch/	EE INST	RUCTIONS H AND YE	YES	NINGE

and the state of t

The second secon

	· · · · · · · · · · · · · · · · · · ·		· · · · · ·	14 PACTI	LITY OPERA	TOR TRAIN	ING PROGR	AM .		8				
a. GRADUATE (TRAINING A SYSTEMS	OF INPO ACCRI PROGRAM THAT APPROACH TO	EDITED OF IS BASEL TRAINING	PERATOR	X YES	NO				474 ("S I") OR I S USED I	SIMULATION NRC APPROV IN THE	ED X	YES		NO
				15	FOR REPU									
HOURS OPE	RATED FACILIT	ry ·				b. DAT	E AND RES	ULT OF MOS DMINISTERE ION EXAMIN	D	DATE		RES	ULT	
				· .	16 FY	PERIENCE D		ION EXAMIN	MATION			PASS		FAIL
a POSIT	ION TITLE	FROM	TO	1	b. FACILII		EIAUA			c. DUTIE	S	·		···
									<u> </u>		• . *			
	•						1	,			7 1 1°			
	*	• .							• •		•			
•								-						
									1			•		
	•									100				•
.*												. •		
						•		•						•
			-					.*	•					
			1							•				
	•													
17. COMMENTS	(Specify th	e item n	umber-t	o which you	are elabo	orating. A	ttach add	itional sh	neets a	s necessar	у.)			
•						· ·							*	
	•							•			• • •			
														٠.
									•				:	
_			•											• •
				•		-	-	·						•
	•				,									
				•						•	•			
,		•									-			
						·			· ·					
18. NRC FORM														
	STATEMENT O													
19a. I certify certify by a Hear controll instance and (4) the resu	that I have lith and Huma ed substance where I hav any reasons lits of exami	notified n Servic , and th e been a for remo nations	my cur es (HHS e test rrested val or to my e	rent employ) Certified results exc for the sa revocation mployers fo	er of: (1 Drug Test eeded the le, use or of unescor r use in)	all previous laborations and laborations are considered access preparing	vious emplicatory or evels estation of a cost a nu retrainin	oyers; (2) a Licensee blished prontrolled clear faci g programs) any ine's testursuant substatility, s, as n	nstance wh ting facil to 10 CFR nce descri I also aut ecessary.	ere I h ity for Part 2 bed in horize	nave been alcohol 6: (3) a 10 CFR P the NRC	teste or a ny art 20 to sul	ed 6; bmit
SIGNATURE -		1	Sum	ster 4) /	John					. •	DATE	/ /	72
CHECK APPLICA														
- a.	certify that an Operator need for an vailable for tachments is	CIUO AL	d COLLE	CC.										
c. REN	TEWAL ONLY -			the above n 7) as requi sibilities this docume	amed individed by secompetent and at	vidual mer ction 50.: ly and sa: tachments	ets the ap 54 (i-1) of fely. I a is true a	proved red 1 10 CFR lso certi and correct	qualifi 50, and fy unde t.	cation pro that he/s r penalty	gram () he has of per	ith exce discharg ury that	ptions ed his the	s s/her
DDINTED OF T		ING COORD	INATOR	*					ement R	EPRESENTAT	IAE ON	SITE		
PRINTED OR T	TED MAPIE	Robert	Clement			PRI	NTED OR TY	PED NAME	H. E.	MORGAN				
SIGNATURE	Rollie	D Cc	فيربد ع	DAT	E 3-17-0	12 SIG	NATURE	NO SIGNATI	URE REO	UIRED PLICATION		DATE		-
						FOR NRC	USE							
	WAIVER (Che		mplete) ME	ETS REQUIR	EMENTS	DOES N	OT MEET RE	QUIREM	NTS (Expl	ain b	elow
CATEGORY	GRANTE BEADQUARTERS	1	ON E	DENIED EADQUARTERS	· · · · · ·	N								
TTEN OPERATING		 					•				*			
ELIGIBILITY		 	-			\dashv .								
MEDICAL						Sil	GNATURE -	REVIEWER				DATE	•	
OTHER					1			<u> </u>						
NRC FORM 398	(10-90)													

NRC FORM 396 (3-61) 10 CFR 55,73 55 75, 65 77,55 31,55 57 U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY ONB NO 3:50-0004 DOPIRES: 1-31-54

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS CRAMPON OF TESTING ROUTESTS TO STANDARD AND THE STANDARD STAN AND RECORDS MANAGEMENT BRANCH (MNBB 7714), U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON TO STARE

CERTIFICATION OF MEDICAL EXAMINATION

BY FACILITY LICENSEE

			AND TO THE PAPERWORK OFFICE OF MANAGEMENT AN	REDUCTION PROJECT (3150-0004) D BUDGET, WASHINGTON, DC 2050
NAME OF APPLICANT				
	LIAM COTTO	لدو		
FACILITY SONGS UNIT 1				FACILITY DOCKET NUME
	A. MEDICAL EXAMIN	IATION CERTIFICATION	ON	
THIS IS TO CERTIFY THAT THE ABOVE NAMED AP				ED BY A PHYSICIAN
PRINTED NAME 10 (physician)		LICENSE NUMBER	18	EXAMINATION BATE
BASED ON THE RESULTS OF THE EXAMINATION, I APPLICANT'S PHYSICAL CONDITION AND GENERA AND SAFETY, I CERTIFY THAT IN REACHING THIS FOLLOWED AND THAT DOCUMENTATION IS AVAIL	DETERMINATION, THE G LABLE FOR REVIEW BY N	T THAT IT MIGHT CAUSE UIDANCE CONTAINED IN RC.	OPERATIONAL ERRORS END LANSI/ANS 3.4-1983, OR ANS	DANGÉRING PÚBLIC HEALT I/ANS 15.4-1977 (N380) WAS
ON THE BASIS OF THE RECOMMENDATION OF THE FOLLOWS:	E PHYSICIAN, I RECOMMEN	ND THAT THE APPLICANT _	I'S OPERATOR LICENSE BE C	ONDITIONED AS
1. NO RESTRICTIONS				
2. CORRECTIVE LENSES BE WORN WHEN PER	- ,	IES		
3. HEARING AID BE WORN WHEN PERFORMIT	= .	•	•	
4. RESTRICTED LICENSE OR EXCEPTION-Pro				
5. RESTRICTION CHANGE FROM PREVIOUS S		Below and attach supporting	medical evidence for NRC revie	w,
ELATIONSHIP OF RESTRICTION TO DISQUALIFY	Senting Senting		12/24/41	
25 TO NOT THE STREET OF TO BISCONEIL TO	ing condition (ariety inc	ncate now restriction will co	Prect the disquelifying condition))
				*
REMARKS FOR RESTRICTION CHANGE (Block 5 abo	re)			- , - , - , ,
	•			
		•		
	•			
	B. NONMEDICA	L CERTIFICATION		
THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOR LICENSED OPERATORS.			FOR DUTY REQUIREMENTS	OF THIS FACILITY
ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMEN PERJURY THAT THE INFORMATION IN THIS DOCUMENT A	T, INCLUDING ATTACHMENTS	S, MAY BE SUBJECT TO CIVIL	AND CRIMINAL SANCTIONS, I C	ERTIFY UNDER PENALTY OF
PRINTED NAME AND SIGNATURE (Senior Management	nt Representative on Site) T	TILE		DATE
No Signature Peguinel Nam		•		15000
No Signature Required, Non H. E. Morgan App		Vice President	& Site Manager	•
	rication		<u>-</u> .	
In accordance with 10 CFR 55.5, Communications, this f		•	ADDRESSED TO:	•
Regional Administrator, Region I. U.S. Nuclear Regulatory Commission 475 Allandale Road King of Prussia, PA 19406	Regional Administra U.S. Nuclear Regulat 101 Marietta Street, Atlanta, GA 30323	ory Commission		
Regional Administrator, Region IV U.S. Nuclear Regulatory Commission	Regional Administrat	tor, Region V	Director, Divis	ion of Licensee Performance

611 Ryan Plaza Drive, Suite 1000 Arlington, TX 76011

1450 Maria Lane, Suite 210 Walnut Creek, CA 94596

Attn: Operator Licensing Branch U.S. Nuclear Regulatory Commission Washington, DC 20555

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93:579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 396. This information, is maintained in a system of records designated as NRC-16 and described at 55 Federal Regimer 33978 (August 20, 1990).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information amered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, Disclosure is voluntary, if the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGERIS) AND ADDRESS: Chief, Operajor Licensing Branch, Office of Nuclear Peactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

	NRC FORM 398 (FACSIMILE) U.S	. NUCLEA	R REGULA	TORY	COMMISS	ION	AP	PROVED BY	OHB: 1	NO. 3	150-0	090		-	DATE 1	שושיום	TETD
.	(10-90) 10 CFR 55.31, 55.35, 55.47, and 55.57						ESTIMA	TED BURDES TED BURDES HIS INFORM T: 2.0 HB: LING BURDES AND RECOI 7714 U.S 7714 U.S 7714 U.S FERWORK RI OFFICE OF GTON, DC,	PIRES: N PER 1	1-31 ESPC	I-92 NSE T	o cor	MPLY	(To b	e comp	eted	ED by NRC)
	35.47, and 55.57						WITH T	HIS INFORM T: 2.0 HR	MATION S. FOR	COLL	ECTIO COMME	N NTS					
	PERSONAL QUALIFICATION S	TATEMENT	- 1 TOWN	(TED		ļi	MATION	AND RECO	N ESTIN RDS MAI	AATE NAGEL	TO THE	E INT	FOR-				
	Thereater Quantification is	TITLE NEW T	. LICEN	JEE			MISSIO	N. WASHING	. NUCLE/	C 20	GULAT	AND	IOM-				
	TO REMAIN VALID, THIS FO	RM MUST	NOT BE A	प्रमान	. ת	١,	0020	OFFICE OF	MANAGI	MENT	AND	BUDĞ	ET,	,			-
							4 TYPE	OF APPLIC	CATTON	(Che	ck en	2110		ho=	V I BO	<u>. </u>	loors
	1. APPLICANT'S FULL NAME (Last, F (include ZIP Code)							Of Allin		(Cne	CL ap	PIIC	TDIO	DOXES) A BC) I	COLD
							X. a.	NEW			L	f.	WAIV	ER RE	QUESTE		
	FOLTZ, GEORGE ALLEN					Ļ		RENEWAL				ľ	1-WR	ĬĨĨĖN	Cates	ory)	•
	3545 Paseo De Francisco # 2	:31						UPGRADE				-	2-OP	ERATI	NG (Cat	egory	
1	Oceanside, CA 92056					-	₫.	MULTI-UNI INCLUDE	II (AME ADDITIO	IND I	O UNIT)		_				
				•				REAPPLICA				Н	ŀ	IGIBI	LITY		
								1-FIRST				\vdash	ŀ	DICAL			
	2. CITIZENSHIP		3. 1	BIRTH	DATE			2-SECOND			<u> </u>	4-!	5-01				
	X a. UNITED STATES		MONTH	DAY		AR		3-THIRD			X	Պջ. 	ÛNDA	WENTA	D GENER LS EXAM CTION ABLE)	I- M	M YY
	b. OTHER (Specify)		1 0	1	5 6	4					• .	(IF A	PPLIC	ABLE)	0.	2 91
	5. TYPE OF LICENSE APPLIED FOR		-	<u> </u>			6. P	REVIOUS L	ICENSE (S) B	ELD						
	X a. OPERATOR	a. DOC	KET NUMBI	ER I	RO SRO	l	LICENSI	E NUMBER	c.	EXPI	RATIO	A DAT	Œ	d FAC	י דיי די	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	NUMBER
	b. SENIOR OPERATOR	,							MONTE		DAY	YEA	LR	u.FRC	LLIII L	CKEI	NUMBER
	c. LIMITED SRO (e.g., Fuel Handler)	55-						•						50-			
	7. NAME AND ADDRESS (Include ZIP C	ode) OF	APPLICAN	I'S E	MPLOYER				10. 0	URRE	NT PO	SITIO	TA FK	PACT	LITY	-	· · · · ·
	Southern College to Editor					1	a. Pl	LANT SUPER								IT OP	ERATOR /
	Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128						ъ. А	SSISTANT F	LANT S	UPER	INTEN	ENT	٠. د	TRAIN ING/E	E/TURE	INE B	ERATOR/ UILD- RATOR ATOR)
	92674-0128			•			c. SI	HIFT SUPER	RVISOR					(NONL	ICENSEL	OPER	ATOR)
] d'. S:	TAFF ENGIN	TEER				٦.				
-	8. NAME OF APPLICANT'S FACILITY San Onofre Unit 1	FACI	LITY DOCK	KET N	UMBER] e. န္	HIFT TECHN HIFT ENGIN NSTRUCTOR	HICAL A	DVIS	OR/	L]3	OTHER	(Speci	fy)	
1		1 .					e. I	NSTRUCTOR'	ILLK								
١	9. ADDITIONAL PACILITY DOCKETS	(Multi-	unit Lice	enses) .		g. SI	ENIOR CONT	TROL RO	OM O	PERATO	OR .					
4							h. C	ONTROL ROC	M OPER	ATOR	·				,		
	STON SCHOOL IS NATION AREA (G	. on I	177 men	· ·	. EDUCA	·	· · · · · · · · · · · · · · · · · · ·									,	
	HIGH SCHOOL c. MAJOR AREA(S) OF	NUMBER OF YEARS	· ·	. EDUCA SHEST EGREE	DEG	REE COL	DES		d. Y	OCATIO ECHNIC	NAL AL	7 : .		OF	I REC	IFICATE CEIVED
	X GRADUATE ENGINEERING (FI		NUMBER OF YEARS	HIC		DEG	REE COI be use GHEST I	DES d for DEGREE"			OCATIO ECHNIC PE OF				NUMBER OF MONTHS	I REC	CEIVED
	X GRADUATE ENGINEERING (FI		NUMBER OF YEARS	HIC	HEST EGREE	DEGI (To HIC obt	be use GHEST I ained)	d for DEGREE"		TY		TRAI	NING		OF	REC	CEIVED
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER		NUMBER OF YEARS	HIC	HEST EGREE	DEGI (To HIC obt	be use GHEST I ained)	d for DEGREE"		TY Nu	PE OF	TRAI Powe	NING r Sc	hool	MONTHS	YES	CEIVED
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF		NUMBER OF YEARS	HIC	HEST EGREE	DEGI (To obt	be use GHEST I ained) - NONE - CERTI - ASSOC - BACHI	DEGREE" IFICATE LIATE LIATE		TY Nu	PE OF	TRAI Powe	NING r Sc	hool	MONTHS 6	YES X	CEIVED
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 0	ELDS)		HI(D)	GHEST EGREE Codes)	DEGIO (To DE III) obti	De use GHEST I ained) - NONE - CERTI - ASSOC - BACHI - MASTI - DOCTO	od for DEGREE" IFICATE CLATE ELOR ER DRAL		TY Nu Nu	PE OF clear clear	TRAI Powe Prot	NING r Sc otyp	hool e	MONTES 6 6	YES X	CEIVED
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF	ELDS)	E INSTRUC	HIC DI (Use	HEST EGREE Codes)	DEGI (To "HIC obti	De use GHEST I ained) - NONE - CERTI - ASSOC - BACHI - MASTI - DOCTO	DEGREE" IFICATE LIATE LIATE		TY Nu Nu	PE OF clear clear	TRAI Powe Prot	ning or Sc otyp	hool e	MONTES 6 6 CTIONS	YES X X	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 0	ION - SE	E INSTRUC	HIC DI (Use	HEST EGREE Codes)	DEGI (To obt) 0 - 12 - 3 - 5 -	be use GHEST I ained) - NONE - CERT) - ASSO - BASO - BASO - MASTI - DOCTO	od for DEGREE" IFICATE CLATE ELOR ER DRAL		TY Nu Nu	PE OF clear clear	TRAI Powe Prot	ning or Sciotyp SEE	hool e INSTRU	6 6 6 UCTIONS	YES X X	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS	ION - SE	E INSTRUC	HIC DI (Use	HEST EGREE Codes)	DEGI (To obt) 0 - 12 - 3 - 5 -	be use GHEST I ained I - NONE - CERTI - ASSOC - BACHI - MASTI - DOCTO	ed for DEGREE" IFICATE LATE LOR ELOR DRAL		TY Nu Nu	PE OF clear clear	TRAI Powe Prot	ning or Sciotyp SEE	hool e	MONTES 6 6 CTIONS	YES X X	CEIVED
ļ	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)	ION - SE	E INSTRUC	HIC DI (Use	HEST EGREE Codes)	DEGI (To obt) 0 - 12 - 3 - 5 -	be used GHEST I ained) - NONE - CERTI - ASSOC - BACHH- - MASTF - DOCTO - EXPER	ed for DEGREE" IFICATE LIATE LLOR ER ORAL		TY Nu Nu	PE OF clear clear	TRAI Powe Prot	ning or Sciotyp SEE	hool e INSTRU	6 6 6 UCTIONS	YES X X	NO
ļ	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM	ION - SE	E INSTRUC	HIC DI (Use	HEST EGREE Codes)	DEGI (To obt) 0 - 12 - 3 - 5 -	be used be used be used be used be used by the used by	ed for DEGREE" IFICATE LATE LATE LATE CRAL RIESCE (DO		TY Nu Nu	PE OF clear clear	TRAI Powe Prot	ning or Sciotyp SEE	hool e INSTRU	6 6 6 UCTIONS	YES X X	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION	ION - SE a. MONT FROM	E INSTRUC	HIC DI (Use	HEST EGREE Codes)	DEGI (To obt) 0 - 12 - 3 - 5 -	be use GHEST (I ained) NONE - CERTI- - ASSOC - BACH- - MASTI- DOCTO EXPERIMENTAL - RO 2 - EO 3 - EV	ed for DEGREE" IFICATE LIATE LLOR ER ORAL		TY Nu Nu	PE OF clear clear	TRAI Powe Prot	ning or Sciotyp SEE	hool e INSTRU	6 6 6 UCTIONS	YES X X	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM	ION - SE a. MONT FROM	E INSTRUC	HIC DI (Use	HEST EGREE Codes)	DEGI (To obt) 0 - 12 - 3 - 5 -	be use GHEST (I ained) - NONE - CERTI - ASSOC - BACH - ASSOC - BACH - MASTE - DOCTO - EXPERIMENTAL - RC - CERTI - RC - C	ed for DEGREE" IFICATE DIATE FORAL RIENCE (DO DOWN/PPWO	O NOT D	TY Nu Nu OUBL	PE OF clear clear	TRAI Powe Prot	ning or Sciotyp SEE	hool e INSTRI	6 6 6 UCTIONS	YES X X	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING	ION - SE a. MONT FROM	E INSTRUC	HIC DI (Use	HEST EGREE Codes)	DEGI TO HIC Obta 0 - 2 - 3 - 5 - 13	be use GHEST I (ained) NONE - CERTI- - ASSOC - BACHI- - MASTI- - DOCTO EXPERIMENTAL - PRO 2 - EC 2 - EC 3 - EV 4 - EF 5 - OT	ed for DEGREE" IFICATE DIATE DIATE FOR COMPANY COMPAN	O NOT D	TY Nu Nu OUBL	PE OF clear clear	TRAI Powe Prot	ning or Sciotyp SEE	hool e INSTRI	6 6 6 UCTIONS	YES X X	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATING ON SHIFT SIMULATOR NAMES	ION - SE a. MONT FROM	E INSTRUC	(Use	GHEST EGREE Codes)	DEGI TO HIC Obta 0 - 2 - 3 - 5 - 13	be use GHEST [I ained] - NONE - CERTI - ASSOC - BACH - ASSOC - BACH - MAST - DOCTO - EXPERIMENTAL - MAST - DOCTO - EXPERIMENTAL - RC - C - E - E	ed for DEGREE" IFICATE LATE LATE CHARL RIENCE (DO DOWN/PPWO NS/PPWS RS/CRW THER (Spec	O NOT D	TY Nu Nu OUBL	PE OF clear clear	TRAI Powe Prot	ning or Sciotyp SEE	hool e INSTRI	6 6 6 UCTIONS	YES X X	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1	ION - SE a. MONT FROM	E INSTRUC	HI(Use	GHEST EGREE Codes)	DEGI TO HIC Obta 0 - 2 - 3 - 5 - 13	be use GHEST [I ained) - NONE - CERTI- ASSOC - BACH - ASSOC - BACH - MASTI - DOCTO - MASTI - POCTO - TOCTO	ed for DEGREE" IFICATE TATE TATE THATE THATE PRESCE (DO DOM/PFWO NS/PFWS NS/CRW THER (Spec	O NOT D	TY Nu Nu OUBL	PE OF clear clear	TRAI Powe Prot	ning or Sciotyp SEE	hool e INSTRI	6 6 6 UCTIONS	YES X X AR b. OF	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (INCLUDES CLASSROOM) SIMULATOR NAMES a. Unit 1 b.	ION - SE a. MONT FROM	E INSTRUC	HI(Use	GHEST EGREE Codes)	DEGI TO HIC Obta 0 - 2 - 3 - 5 - 13	be use GHEST [DEGREE" IFICATE CLATE CLATE CLATE CLATE CLATE CLOR GRAL RIENCE (DO ODOM/PPWO NS/PPWS RS/CRW CHER (Spec	NOT D	TY Nu Nu OUBL	PE OF clear clear	TRAI Powe Prot	ning or Sciotyp SEE	hool e INSTRI	6 6 6 UCTIONS	YES X X AR b. OF	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1	ION - SE a. MONT FROM	E INSTRUC	HI(Use	GHEST EGREE Codes)	DEGI TO HIC Obta 0 - 2 - 3 - 5 - 13	be use GHEST [DEGREE" IFICATE CLATE CLATE CLATE CLATE CLATE CLOR GRAL RIENCE (DO DOM/PPWO NS/PPWS RS/CRW CHER (Spec PERATOR PERATOR LANT STAFF	NOT D	TY Nu Nu OUBL	PE OF clear clear	TRAI Powe Prot	ning or Sciotyp SEE	hool e INSTRI	6 6 6 UCTIONS	YES X X AR b. OF	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (INCLUDES CLASSROOM) SIMULATOR NAMES a. Unit 1 b.	ION - SE a. MONT FROM	E INSTRUC	HI(Use	GHEST EGREE Codes)	DEGG (TO OBL)	be use GHEST [1 ained] - NONE - CERTI- ASSOC - BACHI- ASSOC - BACHI- ASSOC - CERTI- CE	DEGREE" IFICATE LIATE L	not D	TY Nu Nu	PE OF clear clear E COUN	TRAI Power Prot	NING or Sciootyp	hool e INSTRI	6 6 6 UCTIONS	YES X X AR b. OF	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATING (Includes Classroom) SIMULATOR OPERATING (INCLUDES CLASSROOM) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO	ION - SE a. MONT FROM	E INSTRUC	Use CTIONS	GHEST EGREE Codes)	DEGG (TO OBL)	be use GHEST [1 ained] - NONE - CERTI- ASSOC - BACHI- ASSOC - BACHI- ASSOC - CERTI- CE	DEGREE" IFICATE LIATE L	not D	TY Nu Nu	PE OF clear clear E COUN	TRAI Power Prot	NING or Sciootyp	hool e INSTRI	6 6 6 UCTIONS	YES X X AR b. OF	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE O 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATION SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 6	ION - SE a. MONT FROM	E INSTRUC	(Use	REST EGREE Codes)	DEGG (TO OBL)	be use selection selecti	DEGREE" IFICATE CLATE CLATE CLATE CLATE CLATE CLOR GRAL RIENCE (DO DOM/PPWO NS/PPWS RS/CRW CHER (Spec PERATOR PERATOR LANT STAFF	NOT D	TY Nu Nu OUBL	PE OF clear clear E COUN	TRAI Power Prot	NING or Sciootyp	hool e INSTRI	6 6 6 UCTIONS	YES X X AR b. OF	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE O 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATION 3-OPERATION OPERATIONS ON SHIFT SIMULATOR OPERATIONS (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 6 4-SRO INSTRUCTION	ION - SE a. MONT FROM	E INSTRUC	(Use	REST EGREE Codes)	DEGG (TO OBL)	be use GHEST CHEST	ed for DEGREE" IFICATE LATE LATE LOR LEGAL RIENCE (DO DOWNS/PPWS RS/CRW THER (Spec PERATOR IFERVISOR ANT STAFF THER (Spec	o NOT D	TY Nu Nu OUBL	PE OF clear clear E COUN	TRAI Power Prot	NING or Sciootyp	hool e INSTRI	6 6 6 UCTIONS	YES X X AR b. OF	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE O 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATION 3-OPERATION OPERATIONS ON SHIFT SIMULATOR OPERATIONS (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 6 4-SRO INSTRUCTION	ION - SE a. MONT FROM	E INSTRUC	(Use	REST EGREE Codes)	DEGG (TO OBL)	be use GHEST CARTINE	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE DEGRE	O NOT D	TY Nu Nu OUBL	PE OF clear clear E COUN g Resector) censed	TRAI Power Prot	NING or Sciootyp	hool e INSTRU	6 6 6 UCTIONS	YES X X AR b. OF	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (INCLUDES Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 6 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)	ION - SE a. MONT FROM	E INSTRUC	(Use	REST EGREE Codes)	DEGG (TO OBL)	be use GHEST [1 ained] - NONE - CERTI- ASSOCIATION - ASSOCIATION - CERTI- ASSOCIATION - CERIII - CERTI- ASSOCIATION - CERTI- ASSOCIATION - CERTI- ASSOCIATIO	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE DETATE DELOR DEGREE DECOR DEGREE DECOR DEGREE DECOR DEGREE DE	O NOT D Lify) Lify) Lify) Lify) ERATOR RATOR RVISOR	TY Nu Nu OUBL.	PE OF clear clear E COUN g Resector) censed ensed)	TRAI Power Prot	NING Or Sciootyp	hool e INSTRU	6 6 6 UCTIONS	YES X X AR b. OF	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 6 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)	ION - SE a. MONT FROM	E INSTRUC	(Use	REST EGREE Codes)	DEGG (TO OBL)	be use GHEST [1 alined] - NONE - CERTI- ASSOCIATE - ASSOCIATE - ASSOCIATE - DOCK - EXPERIMENTAL - PASSIL - TO - FASSIL - TO - SUBSIL - TO - SU	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE DETATE DELOR DEGREE DECON DEGREE DECON DEGREE DECON DEGREE DECON DEGREE DECON DEGREE DECON DEGREE DECON DEGREE DECON DEGREE DECON DEGREE D	O NOT D ify) (Incl Test Test ERATOR RATOR RVISOR T ENGI	TY Nu Nu OUBL.	g Resector) censed (Lice	TRAI Power Prot	NING OF Sc. Ootyp SEE a	hool e INSTRU	6 6 6 UCTIONS	YES X X AR b. OF	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 6 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)	ION - SE a. MONT FROM	E INSTRUC	(Use	REST EGREE Codes)	DEGG (TO) Obt.	be use GHEST [CART] GHEST [CART] NONE - CERT] - NONE - CERT] - ASSOC BACH - ASSOC 1 - RC 2 - EC 3 - EV 4 - EF 5 - O1 SSIL 6 - OE 7 - SU 8 - PI 9 - OT 10 - F 11 - S 12 - S 13 - S 14 - A 15 - F	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE DECATE DELOR DEGREE DECAT	O NOT D Lify) Lify) Lify) RETATOR RATOR REVISOR T ENGI OPER	TY Nu Nu OUBL.	g Resector) censed (Lice	TRAI Power Prot	NING OF Sc. Ootyp SEE a	hool e INSTRU	6 6 6 UCTIONS	YES X X AR b. OF	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 6 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)	ION - SE a. MONT FROM	E INSTRUC	(Use	REST EGREE Codes)	DEGG (TO) Obt.	be use GHEST [CART] GHEST [CART] NONE - CERT] - NONE - CERT] - ASSOC BACH - ASSOC 1 - RC 2 - EC 3 - EV 4 - EF 5 - O1 SSIL 6 - OE 7 - SU 8 - PI 9 - OT 10 - F 11 - S 12 - S 13 - S 14 - A 15 - F	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE DECATE DELOR DEGREE DECAT	O NOT D Lify) Lify) Lify) RETATOR RATOR REVISOR T ENGI OPER	TY Nu Nu OUBL.	g Resector) censed (Lice	TRAI Power Prot	NING OF Sc. Ootyp SEE a	hool e INSTRU	6 6 6 UCTIONS	YES X X AR b. OF	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 6 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)	ION - SE a. MONT FROM	E INSTRUC	(Use	REST EGREE Codes)	DEGG (TO) Obt.	be use GHEST [CART] GHEST [CART] NONE - CERT] - NONE - CERT] - ASSOC BACH - ASSOC 1 - RC 2 - EC 3 - EV 4 - EF 5 - O1 SSIL 6 - OE 7 - SU 8 - PI 9 - OT 10 - F 11 - S 12 - S 13 - S 14 - A 15 - F	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE DECATE DELOR DEGREE DECAT	O NOT D Lify) Lify) Lify) RETATOR RATOR REVISOR T ENGI OPER	TY Nu Nu OUBL.	g Resector) censed (Lice	TRAI Power Prot	NING OF Sc. Ootyp SEE a	hool e INSTRU	6 6 6 UCTIONS	YES X X AR b. OF	NO
	X GRADUATE ENGINEERING (FI GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICAT 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 6 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)	ION - SE a. MONT FROM	E INSTRUC	(Use	REST EGREE Codes)	DEGG (TO) Obt.	be use GHEST [CART] GHEST [CART] NONE - CERT] - NONE - CERT] - ASSOC BACH - ASSOC 1 - RC 2 - EC 3 - EV 4 - EF 5 - O1 SSIL 6 - OE 7 - SU 8 - PI 9 - OT 10 - F 11 - S 12 - S 13 - S 14 - A 15 - F	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE DECATE DELOR DEGREE DECAT	O NOT D Lify) Lify) Lify) RETATOR RATOR REVISOR T ENGI OPER	TY Nu Nu OUBL.	g Resector) censed (Lice	TRAI Power Prot	NING OF Sc. Ootyp SEE a	hool e INSTRU	6 6 6 UCTIONS	YES X X AR b. OF	NO

		10	4. PACIL	ITY OPERATO	R TRAINI	NG PROGRAM			
a. GRADUATE OF INPO ACCRI TRAINING PROGRAM THAT A SYSTEMS APPROACH TO	EDITED OPER IS BASED U TRAINING	ATOR PON X	YES	NO	b. CERT FACI SIMU OPER	IFIED ON NRC FORM 474 LITY CERTIFICATION") C ATION FACILITY IS USE ATOR TRAINING PROGRAM	("SIMULATION OR NRC APPROVED ED IN THE	X YES	МО
			15.	POR REMEN					
HOURS OPERATED FACILI	IY	. /		٠.	b. DATE RECE	AND RESULT OF MOST YT NRC ADMINISTERED ALIFICATION EXAMINATION	DATE	RESULT	<u> </u>
		· · · · · · · · · · · · · · · · · · ·		14 19/19/1	REQUARE DE		ואס	PASS	FAII
a. POSITION TITLE	FROM	то	<u> </u>	. FACILITY	CLERCE DE	TAILS	c. DUTIES		- : :
a. Tobilion 11122			<u>.</u>					· · · · · · · · · · · · · · · · · · ·	
								,	
						•		;:	
	1 1	1.:						• •	
	l					1			
		ļ						•	
		ļ							
				•					
									•
		1:							
17. COMMENTS (Specify th	e item numb	er to wh	ich you	are elabor	ting. At	tach additional sheet:	s as necessary.)		
			* * *						
						•	• .		
				·					
							•		
		-			•				
	•					•	•	•	•
				• .			•	•	
			٠.				· · · · · · · · · · · · · · · · · · ·		,
18. NRC FORM 396, CERTIFI						RSEE, IS ATTACHED ENTS, MAY BE SUBJECT	TO CIVIL AND CDIN	WAY CANGETONS	
19a. I certify under pens	lty of per	jury that	the inf	ormation i	this do	cument and attachment	s is true and cor	ect. I furth	ner
19a. I certify under pens certify that I have by a Health and Hums controlled substance instance where I hav and (4) any reasons the results of exami	notified my n Services , and the t e been arr	current (HHS) Ce test resu ested for	employertified ortified olts exce the sal	r of: (1) Drug Testi eded the c e, use or	all previ ng Labora utoff lev possessio	ous employers; (2) an tory or a Licensee's els established pursu n of a controlled sub	y instance where testing facility ant to 10 CFR Par stance described	[have been to for alcohol or 2 26; (3) any In 10 CFR Part	ested : a : 26:
the results of exami	nations to	my emplo	yers for	use in pr	ed access eparing r	at a nuclear facility etraining programs, a	y, I also authori: s necessary.	te the NRC to	submit
SIGNATURE - APPLICANT	George	. a.	Fold	5				DATE 3-8	-92
CHECK APPLICABLE BOX	0			00					
X b. I certify that as an Operator a need for an available for attachments is	the above :/Senior Ope :Operator/Se examination : true and	named in erator pu enior Ope n. I als correct.	ndividual rsuant t rator li so certif	has succe to Title 10 cense to p y under pe	ssfully c , Code of erform hi nalty of	ompleted the facility Federal Regulations, s/her assigned duties perjury that the info	licensees require Part 55; and that and that the factor in this described in this described in the second in the s	ements to be let the individual to the individual to the comment and	Licensed ual has made
c. RENEWAL ONLY -	I certify inoted in It licensed reinformation	that the tem 17) a esponsibi	above na s requir lities of	med indiviced by sect competently	dual meet ion 50.54 and safe chments i	s the approved requal (i-1) of 10 CFR 50, ly. I also certify us true and correct.	ification program and that he/she h nder penalty of p	(with exceptions discharged erjury that the	ions his/her ne
	ING COORDINA						T REPRESENTATIVE		
PRINTED OR TYPED NAME	Robert	Clement			PRINT	ED OR TYPED NAME	H. E. MORGAN		
SIGNATURE BULL F	- (%),	- D-	DATE	3-17-92	SIGNA	TURE NO SIGNATURE	REQUIRED D APPLICATION	DATE	
- Victory	<u> Cirri</u>				OR NORC US		DAFFLICATION		
WAIVER (Che	ck or comp	lete item	os, as ap				S NOT MEET REQUIR	EMENTS (Explain	n below
CATEGORY GRANTE			DENIED						
HEADQUARTERS ITTEN	REGION	HEADO	QUARTERS	REGION	4				
PERATING					\dashv		10 g		
ELIGIBILITY					<u></u>	· ·			
MEDICAL					SIGN	ATURE - REVIEWER		DATE	
OTHER	.i				1				

NEC FORM 386 10 C1 F 15 75 15 75 15 77 15 31 15 17 U.S. NUCLEAR REGULATORY COMMISSION

1400 E 17 10 10 10 11 12 12 12 1 DOMES, 131 M

ESTILLATED BUTCH FER RESPONSE TO COUPLY WITH THIS PROPRIES STEELS FINE SECRETARIES ALL SOMES SECRETARION AND RECOMES MANAGEMENT ENANCH WHES TOTAL U.S. NUCLEY SERVICES CONTROL SERVICE CONTROL OF SERVICES OF SERVICES CONTROL OF SERVICES OF SER

OFFICE OF HANAGEMENT AND BUDGET, HASH NOTON OC TONCO

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

1000

NAME OF AFFLICANT

Foltz, George A.

FACILITY

SONGS, Unit 1

FACILITY DOCKET NUMBER 50-206

A. MEDICAL EXAMINATION CERTIFICATION

THIS ISITO CERTIFY THAT THE ABONE NAMED APPLICANT FOR AN OFERATOR SENIOR OFERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

PRINTED WAME (of physician) nac

STATE AND LICENSE NUMBER

EXAMINATION DATE

<u>6031</u> EASED ON THE RESULTS OF THE EXAMINATION, INCOUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE EASED ON THE RESULTS OF THE EARMINATION, RELIGIOUS INTUINITIES TO MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY, I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1953, OR ANSI/ANS 15:4-1977 (N350) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

1. NO RESTRICTIONS

2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES

3. HEARING AID SE WORN WHEN PERFORMING LICENSED DUTIES

4. RESTRICTED LICENSE OR EXCEPTION-Provide details below and much supporting medical evidence for NRC review.

5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL -Provide details below and attach supporting medical evidence for NRC review

PROPOSED WORDING OF RESTRICTION (Block 4 150 re)

Corrective lenses be worn when performing licensed duties.

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Stielly indicate how reariation will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY

ANY FALSE STATEMENT OR CMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS, I CERTIFY UNDER FENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Sire) TITLE

DATE

No Signature Required, Non-Certified

H. E. Morgan Application In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Vice President & Site Manager

Regional Administrator, Region 1 U.S. Nuclear Regulatory Commission 475 Allendate Road King of Prossia, PA 19406

Regional Administrator, Region IV

U.S. Nuclear Regulatory Commission 611 Ryan Plaza Drive, Suite 1000 Arlington, TX 76011

Regional Administrator, Region II U.S. Nuclear Repulstory Commission 101 Mariena Street, Suite 3100 Atlanta, GA 30323

Regional Administrator, Region V U.S. Nucleur Regulatory Commission 1450 Maria Lane, Suite 210 Walnut Creek, CA \$4598

Regional Administrator, Region III U.S. Nuclear Regulatory Commission 799 Roosevelt Road Glen Ellyn, IL 60137

Director, Division of Licensee Performance and Quality Evaluation Attn: Operator Licensing Branch U.S. Nuclear Reputatory Commission Washington, DC 20555

FRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(a)(3), enamed imp law by section 3 of the Privacy Act of 1974 (Public Law 93.579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Physicary Commission on NPC Form 2Pd. This information is maimained in a system of records designmed as NFC-18 and . Concribed at \$5 Federal Regimer 32578 (August 20, 1920).

AUTHORITY: Sections 107 and 161(1) of the Atomic Energy Act of 1954, as amerided (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information amazed on this form is used to creatmine whether the physical condition and peneral health of the applicant are such that they will not cause operational errors ender pering public health and safety. This information may be used by the NRC mattito determine of the individual membrate requirements of 10 CFR 55 to take an examination or to be imped an operator(s) tense.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local egency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, Stere, and local agency to the extent relevant and recessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, Disclosure is voluntary, if the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGERISI AND ADDRESS: Oblet, Operator Licensing Branch, Office of Nuclear Feedor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

						•							* * .	٠.	
	(10-90) 10 CFR 55.31, 55.35, 55.47, and 55.57	,	AR REGULA		OMMISS:	ION ES	APPROVED STIMATED BU TH THIS IN OUEST: 2.0 GARDING BU ITION AND NEB 7714) SSION, WAS SSION, WAS EPAPERWOR 190) OFFICE SHINGTON,	BY CMB EXPIRE RDEN PE FORMATI HRS. F RDEN ES ECORDS	S: NO. S: 1- R RES ON CO ORWAR STIMAT MANAG	3150- 31-92 PONSE LLECTI D COMM E TO T EMENT	0090 TO CON ON ENTS HE INI BRANCE	PLY (To	DATE be comp	RECEI	VED by NRC)
	PERSONAL QUALIFICATION S TO REMAIN VALID, THIS FO					NI CON	NBB 7714) (SSION, WAS HE PAPERWOR (90) OFFICE ASHINGTON.	U.S.NUC HINGTON K.REDUC OF MAN DC. 205	LEAR DC TION AGEME 03	REGULA 20555 PROJEC NT AND	TORY C AND 1 T (31 BUDGE	OM- 10 50- ET,			
	1. APPLICANT'S FULL NAME (Last, F (include ZIP Code)	irst, M	iddle) AN	D ADDR	ESS	4.	TYPE OF AP	PLICATI	ON (C	heck a	pplica	ble box	es) X E	OT	COLD
	FORD, DAVID BRUCE 4270 Casa Buena Way ₹ 161 Oceanside, CA 92057					x	a. NEW b. RENEW c. UPGRAI d. MULTI	DE .	AMEND	то		WAIVER (Justif 1-WRITT	y on Rev EN (Cate	erse) gory)	_
							e. REAPPI	LICATIO		L UNII		3-ELIGI 4-MEDIC			
	2. CITIZERSHIP		3.	BIRTH 1	DATE		2-SEC	סאס	•	,	X g.I	5-OTHER	ED CENE	DTC	
-	A. UNITED STATES b. OTHER (Specify)		MONTH 1 0	DAY 1 3	YEA	AR 5	3-THI	RD		Ĺ	j 1	ATE PAS UNDAMEN NATION IF APPL	ALS EXA	M [MM YY
	5. TYPE OF LICENSE APPLIED FOR	T	1 - 1 - 1		1 1	-	6. PREVIOUS	LICER	SE(S)	HELD		IF APPL	(CABLE)		02 91
	X a. OPERATOR	a. DO	CKET NUMB	ER RO	o SRO	b 1.1	CENSE NUMB			PIRATI	ON DAT		CTI TMV		
\vdash	b. SENIOR OPERATOR				0.00	J. 21	CLINGE NOTES	MOI	NTH	DAY	YEA	R		DOCKE	T NUMBER
Ė	c. LIMITED SRO (e.g., Fuel Handler)	55-										50-			
-	7. NAME AND ADDRESS (Include ZIP C	ode) OP	APPLICAN	T'S EM	PLOYER	· `	- DI ANT CI					M AT PA			-
	Southern California Edison P. O. Box 128 San Clemente, CA				: .		a. PLANT SI b. ASSISTAL			_	X TREUT		LIARY U	NIT O	PERATOR/ BUILD- ERATOR RATOR)
	San Clemente, CA 92674-0128		- 1				c. SHIFT ST					(NOI	ılıcênse	D OPE	RATOR)
<u> </u>		· · · · · · · · · · · · · · · · · · ·					d. STAFF E		. ']. orm	IŘ (Spec	46	
	8. NAME OF APPLICANT'S FACILITY San Onofre Unit 1	FAC	ILITY DOC	KET NUI	MBER		e. SHIFT TI SHIFT EN f. INSTRUC	CHNICAL IGINEER	L ADV	ISOR/				IIY)	
ŀ	9. ADDITIONAL FACILITY DOCKETS	(Multi	-unit Lic	enses)			g. SENIOR (TOR .	· . L			
۷							h. CONTROL	ROOM OI	PERATO	OR					
		\ OF		11.	EDUCAT	LION									
	IGH SCHOOL c. MAJOR AREA(S	1 UF .	INUMBER	HIGH	TEST	DECRE	F CODES	· · · · · · · · · · · · · · · · · · ·	٦	TROCAT	TOWAT	,	1,777,000	James	
ŀ	STUDY		NUMBER OF YEARS	DEC	TEST TREE	HIGH	E CODES e used for EST DEGREE		d.	VOCAT TECHN	IONAL ICAL	/	NUMBE OF MONTH	R CER	TIFICATE ECEIVED
X	STUDY K GRADUATE ENGINEERING (FI		NUMBER OF YEARS	DEC	HEST GREE Codes)	(To b "HIGH obtai	e used for EST DEGREE' ned)	•		TECHN TYPE O	ICAL F TRAI		MONTH	YE	
X	STUDY GRADUATE ENGINEERING (FILL GED EQUIVALENCY NO OTHER	ELDS)	OF YEARS	(Use (GREE Codes)	To b HIGH obtai	e used for EST DEGREE' ned) NONE CERTIFICATE	•	7	TECHN TYPE O	ICAL F TRAI Power	School	MONTH 6	YE	S NO
	STUDY K GRADUATE ENGINEERING (FIX GED EQUIVALENCY NO OTHER Gen Education	ELDS)	NUMBER OF YEARS	(Use (GREE	To be seen to be seen	e used for EST DEGREE, ned) NONE CERTIFICATI ASSOCIATE BACHELOR	•	7	TECHN TYPE O	ICAL F TRAI Power	School	MONTH	YE	S NO
Ь	STUDY K GRADUATE ENGINEERING (FIX GED EQUIVALENCY NO O. NUMBER OF YEARS OF COLLEGE 1	ELDS)	OF YEARS	(Use (GREE Codes)	To be a control of the control of th	e used for EST DEGREE ned) NONE CERTIFICATE ASSOCIATE BACHELOR MASTER DOCTORAL	S	1	TECHN TYPE O Nucear	ICAL F TRAI Power r Prot	School otype	MONTH 6 6	X X	S NO
Ь	STUDY K GRADUATE ENGINEERING (FIX GED EQUIVALENCY NO OTHER Gen Education	on ION - S	OF YEARS	(Use C	Codes)	To be a control of the control of th	e used for EST DEGREE, ned) NONE CERTIFICATI ASSOCIATE BACHELOR	S	1	TECHN TYPE O Nucear	ICAL F TRAI Power r Prot	School otype	MONTH 6 6 TRUCTION	X X X	S NO
 - - -	STUDY GERADUATE GED EQUIVALENCY NO O. NUMBER OF YEARS OF COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT)	on ION - S	1 EE INSTRUCTH AND YEARS	(Use C	GREE Codes)	To be a control of the control of th	e used for EST DEGREE ned) NONE CERTIFICATI ASSOCIATE BACHELOR MASTER DOCTORAL	S	1	TECHN TYPE O Nucear	ICAL F TRAI Power r Prot	School otype	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
- b	STUDY GENERAL ENGINEERING (FIX GED EQUIVALENCY NO OTHER Gen Education TEANNING (SINCE LAST APPLICAT A-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)	ELDS) on ION - Si a. MON	1 EE INSTRUCTH AND YEARS	(Use C	Codes)	(To be "HIGH obtain obt	e used for EST DEGREE ned) NONE CERTIFICATE BASSOCIATE BACHELOR MASTER DOCTORAL EXPERIENCE	(DO NOI	1	TECHN TYPE O Nucear	ICAL F TRAI Power r Prot	School otype SEE INST	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
- b	STUDY GENERAL ENGINEERING (FIX GED EQUIVALENCY NO OTHER GEN Education COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM	ELDS) on ION - Si a. MON	1 EE INSTRUCTH AND YEARS	(Use C	Codes)	(To be "HIGH obtain obt	e used for EST DEGREE ned) NONE CERTIFICATI ASSOCIATE BACHELOR MASTER DOCTORAL EXPERIENCE - RO - EOOW/PF	(DO NOT	1	TECHN TYPE O Nucear	ICAL F TRAI Power r Prot	School otype SEE INST	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
] 	STUDY GENERAL ENGINEERING (FIX GED EQUIVALENCY NO OTHER GEN Education TEANNING (SINCE LAST APPLICAT CLASSROOM OBSERVATION	ELDS) on ION - Si a. MON	1 EE INSTRUCTH AND YEARS	(Use C	Codes)	(To be "HIGH obtain obt	e used for EST DEGREE ned) NONE CERTIFICATI ASSOCIATE BACHELOR MASTER DOCTORAL EXPERIENCE - RO - RO	(DO NOT	1	TECHN TYPE O Nucear	ICAL F TRAI Power r Prot	School otype SEE INST	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
] 	STUDY GERADUATE GED EQUIVALENCY NO OTHER GEN Education COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT) COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT) COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT) COLLEGE 1 COLLEG	ELDS) on ION - Si a. MON	1 EE INSTRUCTH AND YEARS	(Use C	Codes)	13.	e used for EST DEGREE ned) NONE CERTIFICATI ASSOCIATE BACHELOR MASTER DOCTORAL EXPERIENCE - RO - EOOW/PP/	(DO NOT	T DOUR	TECHN TYPE O Nucear	ICAL F TRAI Power r Prot	School otype SEE INST	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
] 	STUDY GERADUATE GED EQUIVALENCY NO OTHER GEN Education OCILIEGE 1 12. TRAINING (SINCE LAST APPLICAT) COLLEGE 1 12-PLANT SYSTEMS CLASSROOM OBSERVATION OBSERVATION OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom)	ELDS) on ION - Si a. MON	1 EE INSTRUCTH AND YEARS	(Use C	Codes)	13.	e used for EST DEGREE ned) NONE CERTIFICATI ASSOCIATE BACHELOR MASTER DOCTORAL EXPERIENCE - RO - EOOW/PF/ - EWS/PFWS - ERS/CRW - OTHER (S	(DO NOT	T DOUR	TECHN TYPE O Nucear	ICAL F TRAI Power r Prot	School otype SEE INST	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
] 	STUDY GERADUATE GED EQUIVALENCY NO OTHER GEN Education COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT) COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT) COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT) COLLEGE 1 COLLEG	ELDS) On ION - Si a. MON FROM	1 EE INSTRUCTH AND YEARS	CTIONS AR DO DO	Codes)	13. NAVY 12 3 - 13. 13. FOSS 6	used for EST DEGREE 1	(DO NOT	T DOUR	TECHN TYPE O Nucear	ICAL F TRAI Power r Prot	School otype SEE INST	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
] 	STUDY STUDY GENERAL ENGINEERING (FILE GED EQUIVALENCY NO OTHER GEN Education COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT A-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION OBSERVATION OBSERVATION SOPERATING PRACTICE CONTROL ROOM OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b.	ELDS) On ION - Si a. MON FROM	1 EE INSTRUCTH AND YEARS TO	CTIONS AR DO DO	Codes)	13. HAVY 13. FOSS 6 7	used for EST DEGREE 1	(DO NOT	T DOUR	TECHN TYPE O Nucear	ICAL F TRAI Power r Prot	School otype SEE INST	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
] 	STUDY (GRADUATE ENGINEERING (FIT OF THE COLLEGE 1) 12. TRAINING (SINCE LAST APPLICAT (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR PRACTICE (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED	ELDS) On ION - Si a. MON FROM	1 EE INSTRUCTH AND YEARS TO	CTIONS AR DO DO	Codes)	13. HAVY 13. FOSS 6 7 8	used for EST DEGREE 1	(DO NOT	T DOUB	TECHN TYPE O Nucear	ICAL F TRAI Power r Prot	School otype SEE INST	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
] 	STUDY GRADUATE GED EQUIVALENCY NO OTHER GEN Education COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 COLLEGE COLLEGE 1 COLLEGE 1 COLLEGE 1 COLLEGE 1 COLLEGE 1 COLLEGE 1 COLLEGE 1 COLLEGE 1 COLLEGE 1 COLLEGE 1 COLLEGE 1 COLLEGE 1 COLLEGE 1 COLLEGE 1 COLLEGE 1 COLLEGE COLLEGE 1 COLLEGE	ELDS) On ION - Si a. MON FROM	1 EE INSTRUCTH AND YEARS TO	CTIONS AR DO DO	Codes)	13. HAVY 1 2 3 4 5 5 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	used for EST DEGREE 1	(DO NOT	T DOUB	TECHN TYPE OF Tucear Tuclear Tuclear	F TRAI Fower Prot	School otype SEE INST a.MONT FROM	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
	STUDY (GRADUATE ENGINEERING (FIT OF THE COLLEGE 1) 12. TRAINING (SINCE LAST APPLICAT (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR PRACTICE (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED	ELDS) On ION - Si a. MON FROM	I EE INSTRUCTH AND YEARS TO	CTIONS AR Dr L	Codes) O NUMBER VEEKS	13. NAVY 1 2 3 4 5 5 7 8 9 9 COMM	used for EST DEGREE Hed) NONE CERTIFICATI ASSOCIATE BACHELOR MASTER DOCTORAL EXPERIENCE - RO - EOOW/PPW - EWS/PPWS - ERS/CRW - OTHER (S IL - OPERATOR - SUPERVIS - PLANT ST - OTHER (S ERCIAL MUCI	(DO NOT	T DOUB	TECHN TYPE OF TURBLE COLOR SLE COLOR TURBLE	F TRAI Fower Prot	School otype SEE INST a.MONT FROM	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
h 1 2 3	STUDY STUDY GERADUATE GED EQUIVALENCY NO OTHER GEN Education COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 6 -SRO INSTRUCTION	ELDS) On ION - Si a. MON FROM	1 EE INSTRUCTORY TO TO	CTIONS AR Dr L	Codes) O NUMBER VEEKS	13. NAVY 12 3 4 5 FOSS 6 7 8 9	used for EST DEGREE 1	(DO NOT	T DOUR	TECHN TYPE OF SUCCESS SLE COMMENTS THE COMME	ICAL F TRAI Fower r Prot INT -	School otype SEE INST a.MONT FROM	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
h 1 2 3	STUDY STUDY GERADUATE GED EQUIVALENCY NO OTHER GEN Education COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 6 -SRO INSTRUCTION	ELDS) On ION - Si a. MON FROM	I EE INSTRUCTH AND YEARS TO	CTIONS AR Dr L	Codes) O NUMBER VEEKS	13. NAVY 12 3 4 5 FOSS 6 7 8 9	used for EST DEGREE ned) NONE CERTIFICATI ASSOCIATE BACHELOR MASTER ASTER - RO - EOW/PFV - EWS/PFWS - ERS/CRW - OTHER (S IL - OPERATOR - SUPERVIS - PLANT ST - OTHER (S ERCIAL NUCL 0 - REACTOR 1 - SENIOR 2 - SHIFT S	(DO NOT	T DOUB Tocludiest Re Tor (Line (Li	TECHN TYPE OF TURBLE CONTROL OF THE	F TRAI FOWER Prot INT - Gearch ad)	School otype SEE INST a.MONT FROM	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
h 1 2 3	STUDY STUDY GERADUATE GED EQUIVALENCY NO OTHER GEN Education COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 COLLEGE COLLEGE 1 COLLEGE	ELDS) On ION - Si a. MON FROM	I EE INSTRUCTH AND YEARS TO	CTIONS AR Dr L	Codes) O NUMBER VEEKS	13. HAVY 13. FOSS 6 7 8 9 COMM	used for EST DEGREE 1	(DO NOT	T DOUB The control of the control o	TECHN TYPE OF Vacear Va	F TRAI Power r Prot JNT - Gearch od) consed	School otype SEE INST a.MONT FROM	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
h 1 2 3	STUDY STUDY GERADUATE GED EQUIVALENCY NO OTHER GEN Education COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 6 -SRO INSTRUCTION	ELDS) On ION - Si a. MON FROM	I EE INSTRUCTH AND YEARS TO	CTIONS AR Dr L	Codes) O NUMBER VEEKS	13. HAVY 13. 13. 13. 13. 13. 14. 5. 13. 14. 15. 16. 17. 18. 19. 19. 19. 19. 19. 19. 19	used for EST DEGREE Hed) NONE CERTIFICATI ASSOCIATE BACHELOR MASTER DOCTORAL EXPERIENCE - RO - EOOM/PFM - EWS/PFWS - ERS/CRW - OTHER (S IL - OPERATOR - PLANT ST - OTHER (S ERCIAL HUCH 0 - REACTOR 1 - SENIOR 2 - SHIFT S 3 - STAFF/S 4 - AUX./EQ	(DO NOT	T DOUB The control of the control o	TECHN TYPE OF Vacear Va	F TRAI Power r Prot JNT - Gearch od) consed	School otype SEE INST a.MONT FROM	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
h 1 2 3	STUDY GRADUATE GED EQUIVALENCY NO OTHER GEN Education COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 COLLEGE COLLEGE 1 COLLEGE	ELDS) On ION - Si a. MON FROM	I EE INSTRUCTH AND YEARS TO	CTIONS AR Dr L	Codes) O NUMBER VEEKS	13. HAVY 13. 13. 13. 13. 13. 14. 5. 13. 14. 15. 16. 17. 18. 19. 19. 19. 19. 19. 19. 19	used for EST DEGREE 1	(DO NOT	T DOUR T DOUR T DOUR TOR (Li SOR (Li SOR (Li SOR (L) RGINEE	TECHN TYPE OF Vacear Va	F TRAI Power r Prot JNT - Gearch od) consed	School otype SEE INST a.MONT FROM	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
h 1 2 3	STUDY GRADUATE GED EQUIVALENCY NO OTHER GEN Education COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 13. TRAINING (SINCE LAST APPLICAT COLLEGE 1 14. NUCLEAR POWER PLANT FUNDAMENTALS (CLASSROOM) OBSERVATION	ELDS) On ION - Si a. MON FROM	I EE INSTRUCTH AND YEARS TO	CTIONS AR Dr L	Codes) O NUMBER VEEKS	13. HAVY 13. 13. 13. 13. 13. 14. 5. 13. 14. 15. 16. 17. 18. 19. 19. 19. 19. 19. 19. 19	used for EST DEGREE Hed) NONE CERTIFICATI ASSOCIATE BACHELOR MASTER DOCTORAL EXPERIENCE - RO - EOOW/PFW - EWS/PFWS - ERS/CRW - OTHER (S IL - OPERATOR - PLANT SI - OTHER (S ERCIAL NUCL 0 - REACTOR 1 - SENIOR 2 - SHIFT S 3 - STAFF/S 4 - AUX./EQ 5 - PLANT S	(DO NOT	T DOUR T DOUR T DOUR TOR (Li SOR (Li SOR (Li SOR (L) RGINEE	TECHN TYPE OF Vacear Va	F TRAI Power r Prot JNT - Gearch od) consed	School otype SEE INST a.MONT FROM	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
1 2 3 4 5 5	STUDY GRADUATE GED EQUIVALENCY NO OTHER GEN Education COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE CONTROL ROM OPERATIONS ON SHIFT SIMULATOR OPERATIONS ON SHIFT SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 6 S-SRO INSTRUCTION 6-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) QUALIFICATION OTHER (Specify)	ELDS) On ION - Si a. MON FROM	I EE INSTRUCTH AND YEARS TO	CTIONS AR Dr L	Codes) O NUMBER VEEKS	13. HAVY 13. 13. 13. 13. 13. 14. 5. 13. 14. 15. 16. 17. 18. 19. 19. 19. 19. 19. 19. 19	used for EST DEGREE Hed) NONE CERTIFICATI ASSOCIATE BACHELOR MASTER DOCTORAL EXPERIENCE - RO - EOOW/PFW - EWS/PFWS - ERS/CRW - OTHER (S IL - OPERATOR - PLANT SI - OTHER (S ERCIAL NUCL 0 - REACTOR 1 - SENIOR 2 - SHIFT S 3 - STAFF/S 4 - AUX./EQ 5 - PLANT S	(DO NOT	T DOUR T DOUR T DOUR TOR (Li SOR (Li SOR (Li SOR (L) RGINEE	TECHN TYPE OF Vacear Va	F TRAI Power r Prot JNT - Gearch od) consed	School otype SEE INST a.MONT FROM	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO
1 2 3 4 5 5	STUDY GRADUATE GED EQUIVALENCY NO OTHER GEN Education COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 12. TRAINING (SINCE LAST APPLICAT COLLEGE 1 13. TRAINING (SINCE LAST APPLICAT COLLEGE 1 14. NUCLEAR POWER PLANT FUNDAMENTALS (CLASSROOM) OBSERVATION	ELDS) On ION - Si a. MON FROM	I EE INSTRUCTH AND YEARS TO	CTIONS AR Dr L	Codes) O NUMBER VEEKS	13. HAVY 13. 13. 13. 13. 13. 14. 5. 13. 14. 15. 16. 17. 17. 17. 17. 17. 17. 17	used for EST DEGREE Hed) NONE CERTIFICATI ASSOCIATE BACHELOR MASTER DOCTORAL EXPERIENCE - RO - EOOW/PFW - EWS/PFWS - ERS/CRW - OTHER (S IL - OPERATOR - PLANT SI - OTHER (S ERCIAL NUCL 0 - REACTOR 1 - SENIOR 2 - SHIFT S 3 - STAFF/S 4 - AUX./EQ 5 - PLANT S	(DO NOT	T DOUR T DOUR T DOUR TOR (Li SOR (Li SOR (Li SOR (L) RGINEE	TECHN TYPE OF Vacear Va	F TRAI Power r Prot JNT - Gearch od) consed	School otype SEE INST a.MONT FROM	MONTH 6 6 RUCTION H AND Y	X X X S > EAR b	S NO

·	· · ·	• •		14. FACIL	ITY OPERATOR	TRAINI	NG PROGRAM		 ,		
a. GRADUATE O TRAINING P A SYSTEMS	F INPO ACCRE ROGRAM TEAT APPROACE TO	EDITED OPI	ERATOR UPON	X YES			IFIED ON NRC FORM 474 ("LITY CERTIFICATION") OR LATION FACILITY IS USED ATOR TRAINING PROGRAM	SIMULATION NRC APPROVED IN THE	X YES		NO
				15.	POR RENEWAL	SORLY					
OURS OPER	ATED FACILIT	ΓY				b. DATE	AND RESULT OF MOST NT NRC ADMINISTERED ALIFICATION EXAMINATION	DATE	R	ESULT	
IOURD OF LIN			·						PAS	<u> </u>	FAIL
20127	OV	TROM	TO.	<u> </u>	16. EXPERI	ENCE DE	TAILS	DUTTE			· .
a. POSITI	ON TITLE	FROM	TO	, D	. FACILITY			c. DUTIES			
		· I						<u>.</u> :			,
•											
					•						
	,										
						٠					*
					·					•	
			:		•	-					
	·.,		,	.[•				
			7	1 :						· .	
									-		
17. COMMENTS	(Specify the	e item nu	mber to	which you	are elaborat	ing. At	tach additional sheets a	s necessary.)			
			•								
								•			
											•
•			-		,		· -		,		
								· ·			
			.*		• .						
				•				٠			
			•								
•										•	
18. NRC FORM 3	96, CERTIFI	CATION OF	MEDICA	L EXAMINATI	ON BY FACIL	ITY LICE	MSEE, IS ATTACHED				
ANY FALSE	STATEMENT O	R OMISSIC	N IN TE	IIS DOCUMEŅI	, INCLUDING	ATTACEM	ENTS, MAY BE SUBJECT TO	CIVIL AND CRIM	INAL SANC	TIONS.	
19a. I certify certify by a Heal controlle instance and (4) at the result.	y under pena that I have that II have thand Huma ed substance where I hav any reasons tts of exami	lty of penctified n Service, and the ebeen ar for remove nations to the service of the service o	rjury to my current (HHS) test is crested to my en	that the infrent employed of the control of the con	ormation in or of: (1) a Drug Testing Testing the cuied of the cuie, use or post unescorted to the cuie in presented to the cuied in presented to the cuied in presented to the cuied to th	this do ll previ labora toff lev pssessio laccess paring r	cument and attachments in ous employers; (2) any ittory or a Licensee's terels established pursuant of a controlled substrate at a nuclear facility, etraining programs, as results.	s true and cornstance where ting facility; to 10 CFR Parince described I also authorinecessary.	rect. I I have be for alcoh t 26: (3) in 10 CFR ze the NR	furthe en tes ol or any Part C to s	ted 26; submit
SIGNATURE - A		Dand	Brice			•			DATE	1AR	9,1992
CHECK APPLICAL											
							ompleted the facility li Federal Regulations, Pa s/her assigned duties ar perjury that the informs				
C. RENI				the above na 7) as requir sibilities of this documen	med individual ted by section tent and attack	n 50.54 and safe nments i	s the approved requalify (i-1) of 10 CFR 50, and ly. I also certify under strue and correct.			ceptio rged h at the	ns is/her
PRINTED OR TY		ING COORDI	- TATAL			PRINT	SENIOR MANAGEMENT I	ILPRESENTATIVE (OM SITE		· ·
		Robert Cl	Lement	12			Н. Е.	MORGAN			
SIGNATURE	Robert	· Clem	unt	DATE	3-17-92	SIGNA	TURE NO SIGNATURE REC NON-CERTIFIED AN	UIRED PLICATION	DATE		
						R NURC US	32				
WAIVER (Check or complete items, as applicable) GRANTED BY DENIED BY						MEET	S REQUIREMENTS DOES I	NOT MEET REQUIRE	EMENTS (Ex	plain	below
CATEGORY	GRANTE BEADQUARTERS		ом на	DENIED EADQUARTERS	REGION	-{					٠.
TTEN						-		•			
1 1 1 1 1			i			i	*				
ERATING		· .				1		•			
ERATING ELIGIBILITY						<u> </u>					
ERATING						SIGN	NATURE - REVIEWER		DATE		

NRC FORM 396 10 CFR 55 23 55 25, 55 27, 55 31, 55 57 U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO 3:50-0004 EXPIRES: 1-31 S4

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: INFORMATION COLLECTION REQUEST: 15 MIN. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNBB 7714), U.S. AND RECURCE MARAGEMENT BRANCH (MINB 1714), U.S. NUCLEUR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

NAME OF APPLICANT AUID BRUCE FORD FACILITY FACILITY DOCKET NUMBER ONGS UNIT A. MEDICAL EXAMINATION CERTIFICATION THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN. PRINTED NAME 101 physicians STATE AND LICENSE NUMBER EXAMINATION DATE Nov.04, 1991 BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY, I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983, OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC. ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS: 1. NO RESTRICTIONS 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES 4. RESTRICTED LICENSE OR EXCEPTION-Provide details below and attach supporting medical evidence for NRC review. 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL -Provide details below and attach proporting medical evidence for NRC review. PROPOSED WORDING OF RESTRICTION (Block 4 above) RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disquelifying condition) REMARKS FOR RESTRICTION CHANGE (Block 5 above) B. NONMEDICAL CERTIFICATION THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS. ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS, I CERTIFY UNDER PENALTY OF PERJURY, THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT. PRINTED NAME AND SIGNATURE (Senior Management Representative on Site) | TITLE DATE No Signature Required, Non-Certified Application Vice President & Site Manager H. E. Morgan In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO: Regional Administrator, Region 1 Regional Administrator, Region II Regional Administrator, Region III U.S. Nuclear Regulatory Commission U.S. Nuclear Regulatory Commission 101 Marietta Street, Suite 3100 U.S. Nuclear Regulatory Commission 475 Allendale Road 799 Roosevelt Road Atlanta, GA 30323 Glen Ellyn, IL 60137

King of Prussia, PA 19406

Regional Administrator, Region IV U.S. Nuclear Regulatory Commission 611 Ryan Plaza Drive, Suite 1000 Arlington, TX 76011

Regional Administrator, Region V U.S. Nuclear Regulatory Commission 1450 Maria Lane, Suite 210 Walnut Creek, CA 94596

Director, Division of Licensee Performance and Quality Evaluation Attn: Operator Licensing Branch U.S. Nuclear Regulatory Commission Washington, DC 20555

PRIVACY ACT STATEMENT

ursuant to 5 U.S.C. 552a(e)(3), enacted imo law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC-18 and . described at 55 Federal Regimer 33978 (August 20, 1990).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information emered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, Disclosure is voluntary, If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGERIS) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nüclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

RRC FORM 398 (FACSIMILE) U. (10-90)	S. NUCLE.	AR REGUL	ATORY	COMMIS	SION	1	DDDOWED DA	7 (347)	110 216	0000					
(10-90) 10 CFR 55.31, 55.35, 55.47, and 55.57				·	51011	ESTIM WITH REQUE	PPROVED BY ATED BURDLE ATED BURDLE ATEL SINFOR ST: 2 0 ER DING BURDLE OF 1714) US APERWORK R OFFICE OF NGTON, DC,	PIRES: N FER MATION S. FOR	TESPONS RESPONS COLLECTURE	0-0090 2 E TO CO TION MENTS	MPLY (To be	DATE F e compl	ECETV eted	Dy NRC
PERSONAL QUALIFICATION	STATEMEN	T - LICE	RSEE			MATIO (MNBB MISSI THE P	N AND RECO 7714) U S ON, WASHIN APERWORK R	RDS MASS NUCLE IGTON , LEDUCTI	NAGEMEN LAR REGUL DC 2055	T ERANC LATORY 5. AND ECT (31	FOR- EOM- TO 50-	٠.			
TO REMAIN VALID, THIS F	ORM MUST	NOT BE	ALTERE	ED .		WASHI	OFFICE OF NGTON, DC,	MANAG 20503	EMENT A	ŇĎĒBŮĎĠ	ĔŤ.			<i>:</i> ·	
1. APPLICANT'S FULL NAME (Last, (include ZIP Code)	First, M	iddle) A	ND ADD	RESS		4.TYP	E OF APPLI	CATION	(Check	applic	able b	oxes	X EC	T	COLD
GUERRERO, AUGUST CHRISTOPH	ER CABRE	RA				⊢	. NEW . RENEWAL			£.	WAIVE (Just 1-WRI	R REC	UESTED n Reve (Cates	rse)	<u>- L. · .</u>
39555 Silverberry Ct.						⊢⊣	. UPGRADE		•	-	J —				:
Murrieta, CA 92562						^₄ لـــا	. MULTI-UN INCLUDE	IT (AM ADDITI	END TO	(T)	Z-OFE	KAI II	iG (Cat	egory	
	•	• .			-		. REAPPLIC			-	3-ELI		YII		•
2. CITIZERSHIP		-	BIDER	. DAST		∤	1-FIRST			·	5-OTH				
X a. UNITED STATES		MONTH	BIRTH	-1-	EAR	 	2-SECOND 3-THIRD	٠		X g.	DATE P	ASSED	GENER	ıc,—	<u> </u>
b. OTHER (Specify)		1 0	-	7 6	5		3 THIRD				INATIO	N SEC	GENER S EXAM TION BLE)	- <u>M</u>	
5. TYPE OF LICENSE APPLIED FOR					11	6. 1	PREVIOUS L	ICERSE	(S) HELI		(11 71	LLICA	DLE)	02	91
X a. OPERATOR	a DO	KET NUME		RO SRO		LICEN	SE NUMBER	c.	EXPIRAT	ION DA					
b. SENIOR OPERATOR	ļ	JALL HOLL	J.	NO SK	18.	ĻICEN:	SE MOMBEK	MONT	H DAY	YE	AR d	.FACI	LITY D	OCKET	NUMBER
c. LIMITED SRO (e.g., Fuel Handler)	55-										50	0-	· ·		
7. NAME AND ADDRESS (Include ZIP	Code) OF	APPLICA	T'S E	MPLOYE	3			10.	CURRENT	POSITIO	ON AT 1	FACIL	ITY		
Southern California Edison						a. I	PLANT SUPE							IT OPE	ERATOR/
Southern California Edison P. O. Box 128 San Clemente, CA				-	<u> </u>	」 b. A	ASSISTANT I	PLANT	Superint	ENDENT	- <u>;;</u>	NG/EO	DIEMEN.	INE BU	ERATOR/ UILD- RATOR ATOR)
92674-0128		. 5	,		<u> </u>	⊣	BEIFT SUPER		•		(1	MONEI	CEUSED	UPERA	AIOR)
8. NAME OF APPLICANT'S FACILITY San Onofre Unit 1	FACI	LITY DOC 50-206	KET N	UMBER		⊣	STAFF ENGING SHIFT TECHNOLOGY ENGINEERS IN STRUCTOR		ADVISOR/]j. 01	THER	(Speci:	Ēy)	
9. ADDITIONAL FACILITY DOCKET	· (M.14.				<u> </u>	┥.									
, morrisan ratifit bases	e (multi-	unit Lie	enses) .	-	⊣ `	SENIOR CONT CONTROL ROC			ATOR				<u> </u>	
	· · · · · ·	<u> </u>	11.	. EDUCA	TION		ONTROL ROC	JAT-UPE	KATOK			-: :-		· · ·	•
HIGH SCHOOL C. MAJOR AREA(S	SLOF														
I STUDY	. 1	NUMBER	HIG	GHEST	DEG	REE CO	DDES		d. VOCA	TIONAL	/		NUMBER	CERTI	FICATE
X GRADUATE ENGINEERING (F:		NUMBER OF YEARS	+	GHEST EGREE	그 (품인	be us	ed for		TECH	NICAL		- 1	NUMBER OF MONTES	REC	FICATE
STUDY		NUMBER OF YEARS	+	GHEST EGREE Codes)	그 (품인	be us GHEST ained)	ed for DEGREE"		TYPE	NICAL OF TRAI	INING		MONTES	YES	FICATE EIVED NO
X GRADUATE ENGINEERING (F. NO OTHER		NUMBER OF YEARS	+		obt 01 2	be us GHEST ained)	ed for DEGREE"		TYPE	NICAL OF TRAI r Power	INING		OF	YES X	EIVED
X GRADUATE ENGINEERING (F. GED EQUIVALENCY		NUMBER OF YEARS	+		Obt O123	De us GHEST Ained) - NONE - CERT - ASSO - BACE - MAST	ed for		TECH TYPE Nuclea	NICAL OF TRAI r Power	INING		MONTES 6	YES	EIVED
X GRADUATE ENGINEERING (F. NO OTHER b. NUMBER OF YEARS OF COLLEGE 0	IELDS)		(Use	Codes)	TOI Hb 012345	GHEST Ained) - NONE - CERT - ASSC - BACB - MAST - DOCT	ed for Degree	NOT I	TECH TYPE Nuclea Protot	NICAL OF TRAI r Power	INING School	01	OF MONTHS 6 6	YES X	EIVED
X GRADUATE ENGINEERING (F. NO OTHER b. NUMBER OF YEARS OF	IELDS)	E INSTRU	(Use	Codes)	(Tolication of the control of the co	GHEST Ained) - NONE - CERT - ASSC - BACB - MAST - DOCT	DEGREE" IFICATE CLATE ELOR	I TON C	TECH TYPE Nuclea Protot	NICAL OF TRAI r Power	INING School	ol ISTRUG	MONTHS 6 6 CTIONS)	YES X X	NO
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE OT COLLEG	IELDS) FION - SE a. MONT FROM		(Use	Codes)	(Tolication of the control of the co	GHEST Ained) - NONE - CERT - ASSO - BACE - MAST - DOCT	ed for Degree	I TON C	TECH TYPE Nuclea Protot	NICAL OF TRAI r Power	SEE IN	ol ISTRUG	OF MONTHS 6 6	YES X X	EIVED
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE OT COLLEG	IELDS) FION - SE a. MONT FROM	E INSTRU	(Use	Codes)	(To HI obt obt obt obt obt obt obt obt obt obt	GHEST Ained) - NONE - CERT - ASSO - BACE - MAST - DOCT	ed for DEGREE" IFICATE CLATE CLATE ELOR ER ORAL RIENCE (DO	I TON C	TECH TYPE Nuclea Protot	NICAL OF TRAI r Power	SEE IN	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE OT COLLEG	IELDS) FION - SE a. MONT FROM	E INSTRU	(Use	Codes)	(To HI obt obt obt obt obt obt obt obt obt obt	O be us GHEST Jained) - NONE - CERI - BACE - BACE - MAST - DOCT - EXPE	ed for DEGREE" IFICATE CLATE CLATE ELOR CORAL RIENCE (DO	I TON C	TECH TYPE Nuclea Protot	NICAL OF TRAI r Power	SEE IN	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION) 1-NUCLEAR POWER PLANT FUNDAMENTALS (CLASSROOM) 0BSERVATION	FION - SE a. MONT FROM	E INSTRU	(Use	Codes)	(To HI obt obt obt obt obt obt obt obt obt obt	GHEST GHEST GHEST GHEST - NONE - CERT - BACE - BACE - MAST - DOCT - BCT - DOCT - BCT - DOCT - BCT - DOCT - BCT - DOCT - D	ed for DEGREE" IFICATE CLATE CLATE CLATE CORAL RIENCE (DO OOW/PPWO WS/PPWS	I TON C	TECH TYPE Nuclea Protot	NICAL OF TRAI r Power	SEE IN	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION) 1-NUCLEAR POWER PLANT FUNDAMENTALS (CLASSROOM) 0BSERVATION	FION - SE a. MONT FROM	E INSTRU	(Use	Codes)	(To HI obt obt obt obt obt obt obt obt obt obt	GHEST GHEST GHEST GHEST - NONE - CERT - BACE - BACE - MAST - DOCT - BACE - MAST - DOCT - BACE - A CERT - DOCT	ed for DEGREE" IFICATE CLATE CLATE CORAL CRAL COM/PPWO WS/PPWS RS/CRW		TECH TYPE Nuclea Protot	NICAL OF TRAI r Power	SEE IN	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATIONS OF CLASSICOM) 2-PLANT SYSTEMS CLASSICOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT	FION - SE a. MONT FROM	E INSTRU	(Use	Codes)	CELL OF THE COLUMN TERMS O	GHEST GHEST GHEST GHEST - NONE - CERT - ASS - BACE - MAST - DOCT - EXPE - T R R R R R R R R R R R R R R R R R R	ed for DEGREE" IFICATE CLATE CLATE COLATE CORAL RIENCE (DO OOW/PPWO WS/PPWS RS/CRW THER (Spec		TECH TYPE Nuclea Protot	NICAL OF TRAI r Power	SEE IN	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE OF COLLEG	FION - SE a. MONT FROM	E INSTRU	(Use	Codes) S) NUMBER WEEKS	CELL OF THE COLUMN TWO IN THE	GHEST GHEST GHEST GHEST SIL	ed for DEGREE" IFICATE CLATE CLATE CLATE CORAL RIENCE (DO OOW/PPWO WS/PPWS RS/CRW THER (Spec		TECH TYPE Nuclea Protot	NICAL OF TRAI r Power	SEE IN	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE O 12. TRAINING (SINCE LAST APPLICATION OF APPLICATION OF A COLLEGE OF CONTROL ROOM OPERATIONS ON SHIFT OF A COLLEGE OF CONTROL ROOM OPERATING (INCLUDED COMPONS OF A COLLEGE OF A COL	IELDS) TION - SE a. MONT FROM	E INSTRU	(Use	Codes) S) NUMBER WEEKS	CELL OF THE COLUMN TWO IN THE	GHEST	ed for DEGREE" IFICATE CLATE CLATE CLATE CLATE CORAL CORAL COMPPWO WS/PPWS RS/CRW THER (Spec		TECH TYPE Nuclea Protot	NICAL OF TRAI r Power	SEE IN	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE O 12. TRAINING (SINCE LAST APPLICATION OF A COLLEGE O) 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (INCLUDES CLASSROOM) SIMULATOR NAMES a. Unit 1 b.	IELDS) TION - SE a. MONT FROM	E INSTRU	(Use	Codes) S) NUMBER WEEKS	CELL OF THE COLUMN TWO IN THE	Se us (GHEST Sined)	ed for DEGREE" IFICATE CLATE CLATE CLATE CORAL RIENCE (DO OOW/PPWO WS/PPWS RS/CRW THER (Spec	ify)	TECH TYPE Nuclea Protot	NICAL OF TRAI r Power	SEE IN	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATE OF COLLEGE	FION - SE a. MONT FROM	E INSTRU	(Use	Codes) S) NUMBER WEEKS	CELL OF THE COLUMN TWO IN THE	Se us (GHEST)	ed for DEGREE" IFICATE CLATE CLATE CLATE CLATE CORAL RIENCE (DO OOW/PFWO WS/PFWS RS/CRW THER (Spec PERATOR UPERVISOR	eify)	TECH TYPE Nuclea Protot	NICAL OF TRAI r Power	SEE IN	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE O 12. TRAINING (SINCE LAST APPLICATION OF SIMULATOR OPERATION OF SIMULATOR OPERATION OPERATION OPERATION OF SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS	IELDS) IION - SE a. MONT FROM	E INSTRU	(Use	Codes) S) NUMBER WEEKS	CTO HII Obt O 1 2 3 4 5 13 RA	Se us (SHEST)	ed for DEGREE" IFICATE CLATE CLATE CLATE CLATE CORAL RIENCE (DO OOW/PFWO WS/PFWS RS/CRW THER (Spec PERATOR UPERVISOR LANT STAFF THER (Spec	eify)	TECH TYPE Nuclea Protot	NICAL OF TRAI r Power ype OUNT -	SEE IN a.MO FR	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATE OF COLLEGE	IELDS) IION - SE a. MONT FROM	E INSTRU	(Use	S) NUMBER WEEKS	CTO HII Obt O 1 2 3 4 5 13 RA	GHEST	ed for DEGREE" DEGREE" IFICATE CLATE CLATE CLATE CLATE CON LEGREE (DO CON LEGREE	rify)	TECH TYPE Nuclea Protot	NICAL OF TRAI r Power ype OUNT -	SEE IN a.MO FR	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE O 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE O 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE O 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE O 12. TRAINING (SINCE LAST APPLICATION OF CLASSROOM OF CLASSROOM OF CLASSROOM OF CLASSROOM OF CONTROL ROOM OF CRATING (INCLUDED CLASSROOM) SIMULATOR OF CLASSROOM) SIMULATOR OF CLASSROOM	IELDS) IION - SE a. MONT FROM	E INSTRU H AND YE TO	(Use	S) NUMBER WEEKS	CTO HII Obt O 1 2 3 4 5 13 RA	Se us (SHEST)	ed for DEGREE" DEGREE" IFICATE CLATE CLATE CLATE CLATE CORAL RIENCE (DO OOW/PPWO WS/PPWS RS/CRW THER (Spec PERATOR UPERVISOR LANT STAFF THER (Spec AL HUCLEAR REACTOR OP	eify) ify) (Incl Test TEST	TECH TYPE Nuclea Protot COUBLE Co	NICAL OF TRAI r Power ype OUNT - esearch	SEE IN a.MO FR	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE O 12. TRAINING (SINCE LAST APPLICATION (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATION SIMULATOR OPERATION SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X SIMULATOR 5 4-SRO INSTRUCTION 5-FXTRA PERSON ON SHIFT IN CONTROL	FION - SE a. MONT FROM	E INSTRU	(Use	S) NUMBER WEEKS	CTO HII Obt O 1 2 3 4 5 13 RA	Se us (SHEST)	ed for DEGREE" DEGREE" IFICATE CLATE CLATE CLATE CLATE CORAL RIENCE (DO OOW/PFWO WS/PFWS RS/CRW THER (Spec PERATOR UPERVISOR LANT STAFF THER (Spec AL HUCLEAR REACTOR OPE	eify) ify) (Include Test	TECH TYPE Nuclea Protot DOUBLE Co	NICAL OF TRAI r Power ype OUNT - OUNT - osearch od)	SEE IN a.MO FR	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE O 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE O 12. TRAINING (SINCE LAST APPLICATION OF CONTROL ROOM OPERATION OF SIMULATOR OPERATING (INCLUDES CLASSROOM) SIMULATOR OPERATING (INCLUDES CLASSROOM) SIMULATOR OPERATING (INCLUDES CLASSROOM) SIMULATOR OPERATING (INCLUDES CLASSROOM) SIMULATOR OPERATING (INCLUDES CLASSROOM) SIMULATOR OPERATION OPERATION OF ROOM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO FROM COMPLETED X SIMULATOR 5 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)	IELDS) FION - SE a. MONT FROM	E INSTRU	(Use	S) NUMBER WEEKS	CTO HII Obt O 1 2 3 4 5 13 RA	Se us GHEST	ed for DEGREE" DEGREE" IFICATE CLATE CLATE CLATE CLATE CLATE CORAL RIENCE (DO OOW/PFWO WS/PFWS RS/CRW THER (Spec PERATOR UPERVISOR LANT STAFF THER (Spec AL HUCLEAR REACTOR OPE SELIFT SUPE	eify) ify) (Incl Test ERATOR RATOR	TECH TYPE Nuclea Protot DOUBLE Co	NICAL OF TRAI r Power ype OUNT - OUNT - osearch sed)	SEE IN a.MO FR	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE O 12. TRAINING (SINCE LAST APPLICATION OF SIMULATOR PRACTICE CONTROL ROOM OFERATIONS ON SHIFT SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO SIMULATOR S	IELDS) FION - SE a. MONT FROM	E INSTRU	(Use	S) NUMBER WEEKS	CTO HII Obt O 1 2 3 4 5 13 RA	Se us (GHEST) GHEST GHES	ed for DEGREE" DEGREE" IFICATE CLATE CLATE CLATE CLATE CORAL RIENCE (DO OOW/PFWO WS/PFWS RS/CRW THER (Spec PERATOR UPERVISOR LANT STAFF THER (Spec AL HUCLEAR REACTOR OPE	eify) d (Incl Test Test TextOR TEXTOR TRATOR TRATOR T ENGI	TECH TYPE Nuclea Protot COUBLE C	NICAL OF TRAI r Power ype OUNT - seed) dd) censed	SEE IN a.MO FR	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF O 12. TRAINING (SINCE LAST APPLICATION OBSERVATION OBSERVATION OBSERVATION OBSERVATION OFFRATING (Includes Classicom) SIMULATOR OPERATING (Includes Classicom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROCRAM COMPLETED X YES NO PROCRAM COMPLETED X OFFRATIONS ON SHIFT OF SIMULATOR OF SIMULATOR OFFRATIONS ON SHIFT OF SIMULATOR OF	IELDS) FION - SE a. MONT FROM	E INSTRU	(Use	S) NUMBER WEEKS	CTO HII Obt O 1 2 3 4 5 13 RA	Se us GHEST	ed for DEGREE" DEGREE" DEGREE" CIATE CIATE CIATE CIATE CIATE ELOR CORAL RIENCE (DO OOW/PPWO WS/PPWS RS/CRW THER (Spec PERATOR UPERVISOR LANT STAFF THER (Spec AL HUCLEAR REACTOR OPE SENIOR OPE SHIFT SUPE STAFF/SHIF AUX./EQUIP PLANT STAFF	eify) ify) (Include Test Test Test Test Test Test Test Test	TECH TYPE Nuclea Protot COUBLE C Cuding Re Reactor (License (License (License) (License) (License) (License)	NICAL OF TRAI r Power ype OUNT - seed) dd) censed	SEE IN a.MO FR	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE O 12. TRAINING (SINCE LAST APPLICATION OF SIMULATOR PRACTICE CONTROL ROOM OFERATIONS ON SHIFT SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO SIMULATOR S	IELDS) FION - SE a. MONT FROM	E INSTRU	(Use	S) NUMBER WEEKS	CTO HII Obt O 1 2 3 4 5 13 RA	Se us GHEST	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE DEGR	eify) ify) (Include Test Test Test Test Test Test Test Test	TECH TYPE Nuclea Protot COUBLE C Cuding Re Reactor (License (License (License) (License) (License) (License)	NICAL OF TRAI r Power ype OUNT - seed) dd) censed	SEE IN a.MO FR	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF O 12. TRAINING (SINCE LAST APPLICATION OBSERVATION OBSERVATION OBSERVATION OBSERVATION OFFRATING (Includes Classicom) SIMULATOR OPERATING (Includes Classicom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROCRAM COMPLETED X YES NO PROCRAM COMPLETED X OFFRATIONS ON SHIFT OF SIMULATOR OF SIMULATOR OFFRATIONS ON SHIFT OF SIMULATOR OF	IELDS) FION - SE a. MONT FROM	E INSTRU	(Use	S) NUMBER WEEKS	CTO HII Obt O 1 2 3 4 5 13 RA	Se us GHEST	ed for DEGREE" DEGREE" DEGREE" CIATE CIATE CIATE CIATE CIATE ELOR CORAL RIENCE (DO OOW/PPWO WS/PPWS RS/CRW THER (Spec PERATOR UPERVISOR LANT STAFF THER (Spec AL HUCLEAR REACTOR OPE SENIOR OPE SHIFT SUPE STAFF/SHIF AUX./EQUIP PLANT STAFF	eify) ify) (Include Test Test Test Test Test Test Test Test	TECH TYPE Nuclea Protot COUBLE C Cuding Re Reactor (License (License (License) (License) (License) (License)	NICAL OF TRAI r Power ype OUNT - seed) dd) censed	SEE IN a.MO FR	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER
X GRADUATE ENGINEERING (F. GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF O 12. TRAINING (SINCE LAST APPLICATION OBSERVATION OBSERVATION OBSERVATION OBSERVATION OFFRATING (Includes Classicom) SIMULATOR OPERATING (Includes Classicom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROCRAM COMPLETED X YES NO PROCRAM COMPLETED X OFFRATIONS ON SHIFT OF SIMULATOR OF SIMULATOR OFFRATIONS ON SHIFT OF SIMULATOR OF	IELDS) FION - SE a. MONT FROM	E INSTRU	(Use	S) NUMBER WEEKS	CTO HII Obt O 1 2 3 4 5 13 RA	Se us GHEST	ed for DEGREE" DEGREE" DEGREE" CIATE CIATE CIATE CIATE CIATE ELOR CORAL RIENCE (DO OOW/PPWO WS/PPWS RS/CRW THER (Spec PERATOR UPERVISOR LANT STAFF THER (Spec AL HUCLEAR REACTOR OPE SENIOR OPE SHIFT SUPE STAFF/SHIF AUX./EQUIP PLANT STAFF	eify) ify) (Include Test Test Test Test Test Test Test Test	TECH TYPE Nuclea Protot COUBLE C Cuding Re Reactor (License (License (License) (License) (License) (License)	NICAL OF TRAI r Power ype OUNT - seed) dd) censed	SEE IN a.MO FR	ol STRUC	MONTHS 6 6 CTIONS)	YES X X	NO NO NIMBER

				14	. FACI	LITY	OPERATO	R TRAINI	NG PROG	RAM					·	
a. GRADUATE TRAINING A SYSTEMS	OF INPO ACCR PROGRAM THAT APPROACE TO	EDITED O	PERATOR D UPON G	x	YES		NO	b. CERT FACI SIMU OPER	IFIED O LITY CE ATION ATOR TR	N NRC FO RTIFICAT FACILITY AINING	ORM 474 TION") O Y IS USE PROGRAM	("SIMULAT R NRC APP D IN THE	ION PROVED	x	YES	МО
· · · · · · · · · · · · · · · · · · ·		···· ·			15	. FOR	RENEW	LS ONLY		•						
HOLDS OF	ERATED FACILI	TV						b. DATE	AND RE	SULT OF	MOST	DAT	E		RESUL:	ī
HOURS OF	RATED FACILI							REQU	LIFICA	TION EXA	MINATIO	N			PASS	FAIL
						16	EXPE	RIENCE DE	AILS			·····				
a. POSIT	TION TITLE	FROM	TO		1	b. FA	CILITY				· .	c. Di	TIES	,		
							•					• .			\$	
			· ·											٠.		
											•					
				1			•				_					
			· .	-			•								•	• *
													,			
`												•				•
	. •															
					•	•				•	٠,		•		-	
			-	Í.		;	٠.						. •			
	1.											10 July 2007				
		ļ ·			-		,						•		٠.	
			ļ	نيان	· ·											
17. COMMENTS	S (Specify th	e item n	umber t	o whi	ich you	are	elabor	ating. At	tach ad	ditional	L sheets	аѕ песеѕ	sary.)			
												. *				
		•											•			
								•	,		• .		• '			
																·
	•							t e			,					·
							-		•							:
						٠.			,		* .					
		÷				-										
									ν.							
		•			. ,				:						•	
	396, CERTIFI															
ANI FALS	E STATEMENT O	Ity of n	ON IN I	+ 2 1	the in	forma	CLUDIN	ATTACHM	ENTS, M	AY BE SU	JBJECT T	O CIVIL A	ND CRIMI	NAL S	ANCTIONS	3.
certify by a He	that I have alth and Huma	notified n Servic	es (HHS	rent	employ	er of Drug	(1) Testi	all previous Labora	us emp	loyers;	(2) any	instance	where I	have	been te	ested
19a. I certice certify by a Heccontrol instance and (4) the reservant	led substance e where I hav	, and the been a	e test	resul for	lts exc	eeded le, u	the cose	toff leve	els est	ablished	i pursua led subs	nt to 10 tance des	CFR Part	26:1	(3) any CFR Part	. 26:
and (4) the res	any reasons ults of examp	for remo	val or to my e	revoc	cation yers fo	of un ruse	escort	ed access eparing r	at a n etraini	uclear f ng progr	facility ams, as	, I also necessar	authorize	the	NRC to	submit
SIGNATURE -	APPLICANT /	12 0 1	11.5	~/					7			······			TE -/) 1
CHECK APPLIC		ujuet.	<u> </u>	pu	iru	<u>. ريا</u>		 		•	·				<i>3//</i> 3	19z
X b. I	certify that	the abo	ve name	d inc	dividua	l has	succe	ssfully c	omplete	d the fa	cility	licensees	require	pents	to be 1	Licensed
a	certify that s an Operator need for an vailable for ttachments is	Operator	/Senior	Oper	rsuant rator 1	to Ti	tle 10 e to po	Code of	Federa her a	l Regula ssigned	duțies	Part 55; and that	and that	the Lity	individu	made
c. RE	NEWAL ONLY -	I certif	y that Item 1	the a	above n	amed red b	individ y sect:	iual meet: lon 50.54	the a (1-1)	pproved	requali R 50. a	fication nd that h	program	with dis	excepti	ons
•		licensed informat	responding in	this	lities docume:	compe nt an	tently d attac	and safe:	ly. I true	also cer and corr	tify'un	der penal	ty of pe	jury	that th	10
	TRAINI	JIG COORD										REPRESEN				
PRINTED OR		obert Cl	ement		•			PRINT	ED OR T	YPED NAM		. MORGAN				
SIGNATURE	Relief	- 00:	A		DAT	E	0.03	SIGNA	TURE	NO SIG		REQUIRED APPLICAT		DA	TE	
	الموسيرا	· We.	me J			3 1	17-92		7	NON-CE	RTIFIED	APPLICAT	ION	1 - 3		
	WAIVER (Che	ck or co	mplete	item	5. AS A	pplic		DR RRC US		REMENTS	DOES	NOT MEET	DECUTOR	Æ NT C	(F==1 - 4=	helen)
0.000	GRANTE		1	Juli	DENIED			1	- 12401		I Inces	NOT MEET	VEGOTKE	TU12	CEXPIGIT	r narow)
CATEGORY	HEADQUARTERS	,	ON E	EADQU	UARTERS	1	EGION	1	•	· .						
RITTEN								-								
ERATING					· · · · · · · · · · · · · · · · · · ·									÷		· [
LIGIBILITY																
MEDICAL	ļ,	ļ. ·				·		SIGN	TURE -	REVIEWE	ER .			DA	TE	
OTHER	i	l .	-			1		1								· 1

NRC 50AM 396 (NR) 10/01A 5573 5575 5577,5537,5537 U.S. NUCLEAR REGULATORY COMMISSION

DENES TO H

CERTIFICATION OF MEDICAL EXAMINATION
BY FACILITY LICENSEE

PETITUTED BUTCH PER RESPONSE TO COUPLY WITH THE MEDICAL TO MAIN FORMACH IN COLLECTION RECULEST. IS MIN FORMACH IN COMMACH TO THE TOTAL TO THE MEDICAL THROUGH ENCOUNTS THE TOTAL TO THE TOT

NAME OF APPLICANT		OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON DC 20503
Guerrero, August C.		
ACILITY		FACILITY DOCKET NUMBE
San Unoire Nuclear Ger	nerating Station, Unit 1	50-206
	A. MEDICAL EXAMINATION CERTIFICAT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ED APPLICANT FOR AN OFERATOR SENIOR OPERATOR	LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.
RINTED NAME (of physician)	STATE AND LICENSE NUMBER	EXAMINATION DATE
Steven Rosen, MD	CA G24823	11/19/91
RPPLICANT'S PHYSICAL CONDITION AND GE AND SAFETY, I CERTIFY THAT IN REACHING OLLOWED AND THAT DOCUMENTATION IS	NERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUS 5 THIS DETERMINATION, THE GUIDANCE CONTAINED I	PPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE E OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH IN ANSI/ANS 3.4-1993, OR ANSI/ANS 15.4-1977 (N380) WAS NT'S OPERATOR LICENSE BE CONDITIONED AS
X 1. NO RESTRICTIONS		
2. CORRECTIVE LENSES BE WORN WHE	N PERFORMING LICENSED DUTIES	
3. HEARING AID SE WORN WHEN PERF		
	N=Provide details below and attach supporting medical evider	nce for NRC review.
5. RESTRICTION CHANGE FROM PREVI	IOUS SUBMITTAL—Provide details below and attach supporti	ng madical evidence for NRC review
PROPOSED WORDING OF RESTRICTION (BIOC		
	$\alpha u =$	$\left(\cdot \right)$,
		Deseng 11/20/9/
	V	
REMARKS FOR RESTRICTION CHANGE (Bloc	k 5 above)	
REMARKS FOR RESTRICTION CHANGE (Bloc	k 5 above)	
REMARKS FOR RESTRICTION CHANGE (Bloc	k 5 above)	
REMARKS FOR RESTRICTION CHANGE (Bloc		
	B. NONMEDICAL CERTIFICATION	
THIS CERTIFIES THAT THE APPLICANT HAS FOR LICENSED OPERATORS.	B. NONMEDICAL CERTIFICATION BEEN FOUND TO MEET THE SAFEGUARDS AND FITNE	
THIS CERTIFIES THAT THE APPLICANT HAS FOR LICENSED OPERATORS.	B. NONMEDICAL CERTIFICATION BEEN FOUND TO MEET THE SAFEGUARDS AND FITNE	SS FOR DUTY REQUIREMENTS OF THIS FACILITY VIL AND CRIMINAL SANCTIONS, I CERTIFY UNDER FENALTY OF
THIS CERTIFIES THAT THE APPLICANT HAS FOR LICENSED OPERATORS. ANY FALSE STATEMENT OR OMISSION IN THIS DO PERJURY THAT THE INFORMATION IN THIS DOCU	B. NONMEDICAL CERTIFICATION BEEN FOUND TO MEET THE SAFEGUARDS AND FITNE CUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIN MENT AND ATTACHMENTS IS TRUE AND CORRECT.	
THIS CERTIFIES THAT THE APPLICANT HAS FOR LICENSED OPERATORS. ANY FALSE STATEMENT OR OMISSION IN THIS DO PERJURY THAT THE INFORMATION IN THIS DOCU PRINTED NAME AND SIGNATURE (Senior Man.) No Signature Required	B. NONMEDICAL CERTIFICATION BEEN FOUND TO MEET THE SAFEGUARDS AND FITNE COUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIN MENT AND ATTACHMENTS IS TRUE AND CORRECT. Separment Representative on Site! TITLE , Non-Certified Vice Presiden	VIL AND CRIMINAL SANCTIONS, I CERTIFY UNDER PENALTY OF
THIS CERTIFIES THAT THE APPLICANT HAS FOR LICENSED OPERATORS. ENV FALSE STATEMENT OR OMISSION IN THIS DO PRINTED NAME AND SIGNATURE (Senior Men No Signature Required H. E. Morgan	B. NONMEDICAL CERTIFICATION SEEEN FOUND TO MEET THE SAFEGUARDS AND FITNE CUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIV MENT AND ATTACHMENTS IS TRUE AND CORRECT. Separation Vice Presiden Application	DATE t & Site Manager
ANY FALSE STATEMENT OR OMISSION IN THIS DO PERJURY THAT THE INFORMATION IN THIS DOCU PRINTED NAME AND SIGNATURE (Senior Mer No Signature Required H. E. Morgan	B. NONMEDICAL CERTIFICATION BEEN FOUND TO MEET THE SAFEGUARDS AND FITNE COUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIN MENT AND ATTACHMENTS IS TRUE AND CORRECT. Separment Representative on Site! TITLE , Non-Certified Vice Presiden	DATE t & Site Manager
THIS CERTIFIES THAT THE APPLICANT HAS FOR LICENSED OPERATORS. ENV FALSE STATEMENT OR OMISSION IN THIS DO PRINTED NAME AND SIGNATURE (Senior Men No Signature Required H. E. Morgan	B. NONMEDICAL CERTIFICATION SEEEN FOUND TO MEET THE SAFEGUARDS AND FITNE CUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIV MENT AND ATTACHMENTS IS TRUE AND CORRECT. Separation Vice Presiden Application	DATE t & Site Manager

Pursuant to 5 U.S.C. 552a(a)(3), enacted implian by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC-18 and described at 55 Federal Register 32878 (AUDIN 20, 1990).

AUTHORITY: Sections: 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information amered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and us finy. This information may be used by the NRC matfit to determine if the individual member requirements of 10 CFR 55 to take an examination or to be issued an operator's figurie.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you,

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, Disclosure is voluntary, If the requested information is not provided, however, the application for a facility operator's present of senior operator's license may be denied.

SYSTEM MANAGERIS) AND ADDRESS: Chief, Operator Licensing Branch, Office or Nuclear Reactor Regulation, U.S. Nuclear Pagulatory Commission, Washington, DC 20565

NRC FORM 398 (FACSIMILE) U.S.	. NUCLEAL	R REGULA	TORY C	OMMISS	ION	AP	PROVED BY	OMB.	NO 31	50-00	٥٥.				
(10-90) 10 CFR 55.31, 55.35, 55.47, and 55.57					,	<u>EŞTIMA</u>	TROVED BY TED BURDEI HIS INFORM T: 2.0 HR ING BURDEI AND RECOI 7714) U.S. PERWORK RI OFFICE OF GTON, DC,	PIRES:	1-31- RESPON	ISE TO	COMPL	Y (To	DATE De comp	Leted	by NRC
35.47, and 35.37					į	WITH T REQUES	HIS INFORM	MATION FOR	COLLE WARD C	CTION OMMEN	TS				•
PERSONAL QUALIFICATION ST	TATEMENT	- LICEN	SEE	.:		MATION	AND RECOR	N ESTII RDS MAI	MATE I NAGEME	NT BR	ANCH	-			
,	;				1	MISSIO THE PA	N. WASHING	STON 1	DC 205	SECTA	ND TO	-			•
TO REMAIN VALID, THIS FOR	M MUST 1	NOT BE A	LTERED	,	· ç	0090) WASHIN	OFFICE OF GTON DC	MANAG 20503	EMENT	AND B	ÙĎĠĔŤ,	.			
1. APPLICANT'S FULL NAME (Last, Fi (include ZIP Code)	rst, Mi	ddle) AN	D ADDR	ESS	4	4.TYPE	OF APPLIC	CATION	(Chec	k app	licabl	e boxe	s) X E	T	COLD
(1.02100 011 0000)							NEW			- [:		<u> </u>			
HOWARD, ROBERT PERNELL					- (F		RENEWAL	•		٠	 	ustify WRITT	EQUESTED on Reve N (Cates	rse)	
341-D N. Melrose Dr.				•		٠.	UPGRADE		•		\square				
Vista, CA 92083		•				a	MULTI-UNI INCLUDE A	IT (AM	END TO) DITTT \	2-	OPERAT	ING (Cat	egory	")
				:	H		REAPPLICA		OWNT O	uit) :	☐ 3-	ELIGIB	ILITY		•
			<u> </u>		.		1-FIRST				₽	MEDICA	L .		
2. CITIZENSHIP		3.	BIRTH	DATE			2-SECOND			□		OTHER			· .
X a. UNITED STATES		MONTH	DAY	YE			3-THIRD		·	X	IS. FÜN	DAMENT.	ED GENER ALS EXAMECTION CABLE)	I-C M	M YY
b. OTHER (Specify) 5. TYPE OF LICENSE APPLIED FOR		1 0	1 1	6	2						(IF	APPLI	CABLE)	0	2 91
X a. OPERATOR			<u> </u>	11.7	Τ	6. P	REVIOUS LI						\$		<u> </u>
b. SENIOR OPERATOR	a. DOCK	CET NUMB	ER R	o sro	ъ. I	LICENSI	E NUMBER,	MONTE	EXPIR	ATION	YEAR	d.FA	CILITY D	OCKE I	NUMBER
c. LIMITED SRO (e.g., Fuel Handler)	55-			_	 				-	î 	1EAR	50-			
7. RAME AND ADDRESS (Include ZIP Co	da) MŻ A	ADDI TCAN	TIC PM	DI CARD			l			<u> </u>					
	at 2		- 3 LA	TWIEK		a Pī	LANT SUPER			I POS	X i	AT FAC		T# 00	
Southern California Edison P. O. Box 128 San Clemente, CA					$\vdash \vdash \vdash$	l .	SSISTANT P			NTENDI		TRAT	IARY UN NEE/TURB OUIPMEN ICENSED	INE	ERATOR/ UILD- PATOR
92674-0128		:	•				HIFT SUPER					(NOM	CÉNSED	OFER	ATOR)
		·				d. \$1	TAFF ENGIN	EER	•		 .				
8. RAME OF APPLICANT'S FACILITY San Onofre Unit 1	FACIL	LITY DOC	KET NU	MBER		e. SE	HIFT TECHN HIFT ENGIN NSTRUCTOR	ICAL A	DVISO	R/	السباع	. OTHE	(Speci	ÍY)	
9. ADDITIONAL FACILITY DOCKETS	(14-14									h					
7. ADDITIONAL PACIEITI MODELS.	(MULTI-U	mit Lic	enses)				ENIOR CONT	•	-	ERATO	₹.	. —		• •	
		-	11.	EDUCA:	TION	n. cc	ONTROL ROO	M OPER	LATUR					<u> </u>	<u> </u>
IGH SCHOOL c. MAJOR AREA(S)	OF	NIMBER	HIC	TECO	DECEN									,	
	10	AL ALME	1 nYE	#51	NEGK	RE COL	DĘS	:	d. VO	CATION	IAL /		NUMBER	CERT	IFICATE
X GRADUATE ENGINEERING (FIE		NUMBER OF YEARS		GREE Codes)	(To	be use	DES d for DEGREE"		d. VO				NUMBER OF MONTES		IFICATE CEIVED
1 T		OF YEARS 2	(Use (Codes)	HIG obta	be use HEST I lined) NONE	d for EGREE"		TYP	E OF 1	RAINI		MONTES	YES	IFICATE CEIVED NO
X GRADUATE ENGINEERING (FIELD OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET			(Use (Codes)	To HIG obta 0 - 2 -	be use HEST I lined) NONE CERTI ASSOC	ed for EGREE"		TYP	E OF 1		School	OF		
X GRADUATE ENGINEERING (FIELD OF STREET OF YEARS OF			(Use (Codes)	TOGA HITA OD 01234	MASTE	d for DEGREE" IFICATE LIATE LIATE		TYP	E OF 1	RAINII	School	MONTES 6	YES	
X GRADUATE ENGINEERING (FIELD OF TRANSOF COLLEGE 2	LDS)	2	(Use (Codes)	TOG HIG obta 012345	be use SHEST I sined) NONE CERTI ASSOC BACHE MASTE DOCTO	ed for EGREE" TICATE LIATE LLOR ERAL		TYP Nuc Nuc	E OF 1 lear H	RAINII Power S	School 7pe	MONTES 6 6	YES X	
X GRADUATE ENGINEERING (FIELD Chemical NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE 12)	LDS) ON - SEE	2 : INSTRUC	(Use (Codes)	TOG HIG obta 012345	be use SHEST I sined) NONE CERTI ASSOC BACHE MASTE DOCTO	d for DEGREE" IFICATE LIATE LIATE		TYP Nuc Nuc	E OF 1 lear H	RAINII Power S Prototy	School /pe	MONTHS 6 6	YES X	NO
X GRADUATE ENGINEERING (FIELD CHEMICAL CHEMICAL NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATION COLLEGE)	LDS)	2 : INSTRUC	(Use (Codes)	To Gobta 0 23 5 13.	be use SHEST I lined) NONE CERTI CERTI DOCTO	ed for EGREE" TICATE LIATE LLOR ERAL		TYP Nuc Nuc	E OF 1 lear H	RAINII Power S Prototy	School /pe INSTR	MONTHS 6 6 CUCTIONS I AND YE	YES X X X AR b	
X GRADUATE ENGINEERING (FIELD Chemical NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE 12)	CN - SEE	2 I INSTRUC	(Use (Codes)	TO HIG obta 0 - 123 - 13.	be use SHEST I lined) NONE CERTI CERTI DOCTO	ed for DEGREE" ILIATE LLOR PRAL RIENCE (DO		TYP Nuc Nuc	E OF 1 lear H	RAINII Power S Prototy	School /pe	MONTHS 6 6	YES X X X AR b	NO
M GRADUATE ENGINEERING (FIELD OF CHEMICAL) NO OTHER D. NUMBER OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE 1 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)	ON - SEE a. MONTH FROM	2 I INSTRUC	(Use (Codes)	TO HIG obta 0 - 12 - 23 - 5 - 13.	be use BHEST I Hined) NONE CERTI ASSOC BACHE MASTE DOCTO EXPER	ed for DEGREE" ILIATE LLOR PRAL RIENCE (DO		TYP Nuc Nuc	E OF 1 lear H	RAINII Power S Prototy	School /pe INSTR	MONTHS 6 6 CUCTIONS I AND YE	YES X X X AR b	NO
X GRADUATE ENGINEERING (FIELD CHEMICAL CHEMICAL NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATION COLLEGE 1) 1-NUCLEAR POWER PLANT FUNDAMENTALS	ON - SEE a. MONTH	2 I INSTRUC	(Use (Codes)	TO HIG obta 0 - 12 - 23 - 5 - 13.	be use BHEST I HINED NONE CERTI ASSOC BACHE MASTE DOCTO EXPER	ed for DEGREE" (FICATE LIATE LIOR REAL RIENCE (DO		TYP Nuc Nuc	E OF 1 lear H	RAINII Power S Prototy	School /pe INSTR	MONTHS 6 6 CUCTIONS I AND YE	YES X X X AR b	NO
GRADUATE GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 12. TRAINING (SINCE LAST APPLICATION 1-NUCLEAR POWER PLANT FUNDAMENTALS— (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION	ON - SEE a. MONTH FROM	2 I INSTRUC	(Use (Codes)	TO GO TO TO TO TO TO TO TO TO TO TO TO TO TO	be use HEST I HINED NONE CERTI ASSOCI BACHE MASTE DOCTO EXPER 1 - RO 2 - EO 3 - EW 4 - ER	ed for BEGREE" (FICATE STATE	NOT D	TYP Nuc Nuc	E OF 1 lear H	RAINII Power S Prototy	School /pe E INSTR INSTR FROM	MONTHS 6 6 CUCTIONS I AND YE	YES X X X AR b	NO
GRADUATE GED EQUIVALENCY NO Chemical OTHER D. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATION 1-NUCLEAR POWER PLANT FUNDAMENTALS—(Classroom) 2-PLANT SYSTEMS—CLASSROOM OBSERVATION 3-OPERATING PRACTICE—CONTROL ROOM OPERATIONS ON SHIFT	ON - SEE a. MONTH FROM	2 I INSTRUC	(Use (Codes)	TO GO TO TO TO TO TO TO TO TO TO TO TO TO TO	be use HEST I HINED NONE CERTI ASSOCI BACHE MASTE DOCTO EXPER 1 - RO 2 - EO 3 - EW 4 - ER	ed for person of the control of the	NOT D	TYP Nuc Nuc	E OF 1 lear H	RAINII Power S Prototy	School /pe E INSTR INSTR FROM	MONTHS 6 6 CUCTIONS I AND YE	YES X X X AR b	NO
GRADUATE GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATION CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR NAMES	ON - SEE a. MONTH FROM	2 INSTRUC	CTIONS AR b	Odes)	To HIG O O To O O To O O O O O O O O O	be use EMEST I HINED NONE - CERTI - ASSOCI BACHE MASTE DOCTO - EXPER 1 - RO 2 - EO 3 - EW 4 - ER 5 - OT	ed for person of the control of the	NOT D	TYP Nuc Nuc	E OF 1 lear H	RAINII Power S Prototy	School /pe E INSTR INSTR FROM	MONTHS 6 6 CUCTIONS I AND YE	YES X X X AR b	NO
GRADUATE GED EQUIVALENCY NO Chemical Chemical Chemical The state of the state	ON - SEE a. MONTH FROM	2 INSTRUCT TO	CTIONS AR b. 1	Odes)	BIG obta 0 - 12 - 23 - 44 - 5 - 13. RAV	be use HEST I HINED NONE - CERTI - ASSOC BACHE MASTE DOCTO - EXPER 1 - RO 2 - EO 3 - EW 4 - ER 5 - OT SIL 6 - OP	EGREE" (FICATE LIATE LIATE LIATE LIATE LIATE LIATE LIATE LIACE (DO))))))))))))))))))	NOT D	TYP Nuc Nuc	E OF 1 lear H	RAINII Power S Prototy	School /pe E INSTR INSTR FROM	MONTHS 6 6 CUCTIONS I AND YE	YES X X X AR b	NO
GRADUATE GED EQUIVALENCY NO Chemical Chemical Chemical Chemical Chemical Chemical Chemical Chemical Chemical Chemical Chemical Chemical Chemical Chemical Chemical CHER COLLEGE 2 12. TRAINING (SINCE LAST APPLICATION (Classroom) CLASSROOM CHECKER POWER PLANT FUNDAMENTALS CLASSROOM CHECKER POWER PLANT FUNDAMENTALS CLASSROOM CHECKER CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b.	ON - SEE a. MONTH FROM	2 INSTRUCT TO	CTIONS AR b. 1	Odes)	BIG obta 0 - 12 - 23 - 44 - 5 - 13. NAV	be use HEST I HINED NONE CERTI ASSOC BACHE MASTE DOCTO EXPER 1 - RO 2 - EC 3 - EW 4 - ER 5 - OT SIL 6 - OP 7 - SU	EGREE" (FICATE LI	NOT D	TYP Nuc Nuc	E OF 1 lear H	RAINII Power S Prototy	School /pe E INSTR INSTR FROM	MONTHS 6 6 CUCTIONS I AND YE	YES X X X AR b	NO
GRADUATE GED EQUIVALENCY Chemical Chemical Chemical Chemical Chemical Chemical CHER COTHER COLLEGE 12. TRAINING (SINCE LAST APPLICATION CLASSICOOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP PROGRAM COMPLETED COMMISSION CERTIFIED STARTUP PROGRAM COMPLETED COMMISSION CERTIFIED STARTUP PROGRAM COMPLETED COMMISSION COMMISSION COMMISSION CERTIFIED STARTUP PROGRAM COMPLETED COMMISSION COMMISSION COMMISSION CERTIFIED STARTUP PROGRAM COMPLETED COMMISSION COMMISSI	ON - SEE a. MONTH FROM	2 INSTRUCT TO	CTIONS AR b. 1	Odes)	Good and a second	be use ##EST I ##EST I ##EST I ##EST I ##EST I **NONE - CERTII **CERTII - CERTII CTION OF THE PROPERTY OF THE	NOT D	TYP Nuc Nuc	E OF 1 lear H	RAINII Power S Prototy	School /pe E INSTR INSTR FROM	MONTHS 6 6 CUCTIONS I AND YE	YES X X X AR b	NO	
GRADUATE GED EQUIVALENCY NO Chemical Chemical Chemical The state of the state	ON - SEE a. MONTH FROM	2 INSTRUCT TO	CTIONS AR b. 1	Odes)	To Single To Single	be use HEST I HINED NONE CERTI ASSOC BACHE MASTE DOCTO EXPER 1 - RO 2 - EO 3 - EW 4 - ER 5 - OT SSIL 6 - OP 7 - SU 8 - PL 9 - OT	EGREE" (FICATE LIATE LIATE LIATE LIATE LIATE LIATE LIATE LIACR RAL REPORT OF THE COMPTEND LIATE LIATE LIATE LIATE LIATE LIACR (DO DOW/PPWO LIATE LI	ify)	TYP Nuc Nuc	E OF 1 lear H	RAINII Power S Prototy - SEI	School /pe E INSTR INSTR FROM	MONTHS 6 6 CUCTIONS I AND YE	YES X X X AR b	NO
GRADUATE GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATION CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR	CN - SEE a. MONTH FROM	INSTRUCTORY TO	CTIONS OF L	Odes)	FOS:	be use ##EST Filmed	EGREE" IFICATE LI	ify) (Incl. Test	TYP Nuc Nuc OUBLE	E OF Telear February COUNT	RAINII Power S Prototy - SEI	School /pe E INSTR INSTR FROM	MONTHS 6 6 CUCTIONS I AND YE	YES X X X AR b	NO
GRADUATE GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATION CLASSROOM 1-NUCLEAR POWER PLANT FUNDAMENTALS— (Classroom) 2-PLANT SYSTEMS— CLASSROOM OBSERVATION 3-OPERATING PRACTICE— CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR	ON - SEE a. MONTH FROM	2 INSTRUCTION TO	CTIONS AR b. 1	Odes)	FOSS	Be use	EGREE" IFICATE LI	ify) (Incl. Test ERATOR	TYP Nuc Nuc OUBLE	E OF Telear For the country of the c	RAINII Power S Prototy - SEI	School /pe E INSTR INSTR FROM	MONTHS 6 6 CUCTIONS I AND YE	YES X X X AR b	NO
GRADUATE GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE 2 1-NUCLEAR POWER PLANT FUNDAMENTALS— (Classroom) 2-PLANT SYSTEMS— CLASSROOM OBSERVATION 3-OPERATING PRACTICE— CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 4-SRO INSTRUCTION	ON - SEE a. MONTH FROM	2 INSTRUCTION TO	CTIONS AR b. 1	Odes)	FOSS	be use be use be use be use be use be use be use be use be use be use carrinary NONE CERTI ASSOC BACHE MASTE DOCTO EXPER Table T	EGFEE" EFICATE LI	ify) (Incl. Test ERATOR	Nuc Nuc Nuc OUBLE	COUNT COUNT Resea Cor)	RAINII Power S Prototy - SEI	School /pe E INSTR INSTR FROM	MONTHS 6 6 CUCTIONS I AND YE	YES X X X AR b	NUMBER
GRADUATE GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATION OF CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)	ON - SEE a. MONTH FROM	2 INSTRUCTION TO	CTIONS AR b. 1	Odes)	FOSS	be use BHEST I HINED HINED NONE CERTI CERT CERTI	ACTOR OPE	ify) (Incl. Test ERATOR RATOR REVISOR	Nuc Nuc Nuc OUBLE	COUNT COUNT Resea Cor) Count Resea Cor)	Prototy - SEE	School /pe E INSTR INSTR FROM	MONTHS 6 6 CUCTIONS I AND YE	YES X X X X X X X X X X X X X X X X X X X	NUMBER
GRADUATE GED EQUIVALENCY NO D. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE 2 1-NUCLEAR POWER PLANT FUNDAMENTALS— (Classroom) 2-PLANT SYSTEMS— CLASSROOM OBSERVATION 3-OPERATING PRACTICE— CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 4-SRO INSTRUCTION	ON - SEE a. MONTH FROM	2 INSTRUCTION TO	CTIONS AR b. 1	Odes)	FOSS	be use be use be use be use be use be use be use be use be use carrii carrii carrii carrii day	EGREE" (FICATE LATE LOOR RAL (FICATE LATE LOOR RAL (FICATE LATE LOOR RAL (FICATE LATE LOOR RAL (FICATE LATE LOOR RAL (FICATE LATE LATE LATE LOOR RAL (FICATE LATE LATE LATE LATE LATE LATE LATE L	ify) (Incl. Test ERATOR RATOR RVISOR	Nuc Nuc Nuc Nuc CUBLE CUBLE CUC CLice CLice CLice	Resea.or)	Prototy - SEE	School /pe E INSTR INSTR FROM	MONTHS 6 6 CUCTIONS I AND YE	YES X X X X X X X X X X X X X X X X X X X	NUMBER
GRADUATE GED EQUIVALENCY Chemical NO OTHER D. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATION (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20X POWER (6-WEEK MINIMUM) QUALIFICATION	ON - SEE a. MONTH FROM	2 INSTRUCTION TO	CTIONS AR b. 1	Odes)	FOSS	be use BHEST Hined) NONE CERTI	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE	ify) (Incl. Test ERATOR RATOR RVISOR I ENGII	Nuc Nuc Nuc Nuc CUBLE CUBLE CUC CLice CLice CLice	Resea.or)	Prototy - SEE	School /pe E INSTR INSTR FROM	MONTHS 6 6 CUCTIONS I AND YE	YES X X X X X X X X X X X X X X X X X X X	NUMBER
GRADUATE GED EQUIVALENCY Chemical NO OTHER D. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATION CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20X POWER (6-WEEK MINIMUM)	ON - SEE a. MONTH FROM	2 INSTRUCTION TO	CTIONS AR b. 1	Odes)	FOSS	be use BHEST Hined) NONE CERTI	EGREE" (FICATE LI	ify) (Incl. Test ERATOR RATOR RVISOR I ENGII	Nuc Nuc Nuc Nuc CUBLE CUBLE CUC CLice CLice CLice	Resea.or)	Prototy - SEE	School /pe E INSTR INSTR FROM	MONTHS 6 6 CUCTIONS I AND YE	YES X X X X X X X X X X X X X X X X X X X	NUMBER
GRADUATE GED EQUIVALENCY Chemical NO OTHER D. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATION (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20X POWER (6-WEEK MINIMUM) QUALIFICATION	ON - SEE a. MONTH FROM	2 INSTRUCTION TO	CTIONS AR b. 1	Odes)	FOSS	be use BHEST Hined) NONE CERTI	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE	ify) (Incl. Test ERATOR RATOR RVISOR I ENGII	Nuc Nuc Nuc Nuc CUBLE CUBLE CUC CLice CLice CLice	Resea.or)	Prototy - SEE	School /pe E INSTR INSTR FROM	MONTHS 6 6 CUCTIONS I AND YE	YES X X X X X X X X X X X X X X X X X X X	NUMBER
X GRADUATE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAIBING (SINCE LAST APPLICATION (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20X POWER (6-WEEK MINIMUM) QUALIFICATION	ON - SEE a. MONTH FROM	2 INSTRUCTION TO	CTIONS AR b. 1	Odes)	FOSS	be use BHEST Hined) NONE CERTI	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE	ify) (Incl. Test ERATOR RATOR RVISOR I ENGII	Nuc Nuc Nuc Nuc CUBLE CUBLE CUC CLice CLice CLice	Resea.or)	Prototy - SEE	School /pe E INSTR INSTR FROM	MONTHS 6 6 CUCTIONS I AND YE	YES X X X X X X X X X X X X X X X X X X X	NUMBER

			· · ·	14. FACI	LITY OP	ERATO	R TRAINI	IG PROGRAM					·.
a. GRADUATE TRAINING A SYSTEM	OF INPO ACCR. PROGRAM THAT S APPROACH TO	EDITED OPER IS BASED U TRAINING	ATOR PON	X YES	N	0	b. CERT: FACII SIMUI OPER	FIED ON NRC TITY CERTIFIC ATION FACILITION TRAINING	FORM 474 (ATION") OR TY IS USED PROGRAM	"SIMULATION NRC APPROVED IN THE	x	YES	по
			·············	15	. POR R	ENESTA	LS ONLY						L
HOURS OF	ERATED FACILI	TY					b. DATE RECEI	AND RESULT OF THE RESULT OF TH	F MOST	DATE	<u> </u>	RESU	ЛĪ
				· · · · · · · · · · · · · · · · · · ·					MINATION			PASS	FAIL
POST:	TION TITLE	FROM	TO		16. b. FACI		LENCE DE	AILS					
a. 1051	TION TITLE	TROT	10		D. FACI	LIII				c. DUTIES		·	
٠.									-				
1.4						•		** · · · · · · · · · · · · · · · · · ·					. , ,
									•	. •	:		
							.•						
	:				, · .					•			
	*•									. '	•		
		1 .		•							• •		
												·	
	÷			٠.		•							
	•		-		٠.		·						
	•		٠.			•				4			
17. COMMENT	S (Specify th	e item numb	er to	which you	are el	abora	ting. Att	ach additions	al sheets	as necessary.)		-	
			:										
											•		
													• •
										•			
				,	•							•	
						**	•						
•							* :	. •			•		
								,		•			
÷ .					1.							_	
		* * * * * * * * * * * * * * * * * * * *						•	•			5.1	
18. NRC FORM	396, CERTIFI	CATION OF M	EDICAI	EXAMIRAT	ION BY	PACII.	ITY LICE	SEE, IS ATTAC	HED				·
ANY FALS:	E STATEMENT O	R OMISSION	IN THI	IS DOCUMEN	T, INCL	UDING	ATTACHME	NTS. MAY BE S	SUBJECT TO	CIVIL AND CRI	MINAL S	SANCTIC	ONS.
certify by a He- control instanc and (4) the res	that I have that I have that I have that I have that I have the substance of where I have any reasons that of examination of examination of the substance of examination of the substance of the	lty of perj notified my n Services , and the te e been arre for removal nations to	ury the curre (HHS) est rested if or remy emp	the insert employed extified except e	formaticer of: Drug T. eeded the use of unescriber use in	on in (1) a estin he cu or p corte n pre	this dod ll previo g Laborat toff leve ossession d access paring re	ument and att us employers; ory or a Lice ls establish of a control at a nuclear training prog	cachments in (2) any in see's test of pursuant led substantity, grams, as r	is true and co instance where sting facility to 10 CFR Pa ance described I also author necessary.			
CHECK APPLIC		ah	11			eq					102	ATE 3	70-92
		the above /Senior Ope Operator/Se	named rator nior (individua pursuant perator 1	l has si to Title	ucces e 10, to pe	sfully co Code of rform his	mpleted the i Federal Regul	acility li ations, Pa duties ar	censees requi art 55; and th ad that the fa ation in this	rements	to be indivi	licensed dual has
										cation progra i that he/she or penalty of			
	-	information	in th	is documen	nt and	attac	hments is						the
PRINTED OR	TRAINI	NG COORDINA	TUR	· .				SENIOR MA	RAGEMENT I	REPRESENTATIVE			
	<u> </u>	Robert Cle	ment		<u> </u>		_	D OR TYPED NA	H. E.	MORGAN			5 5
SIGNATURE	(John t	+ Cleme-	+	DATI	8 3-17	ج2.	SIGNAT	URE NO SIGNAT	URE REQUIR	RED CATION	D/	TE	
	/ 14 Thursday				_		R REC USE						
	WAIVER (Che		ete it	DENIED		le)	MEETS	REQUIREMENTS	DOES N	OT MEET REQUI	REMENTS	(Expla	in below)
CATEGORY	HEADQUARTERS	REGION	HEA	DENTED	REG	ION							
TTEN							1					٠.	
ELICIBILITY													
MEDICAL	<u> </u>		+								· · · ·		
OTHER		 	-				SIGNA	TURE - REVIEW	ÆR		DA	TE	
NRC FORM 398	(10-90)	1		<u> </u>	L		1	<u> </u>		•	-		· · · · · · · · · · · · · · · · · · ·

44401E 17 048 40 21 22 0000 DPRES 12164

COMPLETE & CHECK BOLDER - 12 THE FLOWNER OF COMPLETE AND CONTRACTOR CONTRACTOR - 12 THE PROPRIETOR CONTRACTOR - 12 THE PROPRIETOR - COMPLETE AND CONTRACTOR - COMPLETE AND CONTRACTOR - COMPLETE AND CONTRACTOR - COMPLETE AND CONTRACTOR - COMPLETE AND CONTRACTOR - COMPLETE AND CONTRACTOR - COMPLETE AND CONTRACTOR - CONTRACTOR - COMPLETE AND CONTRACTOR - COMPLETE AND CONTRACTOR - CON AND RECORDS MANAGENT ECHNON WORSE TON, U.S. NACELLA RESULATION CONCESSION AGAINST CONCESS OFFICE OF MANAGEMENT AND BUDGET, HASHINGTON DO TONGO

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE '

NAME OF AFFLICANT	
Howard, Robert	
FACILITY	FACILITY DOCKET NUMBER
San Onofre Nuclear Generating Station, Unit 1	50-206
A. MEDICAL EXAMINATION CERTIFICATION	50-200
THIS IS TO CERTIFY THAT THE 450NE NAMED APPLICANT FOR AN OPERATOR SENIOR OPERATOR LICENSE	MASSEEN EXAMINED BY A PHYSICIAN
PRINTED NAME (of physician) STATE AND LICENSE NUMBER	EXAMINATION DATE
Michael Santiago, MD CA G60318	Nov. 12, 1991
BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERAT AND SAFETY, I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/AN FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.	THE PHYSICIAN HAS DETERMINED THAT THE
On the easis of the recommendation of the physician, I recommend that the applicant's oper follows:	ATOR LICENSE SE CONDITIONED AS
1. NO RESTRICTIONS	
2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES	
3. HEARING AID SE WORN WHEN PERFORMING LICENSED DUTIES	
4. RESTRICTED LICENSE OR EXCEPTION-Provide details below and stuch supporting medical evidence for NRC	review.
5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL -Provide details below and attach supporting medical	
PROPOSED WORDING OF RESTRICTION (Block & store)	/ /
	1.11.26
/ Lucy / Lucy	1/11/91
Calenda Santing	
RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Streetly indicate how regriction will correct the	
The state of the s	פונקטוווין וחפ כסחלתוסתן
REMARKS FOR RESTRICTION CHANGE (Block 5 above)	
B. NONMEDICAL CERTIFICATION	
THIS CERTIFIES THAT THE APPLICANT HAS EEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DU FOR LICENSED OPERATORS.	
ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CR PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.	MINAL SANCTIONS, I CERTIFY UNDER FENALTY OF
PRINTED NAME AND SIGNATURE (Senior Management Representative on Site) TITLE	DATE
No Signature Required, Non-Certified	.
H. E. Morgan Application Vice President & S	ite Manager
In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRES	· · · · · · · · · · · · · · · · · · ·
U.S. Nuclear Regulatory Commission U.S. Nuclear Regulatory Commission	Regional Administrator, Region III U.S. Nuclear Regulatory Commission
475 Allendale Road King of Prusia, PA 19406 Atlanta, GA 30323	799 Rockeelt Road
Barbard Agent	Glan Ellyn, IL 60137
Regional Administrator, Region IV U.S. Nuclear Regulatory Commission U.S. Nuclear Regulatory Commission U.S. Nuclear Regulatory Commission	Director, Division of Licenses Performance: and Quality Evaluation
6 11 Ryan Plana Drive, Suite 1000 1450 Maria Lane, Suite 210	Attn: Operator Licensing Branch
Walnut Creek, CA. \$4598	U.S. Nuclear Reputatory Commission

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 557s(s)(2), eracted imp law by section 3 of the Privacy Act of

AUTHORITY: Sections 167 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(ii)).

PRINCIPAL PURPOSE(S): Information amered on this form is used to determine whether the physical condition and general health of the applicant are sum than they will not cause operational errors endangering public health and safety. This information may be used by the NRC matfito detailmine if the individual menta the requirements of 10 CFR ES to take an examination or to be insued an operator's limited.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or 1974 (Public Law 93.579), the following natement is furnished to individual who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 298.

This information is maintained in a system of records designmed as IRFC18 and.

The course of an administrative or judicial proceeding, in administrative or judicial proceeding, in adminishing the system are transferred to an expropriate Federal, Stere, and local agency to the extent relevant and necessary for an NRC decision about you.

Attn: Operator Licensing Branch U.S. Nuclear Reputatory Commission Washing on, DC 20555

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, Discission is voluntary, if the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGERIS) AND ADDRESS: Oriet, Operator Licensing Branch, Office or Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

1 (10-90)	S. NUCLEA	AR REGUL	ATORY C	OMMISS	ION	A	PPROVED BY	OMB:	NO.	3150	-009	0	T	DATE	RECEI	VED
(10-90) 10 CFR 55.31, 55.35, 55.47, and 55.57					E	ŞŢĮM	PPROVED BY ATED BURDER INFORM ST: 20 BRS DING BURDER 7714) U S ON WASHING OFFICE OF NGTON, DC,	Y PER	RESP	ONSE	ŢQ (COMPLY	Y CTO	pe comb	leted	by NRC)
33.47, and 33.37					R	ĖĊŬĘ	ST: 2.0 HRS	FOR	WARD	ÇOM	MENT	S	_ . ·			
PERSONAL QUALIFICATION S	TATEMEN	· T - LICE	NSEE		Ĥ	MNER	N AND RECOR	DS MA	NAGE	MENT	BRA	NCH V COM				
					Ř	ISSI	ON WASHING	STON T	DC 2	Ø555	AN	Į ĮO				
TO REMAIN VALID, THIS FO	ORM MUST	NOT BE	ALTERÈD)-	Ô	090)	OFFICE OF	MANAG	EMEN	TAN	Ď BÙ	ĎĠĔŤ,				
					- 1	TYP	E OF APPLIC	ATION	I (Ch	eck	annl	i cabl		NY B	רד.	COLD
1. APPLICANT'S FULL NAME (Last, I (include ZIP Code)									(011		appi.	· cabi	DOXE.	2 1	J1	COLD
		; -			X	a	. NEW		٠.			. WA	IVER R	EQUESTE)	
HUFFMAN, GARY BERNARD JR.						Ъ	. RENEWAL	100				1-1	vřítte	On Rev	ory)	
8222 Teresa Dr.					<u>_</u>	_	. UPGRADE					- 2-	PERAT	ING (Ca		-,
San Diego, CA 92126					L	a	MULTI-UNI INCLUDE	II (AM	END ONAL	TO	T)					, -
					·		. REAPPLICA	2.1			-	3-1	LIGIB	ILITY		
			٠,		<u> </u>	_	1-FIRST				L	_ 4-!	ÆDICA:	L	:	
2. CITIZERSHIP		3.	BIRTH	DATE			2-SECOND		,		-		OTHER			
X a. UNITED STATES		MONTH	DAY	YE	AR		3-THIRD				X	S . DATI FUNI	PASS	ED GENE ALS EXA ECTION CABLE)	RIC [MM YY
b. OTHER (Specify)		0 6	1 7	6	3	L	1					INAT	ION S	ECTION CABLE)	Ť	02 91
5. TYPE OF LICENSE APPLIED FOR			·			6. 1	PREVIOUS L	CERSE	(8)	HELD						1
X a. OPERATOR				.							ION I	DATE	Ţ.			
b. SENIOR OPERATOR	a. DOX	CKET NUM	BER R	o SRO	b. L	ICEN:	SE NUMBER	MONT	$\overline{}$	DAY	- 7	ÆAR.	d.FA	CILITY I	OCKE	T NUMBER
c. LIMITED_SRO	55-	i			<u> </u>				\dashv	· T	_		50-	.		
(e.g., Fuel Handler)					ļ		<u> </u>									
7. NAME AND ADDRESS (Include ZIP C	ode) OF	APPLICA	NT'S EM	PLOYER							POSI		I PAC			
Southern California Edison					<u> </u>	-	PLANT SUPER				_ L	X 1.	TRAI	LIARY UN NEE/TURI	IIT O	PERATOR/ BUILD- ERATOR RATOR)
Southern California Edison P. O. Box 128 San Clemente, CA							ASSISTANT I			RINT	ENDE	T	ING/	EOUIPMEN LICENSEI	OPE	ERATOR RATOR)
92674-0128	•				$\vdash \vdash$		SHIFT SUPER		!	,						
8. NAME OF APPLICANT'S FACILITY	EAC.	TI TTY DO	CTATE ATT		\vdash		STAFF ENGIN			/	Γ	J.	OTHE	R (Speci	fy)	
San Onofre Unit 1	I FAC.	1L1TY DOX 50-206	CKEI NU	MDLK	\vdash	0.	BHIFT TECHN SHIFT ENGIN INSTRUCTOR	NEER	ADV1	SOR/	-			.		
9. ADDITIONAL FACILITY DOCKETS	/M-1+1	it Id														<u> </u>
	Multi	-unit Li	Censes)		\vdash	-	SENIOR CONT				ATOR				·	
			, 11	EDUCA	7708	п. с	CONTROL ROC	M UPL	RATO	R .						·
TIGH SCHOOL C. MAJOR AREA(S	OF	NUMBER			DECR	EE CO	ากรร		la ·	VOCA	TION	AT /	1.	NUMBER	CER	TIFICATE
		OF YEARS	S DE	HEST GREE	(To	be us	end for		Į,	ŤĚČĦ	NTCAT	L /		1405,000	, Lorer	エコエ アヘリコ ご
					l"HIG	ĤĔSŤ	DEGREE"			TECH				MONTHS	. L	ECEIVED
X GRADUATE ENGINEERING (F)			(Use	Codes)	"HIG obta	HEST	sed for DEGREE"		-			MININ	iG .	MONTES	YE	ECEIVED
GED EQUIVALENCY Mechanical Er		2		Codes) 0	i	NON	ę.		T	YPE	OF T	MINIAS	G chool	MONTHS 6	; 	S NO
GED EQUIVALENCY Mechanical Er		2			i	NONI CERT ASSO BACK	E TIFICATE CLATE HELOR		T'	YPE ucle	OF TE	MINIAS	chool	MONTES	YE	S NO
GED EQUIVALENCY Mechanical Er		2			01234	NONE CER:	E IIFICATE OCIATE HELOR IER		T'	YPE ucle	OF TE	Mer S	chool	MONTHS 6	YE	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2	18			0	012345	NONI CER ASSO BACI MAS DOC	IFICATE CLATE ELOR IER TORAL		T No	YPE ucle ucle	OF TR ar Po ar Po	RAININ ower S cototy	pe	MONTHS 6 6	YE:	S NO
GED EQUIVALENCY Mechanical Er	ion - Si	EE INSTRI	UCTIONS)	012345	NONI CER ASSO BACI MAS DOC	E IIFICATE OCIATE HELOR IER	NOT :	T No	YPE ucle ucle	OF TR ar Po ar Po	CAINING OWER S COLOTY	pe INST	MONTHS 6 6	YE:	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2	ION - SI	EE INSTRI	UCTIONS EAR b)	0 - 12 - 3 - 5 - 13.	NONI CERTASSO BACE MAST DOCT	IFICATE CLATE ELOR IER TORAL) NOT	T No	YPE ucle ucle	OF TR ar Po ar Po	CAINING OWER S COLOTY	pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATED	ION - SI	EE INSTRI	UCTIONS EAR D. OF)	0	NONI CERT ASSO BACE MAST DOCT	EIFICATE CLIATE HELOR FER FORAL ERIENCE (DO) NOT	T No	YPE ucle ucle	OF TR ar Po ar Po	CAINING OWER S COLOTY	Pe INSTE	MONTHS 6 6	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE OF COLLEGE 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)	ION - SI	EE INSTRI	UCTIONS EAR b)	0 2 3 5 13.	NONI CERT ASSO BACE MAST DOCT	FIFICATE OCLATE OCLATE HELOR FORAL ERIEBCE (DO	O NOT	T No	YPE ucle ucle	OF TR ar Po ar Po	CAINING OWER S COLOTY	pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE OF COLLEGE 2) 1-NUCLEAR POWER PLANT FUNDAMENTALS (CLassroom) 2-PLANT SYSTEMS CLASSROOM	ION - SI	EE INSTRI	UCTIONS EAR D. OF)	0 1 2 3 4 5	NONI CERT ASSO BACI MAST DOCT	CIATE CLATE CLATE CLATE IELOR FORAL ERIESCE (DO) NOT	T No	YPE ucle ucle	OF TR ar Po ar Po	CAINING OWER S COLOTY	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE (Classroom)) 2-PLANT SYSTEMS CLASSROOM OBSERVATION	ION - SI a. MONT FROM	EE INSTRI	UCTIONS EAR D. OF)	0 2 3 5 13.	NONI CERT ASSO BACH MASSO DOCT	CIFICATE OCIATE OCIATE HELOR HEROR ERIEMCE (DO RO RO EOOW/PPWO EWS/PPWS	O NOT	T No	YPE ucle ucle	OF TR ar Po ar Po	CAINING OWER S COLOTY	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE (Classroom)) 2-PLANT SYSTEMS CLASSROOM OBSERVATION	ION - SI a. MONT FROM	EE INSTRI	UCTIONS EAR D. OF) NUMBER WEEKS	0 2 3 5 13.	NONI CERT ASSO BACI MASSO DOCT EXPI 1 - I 2 - I 3 - I 4 - I	CIATE CCIATE CCIATE LECOR LECORAL CRO COOM/PPWO CWS/PPWS CRS/CRW		T No	YPE ucle ucle	OF TR ar Po ar Po	CAINING OWER S COLOTY	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE CLASSICOM) 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classicom) 2-PLANT SYSTEMS CLASSICOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING	ION - SI a. MONT FROM	EE INSTRI	UCTIONS EAR D. OF)	0 23 3 5 13.	NONI CERT ASSO BACE MASSO DOCT PEXPI	CIFICATE OCIATE OCIATE HELOR HEROR ERIEMCE (DO RO RO EOOW/PPWO EWS/PPWS		T No	YPE ucle ucle	OF TR ar Po ar Po	CAINING OWER S COLOTY	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE CLASSROOM) 1-NUCLEAR POWER PLANT FUNDAMENTALS (CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom)	ION - SI a. MON FROM	EE INSTRI	UCTIONS EAR Dr.	O) NUMBER WEEKS	0 12 3 4 5 13.	NONI CERT ASSO BACH MAST DOCT TY 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	CIATE CCIATE CCIATE DELOR FORAL CRO COOW/PFWO CWS/PFWS CRS/CRW DTHER (Spec		T No	YPE ucle ucle	OF TR ar Po ar Po	CAINING OWER S COLOTY	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE CLASSICOM) 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classicom) 2-PLANT SYSTEMS CLASSICOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING	ION - SI a. MON FROM	EE INSTRI	UCTIONS EAR b. OF	O) NUMBER WEEKS	0 12 33 5 13. NAV	NONI CERT ASSE DOC 1 PX 1 - 1 2 - 1 4 - 1 5 - 0 SIL 6 - 0	CIFICATE OCIATE HELOR HEROR RO RO COOW/PPWO CWS/PPWS CRS/CRW DTHER (Spec		T No	YPE ucle ucle	OF TR ar Po ar Po	CAINING OWER S COLOTY	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE CLASSICOM) 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classicom) 2-PLANT SYSTEMS CLASSICOM OBSERVATION 3-OPERATION 3-OPERATION OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classicom) SIMULATOR NAMES	ION - SI a. MON FROM	EE INSTRI	UCTIONS EAR OF	O) NUMBER WEEKS	0 12 33 5 13. NAV	NONICER: ASSC ASSC BACCC MASS DOC: 1 - I - I - I - I - I - I - I - I - I -	CIFICATE OCIATE DELOR FERENCE (DO RO RO ECOM/PPWO EWS/PPWS ERS/CRW DTHER (Spec	ify)	T No	YPE ucle ucle	OF TR ar Po ar Po	CAINING OWER S COLOTY	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE (Classroom) 1-NUCLEAR POWER PLANT FUNDAMENTALS (CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO	ION - SI a. MON FROM	EE INSTRI	UCTIONS EAR OF	O) NUMBER WEEKS	0 23 45 13.	NONICER 1 ASSIC BACTO 1 ASSIC	ETIFICATE OCIATE HELOR HELOR FORAL ERIEMCE (DO RO RO ECOM/PPWO EWS/PPWS ERS/CRW DTHER (Special DPERATOR SUPERVISOR PLANT STAFF	ify)	T No	YPE ucle ucle	OF TR ar Po ar Po	CAINING OWER S COLOTY	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE (Classroom) 1-NUCLEAR POWER PLANT FUNDAMENTALS (CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED	ION - SI a. MON FROM	EE INSTRI	UCTIONS EAR OF	O) NUMBER WEEKS	0 23 45 13.	NONICER 1 ASSIC BACTO 1 ASSIC	CIFICATE OCIATE DELOR FERENCE (DO RO RO ECOM/PPWO EWS/PPWS ERS/CRW DTHER (Spec	ify)	T No	YPE ucle ucle	OF TR ar Po ar Po	CAINING OWER S COLOTY	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS	ION - SI a. MON FROM	EE INSTRI	UCTIONS EAR b. OF	O NUMBER WEEKS	0 23 5 13. NAV	NONICER ASSICATION OF THE PROPERTY TO THE PROP	CIFICATE OCIATE HELOR FER INTERNAL CONTROL CON	rify)	T NN NN NN NN NN NN NN NN NN NN NN NN NN	YPE ucleucle	OF THE ART PO	RAINING SET OF S	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE (Classroom) 1-NUCLEAR POWER PLANT FUNDAMENTALS (CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED	FROM	EE INSTRI	UCTIONS EAR OF	O NUMBER WEEKS	0 12 3 5 13. NAV	NONICER ASSC ASSC BACT ASSC BACT ASSC ASSC ASSC BACT ASSC	CIFICATE OCIATE HELOR HELOR RO RO COOW/PPWO CWS/PPWS CRS/CRW OTHER (Spec	rify)	T NN NN NN NN NN NN NN NN NN NN NN NN NN	YPE ucle ucle ucle LE C	OF THE ART PO	RAINING SET OF S	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATE CLASSICOM) 1-NUCLEAR POWER PLANT FUNDAMENTALS (CLASSICOM) 2-PLANT SYSTEMS CLASSICOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classicom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR	FROM	EE INSTRI	UCTIONS EAR OF	O NUMBER WEEKS	0 12 3 5 13. NAV	NONICER ASSICATION OF THE PROPERTY TY 1 - F 2 - F 3 - F 5 - C 5 SIL 6 - C 7 - S 8 - F 9 - C 5 MERC 110 - MERC	CIFICATE OCIATE INCLINE CONTROL CONTRO	eify)	T NN NN NN NN NN NN NN NN NN NN NN NN NN	YPE ucle ucle ucle LE C	OF THE ART PO COUNT CO	RAINING SET OF S	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF 2 12. TRAINING (SINCE LAST APPLICATE COLLEGE 2 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATIONS ON SHIFT SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROG	FROM	EE INSTRI	UCTIONS EAR OF	O NUMBER WEEKS	0 12 33 5 13. NAV	NONICER ASSICATION OF THE PROPERTY TO THE PROP	CIFICATE OCIATE DELATE DELATE DELATE DELATE DELATE DELATE DELATE DELATE DELATE STAFF DELATE STAFF DELATE SENIOR OF S	eify) ify) (Inc. Tes: PERATOR	TT NN NN NN NN NN NN NN NN NN NN NN NN N	YPE ucle ucle ucle LE C	OF THE ART PO COUNT CO	RAINING SET OF S	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATED AND ADDRESS OF COLLEGE 2 1-NUCLEAR POWER PLANT FUNDAMENTALS (CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X SIMULATOR 12 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)	AS SION - SI A. MON' FROM	EE INSTRI	UCTIONS EAR OF	O NUMBER WEEKS	0 12 23 25 2	NONICER: ASSIC ASS	ETIFICATE OCIATE HELOR HELOR FORAL ERIENCE (DO RO RO ECOM/PFWO EWS/PFWS ERS/CRW DTHER (Special DEPERATOR SUPERVISOR PLANT STAFF DTHER (Special AL NUCLEAR REACTOR OF SENIOR OPE SHIFT SUPE	eify) ify) (Inc. Tes.) PERATOR RATOR	TT NN NN NN NN NN NN NN NN NN NN NN NN N	YPE ucle ucle ucle LE Co	OF THE ACT PO COUNT CO	- SEE	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICATED AND ADDRESS OF COLLEGE 2 1-NUCLEAR POWER PLANT FUNDAMENTALS (CLASSROOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X SIMULATOR 12 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)	AS SION - SI A. MON' FROM	EE INSTRI	UCTIONS EAR OF OF	O NUMBER WEEKS	0	NONICER 3 ASSC BACC BACC BACC BACC BACC BACC BACC	ETIFICATE OCIATE MELOR FIEROR FORAL ERIENCE (DO RO ECOM/PPWO EWS/PPWS ERS/CRW DTHER (Spec DEPERATOR PLANT STAFF DTHER (Spec MAL NUCLEAR REACTOR OF SENIOR OPE SHIFT SUPE STAFF/SHIF	eify) (Inc. Tes. PERATOR RATOR RVISOR T ENG	DOUB!	YPE ucle ucle ucle ucle consequence conseq	OF THE ACT PO COUNT CO	- SEE	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Er NO OTHER b. NUMBER OF YEARS OF 2 12. TRAINING (SINCE LAST APPLICATE COLLEGE 2 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATIONS ON SHIFT SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROG	AS SION - SI A. MON' FROM	EE INSTRI	UCTIONS EAR OF OF) NUMBER WEEKS	0 12 23 45 13. NAV	NONICER ASSC BACC B	ETIFICATE OCIATE INCLOR INCLOR RO RO RO RO RO RO RO RO RO RO RO RO R	eify) l (Inc Tes PERATOR RATOR RVISOR T ENG	DOUB!	YPE ucle ucle ucle ucle consequence conseq	OF THE ACT PO COUNT CO	- SEE	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Exposer of the college o	AS SION - SI A. MON' FROM	EE INSTRI	UCTIONS EAR OF OF) NUMBER WEEKS	0 23 45 13. NAV	NONICER ASSC BACCI BACCI	ETIFICATE DELATE	eify) (Inc. Tes. PERATOR RATOR RVISOR T ENG.	DOUBS Ludint t Rec R (L: C (Lick R (L: R	YPE ucle ucle ucle ucle consequence conseq	OF THE ACT PO COUNT CO	- SEE	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Extension of the college	AS SION - SI A. MON' FROM	EE INSTRI	UCTIONS EAR OF) NUMBER WEEKS	0 23 45 13. NAV	NONICER ASSC BACCI BACCI	ETIFICATE OCIATE INCLOR INCLOR RO RO RO RO RO RO RO RO RO RO RO RO R	eify) (Inc. Tes. PERATOR RATOR RVISOR T ENG.	DOUBS Ludint t Rec R (L: C (Lick R (L: R	YPE ucle ucle ucle ucle consequence conseq	OF THE ACT PO COUNT CO	- SEE	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Extension of the college	AS SION - SI A. MON' FROM	EE INSTRI	UCTIONS EAR OF) NUMBER WEEKS	0 12 23 45 13. NAV	NONICER ASSC BACCI BACCI	ETIFICATE DELATE	eify) (Inc. Tes. PERATOR RATOR RVISOR T ENG.	DOUBS Ludint t Rec R (L: C (Lick R (L: R	YPE ucle ucle ucle ucle consequence conseq	OF THE ACT PO COUNT CO	- SEE	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO
GED EQUIVALENCY Mechanical Extension of the college	AS SION - SI A. MON' FROM	EE INSTRI	UCTIONS EAR OF) NUMBER WEEKS	0 12 23 45 13. NAV	NONICER ASSC BACCI BACCI	ETIFICATE DELATE	eify) (Inc. Tes. PERATOR RATOR RVISOR T ENG.	DOUBS Ludint t Rec R (L: C (Lick R (L: R	YPE ucle ucle ucle ucle consequence conseq	OF THE ACT PO COUNT CO	- SEE	Pe INSTE	MONTHS 6 6 RUCTIONS H AND YE	X X X	S NO

· · · · · · · · · · · · · · · · · · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·		14 PACTI	ITY OPERATO	TRAINT	NG PROCE	AM					
a. GRADUATE TRAINING A SYSTEMS	OF INPO ACCRI PROGRAM THAT S APPROACH TO	EDITED OPI	ERATOR UPON	X YES	NO			_:	474 ("S N") OR N S USED I	IMULATION RC APPROVED N THE	x	YES	NO
		•		15.	FOR RENEW		ATOK TRA	INTINO PRO	OKAN .		 _		
					· ·	b. DATE	AND RES	ULT OF MC	ST	DATE		RESU	I.T
HOURS OF	ERATED FACILI	I.A.				RECE	NT NRC A ALIFICAT	ULT OF MC DMINISTER TON EXAMI	ED NATION		\dashv	PASS	FAIL
				.,	16. EXPE	LIERCE DE			1		<u>.</u>		
a. POSIT	TION TITLE	FROM	TO ·	1	. FACILITY		1			c. DUTIES		··	······
		V			1, 1	···							
									• •		-		
	•							٠.,	*				4
• ,	**							. •	-				-
								•					
1	,			,									
·.	•												•
							l				-		
	•								,	*.			
].						
					, ·						٠.	•	•
	· -		. •										
										•	•		
17. COMMENTS	S (Specify th	e item nu	mber to	which you	are elabora	sting. At	tach add	litional s	heets as	necessary.)	-	
	*										•	.•	
1 .						•							
	-		<u> </u>						3		-		
			•			•							
·	•												
					4		*				•	-	
						•	•						:
	**					.*	•						
	•	,											
			•							,			
18 NRC PORM	396. CERTIFI	CATION OF	MEDICA	T FYAMIRAT	ON BY PACT	TTV ITCE	WCER TO	ATTACHER					
	E STATEMENT O							V DE CHE		TUTT AND CO	TMTWAT C	CANCETO	VC
19a. I certi:	fy under pena	ltv of pe	riury t	hat the in	formation is	this do	cument s	nd attach	mente ie	true and of	IMINAL S	T for	NS.
19a. I certicertify by a Heccontrol instance and (4) the rest	that I have alth and Human led substance where I have any reasons ults of exami	notified n Service , and the e been ar for remove nations t	my curr s (HHS) test r rested al or r o my em	cent employed Certified esults except the sales of the sa	or of: (1) Drug Testing eded the cole, use or post unescorte c use in pro-	all preving Labora itoff lev cossession d access aparing r	ous empl tory or els esta n of a c at a nu etrainin	oyers; (2 a License blished p controlled clear fac g program) any in le's test wrsuant substan ility, I is, as ne	stance where ing facility to 10 CFR Pi ce described also author cessary.	for all for al	been lcohol (3) an CFR Pa	tested or a y rt 26; o submit
SIGNATURE -		20g	5 =	4-16-	<u> </u>	·				· · · · · · · · · · · · · · · · · · ·	DA	S ath	7-9-2
CHECK APPLICA				<u> </u>									
	certify that s an Operator need for an vailable for ttachments is												
c. REI	NEWAL ONLY -	I certify noted in licensed informati	that t Item 17 respons on in t	he above no) as requi- sibilities of his document	amed individual competently at and attach	dual meet ion 50.54 and safe chments i	s the ap (i-1) o ly. I a s true a	proved re I 10 CFR lso certi ind correc	qualific 50, and fy under t.	ation progra that he/she penalty of	am (with has dis perjury	exception in excep	tions d his/her the
	TRAINI	NG COORDI								PRESENTATIV			
PRINTED OR	IYPED NAME	Robe	rt Clem	ent		PRINT	ED OR TY	PED NAME	н.	E. MORGAN			
SIGNATURE	Robert	Come	. . ()	DAT	3-17-92	SIGNA	TURE	NO SIGNAT			. 0	ATE	
	- Vinuy	<u> </u>	<u> </u>			DR NRC US		- Carl	- LLD AFF		-		
	WAIVER (Che	ck or com	plete i	tems, as a			S REQUIR	EMENTS	DOES NO	T MEET REQUI	IREMENTS	S(Expla	in below)
CATEGORY	GRANTE			DENIED		1			1			,	30007
CATLOOKI	HEADQUARTERS	REGIO	N HE	ADQUARTERS	REGION			-					
TTEN								•		•			
ERATING		ļ											
ELIGIBILITY						<u> </u>					<u></u>	<u> </u>	
MEDICAL						SIGN	ATURE -	REVIEWER			DA	ATE	
OTHER-	1	1	. .			1							

Americ E P 0~8 ~0 3.2元至 6 DP 元2 2 73 72 72 4

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATO RUBORO PER PESPONEE TO COURLY WITH THIS COMMOCIAL OF THE PENDENCIAL COMMOCIAL PROPERTIES ASSOCIATED P MUCLEAR RESULATORY COUNCEDN, ALSHASTON, OC 72215.

		וו או או או דיים וליים או אים האים אים אים אים אים ליים לא אים אים מיים אים ליים לא אים אים אים אים אים אים אי מוצר אים אים אים אים אים אים אים אים אים אים
NAVEOFAFFLICANT Huffman, Gary		
FACILITY		FACILITY DOCKET NUMBER
San Onofre Nuclear Generatin		50~206
<u>A.</u>	MEDICAL EXAMINATION CERTIFICATION	N
THIS IS TO CERTIFY THAT THE ABONE NAMED APPLIC		CENSE HAS SEEN EXAMINED BY A PHYSICIAN.
PRINTED NAME (of physician)	STATE AND LICENSE NUMBER	EXAMINATION DATE
S. Rosen, MD	CA G24823	Nov. 26, 1991
AND SAFETY, I CERTIFY THAT IN REACHING THIS DET FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE ON THE BASIS OF THE RECOMMENDATION OF THE PHY	FERMINATION, THE GUIDANCE CONTAINED IN A LE FOR REVIEW BY NRC.	LICANT, THE PHYSICIAN HAS DETERMINED THAT THE OFERATIONAL ERRORS ENDANGERING PUBLIC HEALTH ANSI/ANS 3.4-1993, OR ANSI/ANS 15.4-1977 (N3SO) WAS S OPERATOR LICENSE OF CONDITIONIST AS
FOLLOWS:		San State of San State of San San San San San San San San San San
1. NO RESTRICTIONS		
2. CORRECTIVE LENSES BE WORN WHEN PERFOR		
3. HEARING AID SE WORN WHEN PERFORMING L		
4. RESTRICTED LICENSE OR EXCEPTION-Provide		
5. RESTRICTION CHANGE FROM PREVIOUS SUBM	HTTAL-Provide details below and attach supporting r	medical evidence for NRC review.
FROPOSED WORDING OF RESTRICTION (Biock 4 above)		
•		Alw Com 11/27/91
		Man Comme Mix 1
	•	
RELATIONSHIP OF RESTRICTION TO DISQUALIFYING	CONDITION (Stietly indicate how materials will ma	man should be still be
	and the second s	rect the disquelitying constition)
REMARKS FOR RESTRICTION CHANGE (Block 5 above)		
	B. NONMEDICAL CERTIFICATION	
THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOR FOR LICENSED OPERATORS.	UND TO MEET THE SAFEGUARDS AND FITNESS	FOR DUTY REQUIREMENTS OF THIS EACH ITY
·		•
ANY FALSE STATEMENT OR CMISSION IN THIS DOCUMENT, IN PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND A	CLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL	AND CRIMINAL SANCTIONS, I CERTIFY UNDER FENALTY OF
FRINTED NAME AND SIGNATURE (Senior Management Re		
	-	DATE
No Signature Required, Non-		
D. Horgan		& Site Manager
In accordance with 10 CFR 55.5, Communications, this form	shall be submitted to the NRC at follows: BY MAIL A	ADDRESSED TO:
Regional Administrator, Region I U.S. Nuclear Regulatory Commission 475 Allendale Road King of Prussia, PA 19405	Regional Administrator, Region II U.S. Nuclear Regulatory Commission 101 Marietta Street, Suite 3100 Atlanta, GA 30273	Regional Administrator, Region III U.S. Nuclear Regulatory Commission 799 Rocustell Road Glen Ellyn, IL 60137
Regional Administrator, Region IV U.S. Nuclear Regulatory Commission 611 Ryan Plaza Drive, Suite 1000	Regional Administrator, Region V U.S. Nuclear Regulatory Commission 1450 Maria Lane, Suite 210	Director, Division of Licensee Performance and Quality Evaluation Attn: Operator Licensing Branch

Pursuant to \$ U.S.C. 552a(e)(3), enamed imp law by section 3 of the Privacy Act of 1974 (Public Law \$3.579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Populatory Commission on NRC Form 2PS,

Walnus Creek, CA \$4598

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local evency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in This information is need at requisiony commission on rand relations.

This information is maintained in a system of records designated as NFO-18 and the course of an administrative or judicial proceeding. In addition, this information may be described as \$5 Federal, Regime 20572 (August 20, 1990).

The information is not to a system of records designated as NFO-18 and the course of an administrative or judicial proceeding. In addition, this information may be described as \$5 Federal, Regime 20572 (August 20, 1990). necessary for an NRC decision about you.

U.S. Nuclear Regulatory Commission

Washington, DC 20555

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, Disclosure is voluntary, if the required information is not provided, however, the application for a facility operator's or which operator's license may be denied.

SYSTEM MANAGERIS) AND ADDRESS: Oriel, Operator Liberating Branch, Office or Nuclear Premior Regulation, U.S. Nuclear Pregulatory Commission, Washington, DC 20555

PRIVACY ACT STATEMENT

PRINCIPAL PURPOSEIS): Information amend on this form is used to determine whether the physical condition and general health of the applicant are such that help will not cause operational errors endangering public health and safety. This information tion may be used by the NRC matfillo determine if the individual mems the requirements of 10°CFR 55 to take an examination orticible insued an operator's license.

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as

Arlington, TX 76011

amended (42 U.S.C. 2137 and 2201(i)).

NRC FORM 398 (FACS	IMILE) U.S	. NUCLE	AR REGULA	TORY CO	MISSIO	N A	PPROVED BY	OMB:	NO. 3150	-0090	(To	DATE I	RECE
(10-90) 10 CFR 55.31, 55.3 55.47, and 55.57	5,		• • •	*	,	ESTIM.	ATED BURDE THIS INFOR STI: 2 0 HR DING BURDE N AND RECO 7714) CON, WASHIN APERWORK R OFFICE OF NGTON DC	N PER	RESPONSE COLLECT	TO COM	PLY	be comp	letec
				*		REGARI	ST: 2.0 HR DING BURDE	S. FOR	WARD COM	ÉNTS THE INFO	OR-		
PERSONAL	QUALIFICATION S	TATEMEN	T - LICEN	SEE		MISSI	7714) U S ON WASHIN	NUCLE	AR REGULA	BRANCH TORY CO	QM-		
						THE PA	APERWORK R OFFICE OF	EDUCTI MANAG	ON PROJECT	TT (315)	ğ-		,
	VALID, THIS FO				28		NĞTON, DC. E OF APPLI			·		- Ne Inc	
1. APPLICANT'S FUL (include ZIP Co	de)					1	 	.CALLON	Check a			سلسا	
JOHNSON, MIC	HAFL ALVAH					├ ─┤	. NEW . RENEWAL		· · · · · ·	1.	WAIVER I	REQUESTED on Reve N (Cates) erse)
727 Calle Ca			. •			├ ── ┤ .	. UPGRADE					IN (Cates	ory)
San Clemente	, CA 92672					a.	. MULTI-UN INCLUDE	II (AM	END TO	.	2-OPERAT	TING (Cat	egor
	,			-			. REAPPLIC		ORAL UNI	'' 🔲 ï	3-ELIGII	ILITY	
	<u> </u>						1-FIRST		•	\vdash	4-MEDICA	IL.	
·	TIZENSHIP			BIRTH DA] . [2-SECOND	٠			5-OTHER	FD GENER) T.C.—
A. UNITED STAT b. OTHER (Spec			MONTH 1 0	DAY 2 8	YEAR 5 8	┥ [_]	3-THIRD			ji ° ، الله آزا	INDAMENT	ED GENER ALS EXAM ECTION CABLE)	<u> </u>
5. TYPE OF LICEN			1 1 0	4 0	1 0	6. 1	PREVIOUS L	ICENSE	(S) HELD	(1	(F APPL)	CABLE)	
X a. OPERATOR		. ~~	CKET NUMB	ER RO	SPOL				EXPIRATI	ON DATE			
b. SENIOR OPER		4. 100	- NOTE	ER RU	SKU B	LICENS	SE NUMBER	MONT	H DAY	YEAF	d.FA	CILITY D	OCKE
c. LIMITED SRO (e.g., Fuel	Handler)	55-		_						T	50-		
7. NAME AND ADDRESS	(Include ZIP (ode) OF	APPLICAN	T'S EMPI	OYER			10.	CURRENT F	OSITION	AT FAC	ILITY	
Southern Calif P. O. Box 128 San Clemente,	ornia Edison					_	PLANT SUPE			Х	i. AUXI	LIARY UN NEE/TURB EQUIPMEN LICENSED	IT O
San Clemente,	CA 92674-0128			•	-	-	ASSISTANT SHIFT SUPE		SUPERINTE	NDENT	ING/ (NON	EQUIPMEN LICENSED	OPE
					-	⊣	STAFF ENGL				ı		
8. NAME OF APPLICA San Onofre Unit	HT'S PACILITY	FAC	ILITY DOC	KET NUME	ER] e. §	HIFT TECH HIFT ENGI INSTRUCTOR	NICAL .	ADVISOR/		j. OTHE	R (Speci	fy)
ADDITIONAL T	AGT THE DOCUMENT					− 1 .					:		
9. ADDITIONAL F.	ACILITY DUCKERS	(Multi-	-unit Lic	enses)			SENIOR CON CONTROL RO			TOR	·- <u></u>		
				11. E	DUCATIO		ONTROL RO	OF OPE	RATOR		· · ·		
HIGH SCHOOL	c. MAJOR AREA(S) OF	NUMBER OF YEARS	HIGHE	ST DE	GREE CO	DES		d. VOCAT	IONAL /	,	NUMBER	CER
	ENGINEERING (FI	·			"F	IGHEST tained)	ed for DEGREE"			F TRAIN		MONTHS	YE
GED EQUIVALENCY						- NONE	TETCATE		Nuclea	r Power	School	6	X
1	OTHER General		2	0	2	- ASSO	CIATE		Nuclea	r Proto	type	6	Х
. NUMBER OF YEARS OF COLLEGE 2					5		ORAL				·		<u> </u>
12. TRAINING (SINC	E LAST APPLICAT	ION - SI	E INSTRUC	CTIONS)	1	3. EXPE	RIENCE (DO	TON	OUBLE CO	UNT - S	EE INST	RUCTIONS	<u> </u>
			TH AND YE	AR b. NU	EKS						a.MONT	H AND YE	AR b
-MICTEAN NOVEMBRAN	NT FUNDAMENTALS	FROM	TO	 		AVY					FROM	TO	<u>ا</u> ر
(Classroom)	 	ļ		+		$\frac{1-R}{2-E}$	OOW/PPWO		-	·	-		+
(Classroom)		l .	1								ļ		\dashv
(Classroom) -PLANT SYSTEMS CLASSROOM OBSERVATION		<u> </u>				3 E	WS/PPWS				1		
(Classroom) -PLANT SYSTEMS CLASSROOM OBSERVATION	E ATTONS ON STREET					4 - E	RS/CRW			· ·	ļ		
-PLANT SYSTEMS -CLASSROOM -DESERVATION -OPERATING PRACTIC CONTROL ROOM OPER						4 - E		eify)		<u> </u>			
(CLASSICOM) -PLANT SYSTEMS CLASSICOM OBSERVATION -OPERATING PRACTIC CONTROL ROOM OPER SIMULATOR OPERATI (Includes Classico)					P	4 - E 5 - 0	RS/CRW	cify)					
(Classroom) -PLANT SYSTEMS CLASSROOM OBSERVATION -OPERATING PRACTIC CONTROL ROOM OPER SIMULATOR OPERATI (Includes Classro SIMULATOR NAMES a. Unit 1					P	4 - E 5 - O OSSIL 6 - O	RS/CRW THER (Spec						-
(Classroom) -PLANT SYSTEMS CLASSROOM OBSERVATION -OPERATING PRACTIC CONTROL ROOM OPER SIMULATOR OPERATI (Includes Classro SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP	NG om)				P	4 - E 5 - O OSSIL 6 - O 7 - S	RS/CRW						-
CLASSICOM) -PLANT SYSTEMS CLASSICOM OBSERVATION -OPERATING PRACTIC CONTROL ROOM OPER SIMULATOR OPERATI (Includes Classico SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP PROGRAM COMPLETED	NG OOD)				P	4 - E 5 - O OSSIL 6 - O 7 - S 8 - P	RS/CRW THER (Special Control C						
CLASSIOOM) -PLANT SYSTEMS CLASSROOM -PLANT SYSTEMS CLASSROOM -PLANT SYSTEMS CLASSROOM -PLANT SYSTEMS -PLANT SYS	NG OM)				C	4 - E 5 - O OSSIL 6 - O 7 - S 8 - P 9 - O	RS/CRW THER (Special Special S	r cify)	Luding Re	search/			
CLASSICOM) -PLANT SYSTEMS CLASSICOM OBSERVATION -OPERATING PRACTIC CONTROL ROOM OPER SIMULATOR OPERATI (Includes Classico SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP PROGRAM COMPLETED	NG OOD)				C	4 - E 5 - O OSSIL 6 - O 7 - S 8 - P 9 - O	RS/CRW THER (Special Control C	cify) R (Inc)	Reactor)			
CLASSIOOM) -PLANT SYSTEMS CLASSROOM OBSERVATION -OPERATING PRACTIC CONTROL ROOM OPER SIMULATOR OPERATI (Includes Classion SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY PLANT 7 -SRO INSTRUCTION	X YES NO MANIPULATIONS SIMULATOR				C	4 - E 5 - 0 OSSIL 6 - 0 7 - S 8 - P 9 - 0 OMMERCI 10 - :	RS/CRW THER (Special Special S	cify) R (Incl Test	(License) ed)			
CLASSIOOM) -PLANT SYSTEMS CLASSROOM OBSERVATION -OPERATING PRACTIC CONTROL ROOM OPER SIMULATOR OPERATI (Includes Classion SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY PLANT 7 -SRO INSTRUCTION	X YES NO MANIPULATIONS SIMULATOR				C	4 - E 5 - 0 OSSIL 6 - 0 7 - S 8 - P 9 - 0 OMMERCI 10 - :	RS/CRW THER (Special PERATOR UPERVISOR LANT STAFF THER (Special RUCLEAR REACTOR OF	cify) R (Incl Test PERATOR	License (License) ed) 1)			
CLASSIOOM) -PLANT SYSTEMS CLASSROOM OBSERVATION -OPERATING PRACTIC CONTROL ROOM OPER SIMULATOR OPERATI (Includes Classion SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY PLANT 7 -SRO INSTRUCTION -EXTRA PERSON ON SI ROOM (13-WEEK MIN)	NG OM) X YES NO MANIPULATIONS SIMULATOR HIFT IN CONTROL				C	4 - E 5 - O OSSIL 6 - O 7 - S 8 - P 9 - O OMMERCI 10 - 1 11 - 1 12 - 1 13 - 1	RS/CRW THER (Special Special S	Fify) R (Inc) Test PERATOR ERATOR ERVISOR	C Reactor C (License C (License C (License) ed) d) ed) censed)			
CLASSIOOM) -PLANT SYSTEMS CLASSROOM OBSERVATION -OPERATING PRACTIC CONTROL ROOM OPER SIMULATOR OPERATI (Includes Classion SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY PLANT 7 -SRO INSTRUCTION	NG OM) X YES NO MANIPULATIONS SIMULATOR HIFT IN CONTROL				C	4 - E 5 - 0 OSSIL 6 - 0 7 - S 8 - P 9 - 0 OMMERCI 10 - : 11 - : 12 - : 13 - : 14	RS/CRW THER (Special Control of the	Cify) R (Incl Test Test TEST TEST TEST TEST TEST TEST TEST TES	C Reactor C (License C (License C (License) ed) d) ed) censed)			
CLASSIOOM) -PLANT SYSTEMS CLASSROOM OBSERVATION -OPERATING PRACTIC CONTROL ROOM OPER SIMULATOR OPERATII (Includes Classio) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY PLANT 7 -SRO INSTRUCTION -EXTRA PERSON ON SI ROOM (13-WEEK MIN) TIME ON SHIFT A (6-WEEK MIN) (6-WEEK MIN)	NG OM) X YES NO MANIPULATIONS SIMULATOR HIFT IN CONTROL				C	4 - E 5 - 0 OSSIL 6 - 0 7 - S 8 - P 9 - 0 OMMERCI 10 - : 11 - : 12 - : 13 - : 14	RS/CRW THER (Special Control C	Cify) R (Incl Test Test Test Test Test Test Test Test	C Reactor C (License C (License C (License) ed) d) ed) censed)			
CLASSIOOM) -PLANT SYSTEMS CLASSROOM OBSERVATION -OPERATING PRACTIC CONTROL ROOM OPER SIMULATOR OPERATIL (Includes Classion SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP FROGRAM COMPLETED NO. OF REACTIVITY PLANT 7 -SRO INSTRUCTION -EXTRA PERSON ON SI ROOM (13-WEEK MINIMUM (6-WEEK MINIMUM QUALIFICATION	MANIPULATIONS SIMULATOR HIFT IN CONTROL				C	4 - E 5 - 0 OSSIL 6 - 0 7 - S 8 - P 9 - 0 OMMERCI 10 - : 11 - : 12 - : 13 - : 14	RS/CRW THER (Special Control of the	Cify) R (Incl Test Test Test Test Test Test Test Test	C Reactor C (License C (License C (License) ed) d) ed) censed)			

				14 PACT	LITY OPERA	TOR TRAINI	NG PROGRAM			<u> </u>
a. GRADUATE TRAINING A SYSTEM	OF INPO ACCR PROGRAM TEAT S APPROACH TO	EDITED OPEN IS BASED TRAINING	ATOR IPON	X YES	NO	b. CERT FACI SIMU	IFIED ON NRC FORM 474 (LITY CERTIFICATION") OR LATION FACILITY IS USED ATOR TRAINING PROGRAM	"SIMULATION NRC APPROVED IN THE	X YES	Ю
	·		· · · · · · · · · · · · · · · · · · ·	15	POR RENE			·		
		my				b. DATE	AND RESULT OF MOST	DATE	RESI	ULT
HOURSF	ERATED FACILI	11				RECE REQU	AND RESULT OF MOST NT NRC ADMINISTERED ALIFICATION EXAMINATION	· · · · · · · · · · · · · · · · · · ·	PASS	FAIL
					16. EXP	erience de		· · · · · · · · · · · · · · · · · · ·		<u> </u>
a. PCS1	IION TITLE	FROM	TO	. 1	b. FACILIT	Y		c. DUTIES		
	* *	. *	.		,)					
					4.				•	
					•	•				•
,				;		•				
and the second			}						•	* .
		, , .			·					
				•				÷		
		1 ' '	.	•		. • • • • • • • • • • • • • • • • • • •		•		
				:					•	
			-					•		
	,			. *	,			*		
	• • •		.					. *	*	
17 COMMENT	S (Specificate									
I/. CONTEGE	s (specify ch	e Item nom	91 00	which you	are erapo	rating. At	tach additional sheets	as necessary.)	• •	
•			,			44	•			
	•									
			•							
	-									
						•				·
1					*					
						•			•	•
							•			,
T .								· •	•	
			•	•						
		<u> </u>								
	396, CERTIFI									
ANI FALS	E SIAILMENI U	K UMISSION	IN THI	S DOCUMENT	r, includi	NG ATTACHM	ENTS, MAY BE SUBJECT TO	CIVIL AND CRIM	INAL SANCTIO	ONS.
certify	that I have :	notified m	Carre	nt employe	ormation or of: (1)	all previ	cument and attachments ous employers; (2) any tory or a Licensee's te- els established pursuani of a controlled subst at a nuclear facility, etraining programs, as	is true and cor: instance where	rect. I fur I have been	ther tested
control	led substance	and the	est re	sults exce	eded the	cutoff lev	els established pursuant	t to 10 CFR Par	for alcohol	or a
and (4) the res	any reasons ults of exami	for remova.	or re	vocation o	f unescor	ted access	at a nuclear facility,	I also authori:	ze the NRC t	o submit
SIGNATURE -	APPLICANT	Con no	Coli				P2082000, US		DATE	• 1
CHECK APPLIC	ART P DOW	SNO1	our.	n			·	· · · · · · · · · · · · · · · · · · ·	3.1	4-72
		the above	named	individua	has succ	essfully o	ompleted the feetliter li			
a	s an Operator	/Senior Operator/Senior	rator mior O	pursuant i	to Title 1	O, Code of	Federal Regulations, Paragrams Appear assigned duties as	art 55; and that	t the indivi	dual has
a	vailable for ttachments is	examination true and	i. I a	lso certi:	fy under p	enalty of	ompleted the facility 1: Federal Regulations, Passions, Passions assigned duties as perjury that the informations	ation in this do	ocument and	A made
c. RE	NEWAL ONLY -	I certify	hat th	e above na	med indiv	idual meet	the approved requalif:	ication program	(with excep	tions
		licensed re	sponsi	bilities o	competently	y and safe	s the approved requalif: (i-1) of 10 CFR 50; and ly. I also certify under true and correct.	d that he/she he er penalty of pe	as discharge erjury that	d his/her
	TRAINI	NG COORDIN	TOR			1	SENIOR MANAGEMENT 1			
PRINTED OR		Robert Clea			· · · · · · · ·	PRINT	ED OR TYPED NAME			
SIGNATURE		NODELL CLE	ent.	DATI		SIGNA		. MORGAN	12.22	
	<u> Czaluit</u>	t Clev	4-	DAI	<u> 3-17-9</u>	2 SIGNA	TURE NO SIGNATURE REOU NON-CERTIFIED API	PLICATION	DATE	
		•				POR REC US				
.	WAIVER (Che		lete it			MEET	REQUIREMENTS DOES 1	NOT MEET REQUIRE	MENTS (Expla	in below)
CATEGORY	GRANTE HEADQUARTERS		DE.	DENIED		\dashv				
RITTEN	QUARTERS	REGION	- Intra	DQUARTERS	REGION					
ERATING							5.00			
ELIGIBILITY	 					\dashv				
MEDICAL						SIGN	ATURE - REVIEWER		DATE	
OTHER									1	
NRC FORM 398	(10-90)	-	-							

ESTIMATED RATION AT RESPONSE TO COUNTY WATH THE THE PROFUNDING DULLETION REDULES. IS NOT FORWARD DULLETION REPORTED THE PROFUNDING DULLET BY THE RESPONSE BANGON AND RECORDS CANDON AND RECORD RECONSTRUCTOR FOR THE PROFUNDING PROFUNDING POST OF COUNTY OF CANDON POST OF COUNTY OF CANDON POST O

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

NAME OF APPLICANT	
Johnson, Michael A.	
FACILITY	LILITY DOCKET NUMBER
San Onofre Nuclear Generating Station , Unit 1	0-206
A. MEDICAL EXAMINATION CERTIFICATION	
THIS IS TO CERTIFY THAT THE ABONE NAMED APPLICANT FOR AN OPERATOR SENIOR CPERATOR LICENSE HAS BEEN EXAMINED BY	
CONT. T.C. 11-11-12-12-12-12-12-12-12-12-12-12-12-1	AMINATION DATE
Steven Rosen, MD CA G24823 'N	ov 18 1991
BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OF ERATIONAL ERRORS ENDANGS AND SAFETY, I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1553, OR ANSI/ANS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC. ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONS.	TERMINED THAT THE ERING PUBLIC HEALTH 15.4-1977 (N350) WAS
FOLLOWS:	TIONED AS
1. NO RESTRICTIONS 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES 4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and struch supporting medical evidence for NRC review. 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and struch supporting medical evidence for NRC review.	
FROPOSED WORDING OF RESTRICTION (Block 4 shore)	
Hhw6lm12	11/19/9/
RELATIONSHIP OF RESTRICTION TO DISOUALIFYING CONDITION (Briefly Indicate how regriction will correct the dispullifying condition)	
The bill selling and the sell selling and the sell selling and the sell selling and the sellin	. •
REMARKS FOR RESTRICTION CHANGE (Block 5 above)	
	•
B. NONMEDICAL CERTIFICATION	·
THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF T FOR LICENSED OPERATORS.	
ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS, I CERTIF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.	Y UNDER PENALTY DE
PRINTED NAME AND SIGNATURE (Spring Managers Farming)	PATE

No Signature Required, Non-Certified

H. E. Morgan

Application

Vice President & Site Manager

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region 1 U.S. Nuclear Regulatory Commission 475 Allendale Road King of Prussia, PA 19405

Regional Administrator, Region IV U.S. Nuclear Regulatory Commission 611 Ryan Plaza Drive, Suite 1000 Arlington, TX 76011 Regional Administrator, Region II U.S. Nuclear Regulatory Commission 101 Marietta Street, Suite 3100 Atlanta, GA 30323

Regional Administrator, Region V U.S. Nuclear Regulatory Commission 1450 Maria Lane, Suite 210 Walnut Creek, CA \$4596 Regional Administrator, Region III U.S. Nuclear Regulatory Commission 799 Rockettl Road Glan Ellyn, IL 60137

Director, Division of Licensee Performance and Quality Evaluation Attn: Operator Licensing Branch U.S. Nuclear Regulatory Commission Washington, DC 20555

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 557a(e)(3), enamed imp law by section 3 of the Privacy Act of 1974 (Public Law \$3.579), the following natement is furnished to individuals who supply information to the U.S. Nuclear Englatory Commission on NEC Form 398. This information is maintained in a synem of records designated as NEC 18 and described as \$5.5 Meres Perines 33518 (August 20, 1990).

AUTHORITY: Sections 107 and 181(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

FRINCIPAL PURPOSE(S): information amered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NPC matfito determine of the individual mems the inquirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local ejency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, Sine, and local appropriate extent relevant and recessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT FROVIDING INFORMATION. Disclosure is voluntary, if the required information is not provided, however, the application for a fecility operator's or major operator's ficense may be denied.

SYSTEM MANAGERIS) AND ADDRESS: Oriet, Operator Licensing Branch, Office or Nuclear Resmor Regulation, U.S. Nuclear Regulatory Commission, Massington, DC 20555

- 1	RRC FORM 398 (FACSIMILE) U.S (10-90) 10 CFR 55.31, 55.35, 55.47, and 55.57	MISS	ION	ESTIN	APPROVED BY ATED BURDEN THUS INFORM	OMB: PIRES: N PER	NO. 3150-009 1-31-92 1-31-92 1-31-92 COLLECTION WARD COMMENT WATE TO THE NAGEMENT BRA AR REGULATOR DC 20555 AN ON PROJECT (EMENT AND BUT	O (1	DATE o be comp	RECEIV leted	ED by NRC)				
		**************************************	T - 1100				٠.	REGAI MATIC	ST: 2 0 HR DING BURDEN ON AND RECO	FOR S FOR N ESTI	WARD COMMENT MATE TO THE NAGEMENT BRA	S INFOR- NCH		•	
	PERSONAL QUALIFICATION S	TATEMEN	I - LICE	NSEE	\$			MISS	7714) U.S ION, WASHING PAPERWORK RI	NUCLE FION EDUCTION	AR REGULATOR DC 20555, AN ON PROJECT (Y COM- D TO 3150-			
7	TO REMAIN VALID, THIS FO					· ·		WASE	OFFICE OF	20503	EMENT AND BU	DGET,			
ļ	1. APPLICANT'S FULL NAME (Last, F (include ZIP Code)	irst, m	TGGT9) V	AU A	WUKES					CATION	(Check appl			1	COLD
	JOHNSTON, MICHAEL ARTHUR				٠.			├	RENEWAL			f. WAIVER Justi 1-WRIT	REQUESTE fy on Rev TEN (Cate	orse)	•
	29711 Saint Andrews Court	• .		•		•		⊢ .	. UPGRADE		-		ATING (Ca		
	Murrieta, CA 92563	•		•					I. MULTI-UNI INCLUDE		END TO DNAL UNIT)		IBILITY		
					•				REAPPLICA	ATION		4-MEDI	,	-	
-	2. CITIZERSHIP		 	γ-	TH DA				2-SECOND	•	X /	5-OTHE		2TC	
ŀ	X a. UNITED STATES b. OTHER (Specify)		MONTE 1	1 1	AY 2	YE.	AR 5] 3-THIRD	•	'لتا ،	FUNDAME INATION	SSED GENER NTALS EXAM SECTION LICABLE)	j- M	
1	5. TYPE OF LICENSE APPLIED FOR	Τ		L <u>.</u>	1-1	1		6.	PREVIOUS LI	CENSE		(IF APP	LICABLE)	02	91
	X a. OPERATOR	a DO	CKET NUME	RFR	RO	SPO	,	LICEN	SE NUMBER	c.	EXPIRATION I				
ŀ	b. SENIOR OPERATOR c. LIMITED_SRO	55-				100	٥.	11011	SE NUMBER	MONTE	I DAY	LAK	FACILITY I	OCKET	NUMBER
ŀ	(e.g., Fuel Handler)		ATT TO 1				_		 :			للل			
ŀ	7. NAME AND ADDRESS (Include ZIP C	ode) Ur	APPLICA	NI'S	EMPL	OYER	_	T	PLANT SUPER		CURRENT POSI:				
	Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128						-	⊣			SUPERINTENDER	X 1. AU TR	XILIARY UN AINEE/TURI G/EQUIPMEN ONLICENSEI	INE BU	RATOR/ ILD- ATOR
İ	92674-0128	.*] c.	SHIFT SUPER	VISOR		(N	DNLICENSEI	OPERA	TOR)
ŀ	8. NAME OF APPLICANT'S FACILITY	FAC	TI TTV DO	~~~	MINO	570	<u> </u>	- ∤	STAFF ENGIN			J. OT	HER (Speci	fy)	
	San Onofre Unit 1	I FAC.	ILITY DOC 50-206	-VE I	NUMB	EK	_	e. £.	SHIFT TECHN SHIFT ENGIN INSTRUCTOR	EER A	UDVISOR/ □	`			
	9. ADDITIONAL FACILITY DOCKETS	(Multi-	unit Lic	cens	es)		Ţ.	g.	SENIOR CONT	ROL RO	OM OPERATOR				
4			-	·	11. E	DIICA'	TO		CONTROL ROC	M OPER	LATOR	<u> </u>			
	HIGH SCHOOL c. MAJOR AREA(S) OF	NUMBER OF YEARS		HIGHE DEGR				ODES	· .	d. VOCATIONA TECHNICAL	L /	NUMBER	CERTI	FICATE
	X GRADUATE ENGINEERING (FI	ELDS)	O. ILM	+	se Co	des)	obt	GHEST	ODES sed for DEGREE")		TYPE OF TR		- MONTHS	YES	EIVED NO
١	GED EQUIVALENCY			\downarrow			0	- NON	E TIFICATE OCIATE		Nuclear Po	wer Scho	01 6	Х	
-	b. NUMBER OF General		1		0		_	- BAC	HELOR	· .	Nuclear Pr	ototype	6	Х	
ļ	YEARS OF COLLEGE 1		<u> </u>				3	- DOC	TER TORAL					-	
ļ	12. TRAINING (SINCE LAST APPLICAT	ION - SF	TATE THE	CTI											
							13	. EXP	ERIENCE (DO	NOT D	OUBLE COUNT	- SEE IN	TRUCTIONS	>	
		PRIM	TH AND YE	AR I		MBER EKS			ERIENCE (DO	NOT D	OUBLE COUNT	a.MOI	YE AND YE	AR b.	NUMBER MONTES
	1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)	PRIM		AR I		MBER EKS		VY		NOT D	OUBLE COUNT		YE AND YE	AR b.	NUMBER MONTES
L	1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM	PRIM	TH AND YE	AR I		MBER EKS		1 -		NOT D	OUBLE COUNT	a.MOI	YE AND YE	AR b.	NUMBER MONTES
L	(Classroom)	PRIM	TH AND YE	AR I		MBER EKS		1 - 2 - 3 -	ro Eoow/PPwo Ews/PPws	NOT E	OUBLE COUNT	a.MOI	YE AND YE	AR b.	NUMBER MONTES
	(Classroom) 2-PLANT SYSTEMS CLASSROOM	FROM	TH AND YE	AR I		MBER EKS		1 - 2 - 3 - 4 -	RO EOOW/PPWO EWS/PPWS ERS/CRW OTHER (Spec	ify)		a.MOI	TO	AR b.	NUMBER MONTES
	(CLassroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION	FROM	TH AND YE	AR I		MBER	KA	1 - 2 - 3 - 4 -	ro Eoow/PPwo Ews/PPws	ify)		a.MOI	TO	AR b.	NUMBER MONTES
	(Classicom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT	FROM	TO TO	EAR	b. NU		KA	1 - 2 - 3 - 4 - 5 - 1	RO EOOW/PPWO EWS/PPWS ERS/CRW OTHER (Spec	ify)		a.MOI	TO	AR b.	NUMBER MONTES
	(Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES	PROM	TH AND YE	EAR	b. NU		KA	1 - 2 - 3 - 4 - 5 - 6 - 6 - 7 - 1	RO EOOW/PPWO EWS/PPWS ERS/CRW OTHER (Spec Electrical OPERATOR SUPERVISOR	ify)		a.MOI	TO	AR b.	NUMBER YONTHS
	(Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1	PROM	TO TO	EAR	b. NU		KA	1 - 2 - 3 - 4 - 5 - 16 SSIL 6 - 17 - 18 - 18 - 18	RO EOOW/PPWO EWS/PPWS ERS/CRW OTHER (Spec Electrical OPERATOR SUPERVISOR PLANT STAFF	ify) Opera		a.MOI	TO	AR b.	NUMBER MONTHS
	(Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS	FROM	TH AND YE	CAR I	b NU		FO	1 - 2 - 3 - 4 - 5 - 6 - 6 - 6 - 6 - 9 - 6	RO EOOW/PPWO EWS/PPWS ERS/CRW OTHER (Spec Electrical OPERATOR SUPERVISOR PLANT STAFF OTHER (Spec	ify) Opera	tor	a.MOI	TO	AR b.	NUMBER YONTHS
	CLASSICOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR	PROM	TO TO	EAR 1	b. NU		FO	1 - 2 - 3 - 4 - 5 - 6 - 6 - 6 7 - 8 - 9 - 6	RO ECOM/PPWO EWS/PPWS ERS/CRW OTHER (Spec Electrical OPERATOR SUPERVISOR PLANT STAFF OTHER (Spec	ify) Opera	tor uding Resear	a.MOI	TO	AR b.	NUMBER MONTHS
	(Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS	PROM	TO TO	EAR 1	b. NU		FO	1 - 2 - 3 - 4 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	RO ECOW/PPWO EWS/PPWS ERS/CRW OTHER (Spec Electrical OPERATOR SUPERVISOR PLANT STAFF OTHER (Spec IAL MUCLEAR	ify) Opera ify) (Incl Test	tor uding Resear Reactor) (Licensed)	a.MOI	TO	AR b.	NUMBER YONTHS
	CLASSICOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5 4-SRO INSTRUCTION	PROM	TO TO	EAR 1	b. NU		FO	1 - 2 - 3 - 4 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	RO ECOM/PPWO EWS/PPWS ERS/CRW OTHER (Spec Electrical OPERATOR SUPERVISOR PLANT STAFF OTHER (Spec	ify) Opera ify) (Incl Test ERATOR	tor uding Resear Reactor) (Licensed)	a.MOI	TO	AR b.	NUMBER YONTHS
	CLASSICOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)	PROM	TO TO	EAR	b. NU		FO	1 - 2 - 3 - 4 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	RO EOOW/PPWO EWS/PPWS ERS/CRW OTHER (Spec Electrical OPERATOR SUPERVISOR PLANT STAFF OTHER (Spec LAL NUCLEAR REACTOR OPE SHIFT SUPE STAFF/SHIF	ify) Opera ify) (Incl Test ERATOR RATOR REVISOR	tor uding Resear Reactor) (Licensed) (Licensed) (Licensed) NEER (Licens	a.MO	TO	AR b.	NUMBER YONTHS
	CLASSICOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5 4-SRO INSTRUCTION	PROM	TO TO	EAR	b. NU		FO	1 - 2 - 3 - 4 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	RO ECOM/PPWO EWS/PPWS ERS/CRW OTHER (Spec Electrical OPERATOR SUPERVISOR PLANT STAFF OTHER (Spec LAL NUCLEAR REACTOR OPE SENIOR OPE SHIFT SUPE STAFF/SHIF AUX./EQUIP	ify) Opera (Incl Test ERATOR RATOR RVISOR I ENGI . OPER	uding Resear Reactors (Licensed) (Licensed)	a.MO	TO	AR b.	NUMBER YONTHS
	CLASSICOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classicom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) a. TIME ON SHIFT ABOVE 201 POWER (6-WEEK MINIMUM)	PROM	TO TO	EAR	b. NU		FO	1 - 2 - 3 - 4 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	RO EOOW/PPWO EWS/PPWS ERS/CRW OTHER (Spec Electrical OPERATOR SUPERVISOR PLANT STAFF OTHER (Spec LAL MUCLEAR REACTOR OPE SENIOR OPE SHIFT SUPE STAFF/SHIF AUX./EQUIP PLANT STAFF	ify) Opera (Incl Test ERATOR RATOR RVI SOR I ENGI OPER	tor uding Resear Reactor) (Licensed) (Licensed) (Licensed) NEER (Licens	a.MO	M TO	AR b.	NUMBER
	CLASSICOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) 6-WEEK MINIMUM) EQUALIFICATION	PROM	TO TO	EAR	b. NU		FO	1 - 2 - 3 - 4 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	RO ECOM/PPWO EWS/PPWS ERS/CRW OTHER (Spec Electrical OPERATOR SUPERVISOR PLANT STAFF OTHER (Spec LAL NUCLEAR REACTOR OPE SENIOR OPE SHIFT SUPE STAFF/SHIF AUX./EQUIP	ify) Opera (Incl Test ERATOR RATOR RVI SOR I ENGI OPER	tor uding Resear Reactor) (Licensed) (Licensed) (Licensed) NEER (Licens	a.MO	TO	AR b.	NUMBER
	CLASSICOM) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) 6-WEEK MINIMUM) EQUALIFICATION	PROM	TO TO	EAR	b. NU		FO	1 - 2 - 3 - 4 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	RO EOOW/PPWO EWS/PPWS ERS/CRW OTHER (Spec Electrical OPERATOR SUPERVISOR PLANT STAFF OTHER (Spec LAL MUCLEAR REACTOR OPE SENIOR OPE SHIFT SUPE STAFF/SHIF AUX./EQUIP PLANT STAFF	ify) Opera (Incl Test ERATOR RATOR RVI SOR I ENGI OPER	tor uding Resear Reactor) (Licensed) (Licensed) (Licensed)	a.MO	M TO	AR b.	NUMBER

· _ · · · · · · · · · · · · · · · · · ·				14. F	CILI	TY OPERA	TOR TRAIN	ING PROGRAM					
a GRADUATE TRAINING A SYSTEMS	OF INPO ACCR PROGRAM THAT S APPROACH TO	EDITED OF IS BASE TRAINING	PERATOR	X YES		по		TIFIED ON NRC FORM 474 (" LLITY CERTIFICATION") OR ULATION FACILITY IS USED RATOR TRAINING PROGRAM	SIMULATION NRC APPROVED IN THE	х	YES		NO
				· · · · · · · · · · · · · · · · · · ·	15. I	POR RENE	WALS ONLY		· · · · · · · · · · · · · · · · · · ·	<u> </u>		11	
norma on	TATED FACTLE	TV					b. DAT	AND RESULT OF MOST	DATE	Ī	RESI	ULT	
HOURS OF	ERATED FACILI			•	•		REQ	E AND RESULT OF MOST ENT NRC ADMINISTERED JALIFICATION EXAMINATION			PASS		FAIL
						16. EXP	ERIENCE D	ETAILS				<u> </u>	
a. POSIT	TION TITLE	FROM	TO		b.	FACILIT	Y		c. DUTIES				
					·	, • -							
	F 4				•								
		٠.				V				-			
					٠.								
												•	
		35.											100
	•			,	•								
	•.				:		• .	. "		•		,	
			i' -			• .					·		. •
•							•						
			<u> </u>										
17. COMMENTS	S (Specify th	e item p	umber to	which ;	rou az	re elabo:	rating. A	ttach additional sheets a	s necessary.)				
					-	•			*				
,				•					:				
		٠							•				
	•	•							•				•
													:
	•												
												. •	
						•		•		1			٠
			•			•							
	•	- '											
18. NRC FORM	396, CERTIFI	CATION O	P MEDICA	L EXAMI	ATIO	N BY FAC	LITY LIC	INSEE, IS ATTACHED		<u> </u>	 ,		
ANY FALS	E STATEMENT O	R OMISSI	ON IN TE	IS DOCUM	ÆNT,	INCLUDI	NG ATTACE	ENTS, MAY BE SUBJECT TO	CIVIL AND CRIM	INAL	SANCTIO	ONS.	
19a. I certi: certify by a He control instance and (4) the rest	fy under pena that I have alth and Huma led substance where I hav any reasons ults of exami	lty of ponotified n Service, and the e been affor remonations	erjury to my curres (HHS) er test of the currested value of the current value of the cu	chat the cent employers	infor	rmation of: (1) rug Test: led the , use or unescort 156 in p	in this de all preving Laboratoff le possession accesseparing	ocument and attachments i cous employers; (2) any i atory or a Licensee's test cels established pursuant on of a controlled substate at a nuclear facility, estraining programs, as n	s true and cornstance where ting facility; to 10 CFR Parince described I also authorizecessary.	ect. hav for a 26: in 10 se th	I fur e been lcohol (3) ar CFR Pr e NRC	ther teste or a ny art 26 to sub	ed S; omit
	APPLICANT	The .	<u>C</u>	<u> </u>	11		<u> </u>			۵ ا	ATE 13 M	Will 1	1992
X b. I		the short		V	luc 1 1								
a. a. a.	s an Operator need for an vailable for ttachments is	/Senior (Operator, examinat:	Operator /Senior ion, I	operatorals certification	t to	Title 10	o, Code of perform he enalty of	completed the facility li Federal Regulations, Pa s/her assigned duties an perjury that the informa	censees require rt 55; and that the fact tion in this do	ment the lity cume	s to be indivi will h nt and	lice Idual De mad	nsed has ie
c. RE	NEWAL ONLY -	I certify noted in licensed informat.	y that t Item 17 respons ion in t	he above) as rec ibilitie his docu	name puire s con ment	ed indiving the second of the	idual meet tion 50.54 and safe achments	s the approved requalification of 10 CFR 50, and by. I also certify under true and correct.	cation program that he/she he r penalty of pe	(wit s di rjur	h excep scharge y that	the	/her
	TRAINI	NG COORD						SENIOR MANAGEMENT R					
PRINTED OR	IIPLU NAME	Robert	Clement	· 			PRINT	TED OR TYPED NAME B. E.	MORGAN				
SIGNATURE ·	Robert	- CQ.	met	- 1	ATE 3	5-10-97	SIGNA	TURE NO SIGNATURE REQU NON-CERTIFIED APP	IRED LICATION	D.	ATE		
							FOR KIRC US					· · ·	
	WAIVER (Che	ck or co	mplete i	tems, as	appl	licable)	MEET	S REQUIREMENTS DOES N	OT MEET REQUIRE	MENT	S(Expla	in be	low)
CATEGORY	GRANTE				ED BY						····		
RITTEN	HEADQUARTERS	REGIO	ON EE	ADQUARTI	RS	REGION	_						,
ERATING	<u> </u>	 											
LIGIBILITY	ļ	 			+				•		•		
MEDICAL			$\overline{}$		_		SIG	MATURE - REVIEWER		In	ATE		
OTHER	_						7	,		. 14	· .		,
NRC FORM 398	(10-90)												

NRC FORM 396 (3-91) 10 CFR 55.23, 55.25, 65.27, 55.31, 55.57 U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO 3150-0024*

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 15 MIN. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MABB 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20253, AND TO THE PAPERWORK REDUCTION PROJECT (\$150-0024), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20253.

ALLES OF ADDITIONS			2000 to 2000 to 1, 1125 the 104, 50 2000.
NAME OF APPLICANT			
Michael Arthur Johnston			
SONGS UNIT 1			FACILITY DOCKET NUMBE 50-206
·	A. MEDICAL EXAMINATION CE	RTIFICATION	
HIS IS TO CERTIFY THAT THE ABOVE NAMED A	APPLICANT FOR AN OPERATOR/SENIOR	OPERATOR LICENSE HAS BEE	N EXAMINED BY A PHYSICIAN
RINTED NAME (of physician)	STATE AND LICENSE NU		EXAMINATION DATE
Steven Rosen, M.D.	Calif.	G24823	10-29-91
BASED ON THE RESULTS OF THE EXAMINATION APPLICANT'S PHYSICAL CONDITION AND GENERAND SAFETY, I CERTIFY THAT IN REACHING THE OLLOWED AND THAT DOCUMENTATION IS AVAILABLE.	HAL HEALTH ARE NOT SUCH THAT IT M HIS DETERMINATION, THE GUIDANCE OF	IGHT CALICS OPERATIONAL EL	YSICIAN HAS DETERMINED THAT THE
ON THE BASIS OF THE RECOMMENDATION OF TI OLLOWS:	HE PHYSICIAN, I RECOMMEND THAT TH	E APPLICANT'S OPERATOR LIC	CENSE BE CONDITIONED AS
1. NO RESTRICTIONS :			
2. CORRECTIVE LENSES BE WORN WHEN P	ERFORMING LICENSED DUTIES		
3. HEARING AID BE WORN WHEN PERFORM	MING LICENSED DUTIES		
4. RESTRICTED LICENSE OR EXCEPTION-F	Provide details below and attach supporting m	redical evidence for NRC review	·
5. RESTRICTION CHANGE FROM PREVIOUS			or NBC
ROPOSED WORDING OF RESTRICTION (Block 4		son supporting modicalizationics to	or rene review.
			tall of conen
		•	Gall Ochrea
		· ·	1111611
RELATIONSHIP OF RESTRICTION TO DISQUALIF	YING CONDITION (Briefly indicate how res	triction will correct the disquelify	ing condition)
			•
· · · · · · · · · · · · · · · · · · ·			•
REMARKS FOR RESTRICTION CHANGE (Block 5 a	bove)		
•			
			. •
		•	
	B. NONMEDICAL CERTIFIC		
THIS CERTIFIES THAT THE APPLICANT HAS BEE FOR LICENSED OPERATORS.	EN FOUND TO MEET THE SAFEGUARDS	AND FITNESS FOR DUTY REQU	JIREMENTS OF THIS FACILITY
ANY FALSE STATEMENT OR OMISSION IN THIS DOCUM PERJURY THAT THE INFORMATION IN THIS DOCUMENT	ENT, INCLUDING ATTACHMENTS, MAY BE SUE T AND ATTACHMENTS IS TRUE AND CORRECT	JECT TO CIVIL AND CRIMINAL SA	NCTIONS, I CERTIFY UNDER PENALTY OF
PRINTED NAME AND SIGNATURE (Senior Menagem No Signature Required, Non-	-Certified		DATE
Ap	plication Vice P	rocidont & Cito M	
n. E. Morgan		resident & Site Ma	anager
n accordance with 10 CFR 55.5, Communications, thi	is form shall be submitted to the NRC as follo	WE BY MAIL ADDRESSED TO:	
Regional Administrator, Region I U.S. Nuclear Regulatory Commission 475 Allendale Road King of Prussia, PA 19406	Regional Administrator, Region II U.S. Nuclear Regulatory Commiss 101 Marietta Street, Suite 3100 Atlanta, GA 30323	ion U. 79	gional Administrator, Region III S. Nuclear Regulatory Commission 9 Roosevelt Road en Ellyn, I.L. 60137
Regional Administrator, Region IV U.S. Nuclear Regulatory Commission 611 Ryan Plaza Drive, Suite 1000 Arlington, TX 76011	Regional Administrator, Region V U.S. Nuclear Regulatory Commiss 1450 Maria Lane, Suite 210 Walnut Creek, CA 94596	Di ion At U.	rector, Division of Licensee Performance and Quality Evaluation this Operator Licensing Branch S. Nuclear Regulatory Commission ashington, DC 20555

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted impolar by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC-16 and described at 55 Federal Register 33978 (August 20, 1990).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information amered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local egency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of faw and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Peactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

					-			1				£		, .		
10 CFR 55.31, 55.35, 55.47, and 55.57 PERSONAL QUALIFICATION ST	TATEMENT	NOT BE A	isee alter	ED	SSIO	ESTI WITH REGA MATI (MNB MISS THE 0090 WASH	APPROVED BY MATED BURDE THIS INFOREST: 2 0 HP RDING BURDE 00 AND RECC 01 AND RECC 07 14 0 U S 17 14 0 U S 17 14 0 U S 17 14 0 U S 17 14 0 U S 17 14 0 U S 17 14 0 U S 17 14 0 U S 17 14 0 U S 17 15 16 U S 18 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	CPIRES: EN PER MATION RS. FOR EN ESTI DRDS MA S. NUCLE GTON REDUCTI MANAG 20503	RESPO RESPO COLI WARD MATE NAGEN AR RE DC 20 ON PR	P92 DNSE T LECTIO COMME TO TH ENT B GULAT 555 OJECT AND	O COME N NTS E INFO RANCH ORY CO AND TO (3150 BUDGET		be con	mple	CEIVE ted h	D y NRC
1. APPLICANT'S FULL NAME (Last, F. (include ZIP Code)	irst, Mi	iddle) AR	ID AD	DRESS		4.TY	PE OF APPLI	CATION	(Che	ck ap	plicab	le box	es) X	HOT		COLD
JOZWIAK, CHET WAYNE 634 Quail Dr. Lake Elsinore, CA 92530							a. NEW b. RENEWAL c. UPGRADE d. MULTI-UN INCLUDE e. REAPPLIC l-FIRST		END T	ÛNIT)	3	AIVER J Justif -WRITT -OPERA' -ELIGII	TING (C			
2. CITIZENSHIP		3.	BIRT	H DATE] [2-SECOND).		x		-OTHER	ED CEN			
X a. UNITED STATES	٠.	MONTH	DA'		YEAR] L	3-THIRD				Ţĕ.₽Û	TE PASS NDAMEN ATION S	ALS EX	AM-	MM	YY
b. OTHER (Specify) 5. TYPE OF LICENSE APPLIED FOR	<u> </u>	0 1	0	7 6	4	<u> </u>					· (1	FAPPL	CABLE)		02	91
X a. OPERATOR		·			Т.		PREVIOUS L				N DATE				<u> </u>	·
b. SENIOR OPERATOR	a. DOC	KET NUMB	ER	RO S	RO b.	LICE	NSE NUMBER	MONT		DAY	YEAR	— d.F/	CILITY	DOC	KET !	NUMBER
c. LIMITED SRO (e.g., Fuel Handler)	55-									T		50-				
7. NAME AND ADDRESS (Include ZIP Co	ode) OF	APPLICAN	T'S I	EMPLOY	EIR		····	10	CHIDDE	NT DO	TTTOW	AT FAC				
					_	a.	PLANT SUPE			MI FO	T T			INTT	OPE	ATOR /
Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128			٠.		E	Дъ.	ASSISTANT SHIFT SUPE	PLANT :		INTEN		TRAI ING (NON	LIARY NEE/TU EQUIPM LICENS	RBÍN ENT ED C	PERA	ILD- ITOR IOR)
	7 1 2 . sa			·] d.	STAFF ENGI	NEER		de la constantina		j. OTHE	D (C	-16-		
8. NAME OF APPLICANT'S FACILITY San Onofre Unit 1	FACI	LITY DOCI	KET 1	NUMBER	_	_ •	SHIFT TECH SHIFT ENGI	NICAL A	ADVIS	OR/	Щ.	J. OIRE	R (Spe	CILY	· .	
9. ADDITIONAL FACILITY DOCKETS	(Multi-	unit Lice	97999			-	INSTRUCTOR							- 4		
			011202	•,	-	┥.	SENIOR CON	-	JUM U	PLRATO	R	,	<u> </u>		-	
						ι п.	CONTROL RO	OM OPET	GOTAS							
			11	1. EDD	ATIO		CONTROL RO	OM OPE	RATOR			···		·		
HIGH SCHOOL c. MAJOR AREA(S)	OF	NUMBER OF YEARS	HI	IGHEST	DE	GREE C	CODES	OM OPE	d. V	CATIO	NAL /		NUMB	ER C	ERTII	ICATE
HIGH SCHOOL c. MAJOR AREA(S) X GRADUATE ENGINEERING (FIE		NUMBER OF YEARS	HI	IGHEST DEGREE	DE (I	GREE C	CODES	OM OPE	d. V	ECHNIC	AL	ING	NUMB OF MONT	es –	RECI	ICATE IVED
STUDY		NUMBER OF YEARS	HI	IGHEST	DE (T H) ob	GREE Control of the c	CODES ased for DEGREE"	OM OPE	d. V	PE OF	TRAIN		MONT	es –	RECI YES	ICATE IVED NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER		NUMBER OF YEARS	HI	IGHEST DEGREE	DE (T H) ob	GREE Control of the c	CODES ased for DEGREE"	OM OPE	d. Vo	ECHNIC PE OF clear	TRAIN	School	MONT	es –	RECI	IVED
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER		NUMBER OF YEARS	HI	IGHEST DEGREE	DE (I ob	GREE Co be to IGHEST tained - NON - CER - ASS - BAC - MAS	CODES Sed for DEGREE" IE TIFICATE OCIATE HELOR TTER	OM OPE	d. Vo	ECHNIC PE OF clear	TRAIN Power	School	MONT 6	es –	YES X	IVED
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0	ELDS)		HI C (Use	IGHEST DEGREE e Code	DE (H) (H) (H) (H) (H) (H) (H) (H) (H) (H)	GREE Co be to GREEST tained - NON - CEF - ASS - BAC - MAS	CODES USED TO THE CODES TO TH		d. V(PE OF clear clear	TRAIN: Power Protot	School ype	MONT 6	HS -	YES X	IVED
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE OT COLLE	ELDS) ON - SEI	E INSTRUC	HI (Use	IGHEST DEGREE e Code	DETH (AB) Ob 0123345	GREE Co be to GREEST tained - NON - CEF - ASS - BAC - MAS	CODES Sed for DEGREE" IE TIFICATE OCIATE HELOR TTER		d. V(PE OF clear clear	TRAIN: Power Protot	School ype	MONT 6 6 RUCTIO	HS -	YES X X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE OT COLLE	ELDS) ON - SEI		HI (Use	IGHEST DEGREE e Code	DE (TH Ob O 12345	GREE Cook of the c	CODES USED TO THE CODES TO TH		d. V(PE OF clear clear	TRAIN: Power Protot	School Type E INST a.MONT	MONT 6 6 RUCTION H AND	HS NS)	YES X X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE OTHER NO COLLEGE OTHER N	ELDS) CON - SEI a. MONTI	E INSTRUC	HI (Use	IGHEST DEGREE e Code	DE (TH Ob O 12345	GREE Co be to GREEST tained - NON - CEF - ASS - BAC - MAS	CODES Sed for DEGREE" ILL SET SELECTION TOTAL TER TER TER TOTAL TERIENCE (DO		d. V(PE OF clear clear	TRAIN: Power Protot	School ype	MONT 6 6 RUCTIO	HS -	YES X X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF THE PROPERTY OF	ELDS) CON - SEI a. MONTI	E INSTRUC	HI (Use	IGHEST DEGREE e Code	DE (TH Ob O 12345	GREE CO be to IGHEST tained - NON - CEF - ASS - BAC - MAS - DOO 3. EXT	CODES Sed for DEGREE" ILL SET SELECTION TOTAL TER TER TER TOTAL TERIENCE (DO		d. V(PE OF clear clear	TRAIN: Power Protot	School Type E INST a.MONT	MONT 6 6 RUCTIO	HS NS)	YES X X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE OTHER NO COLLEGE OTHER N	ELDS) CON - SEI a. MONTI	E INSTRUC	HI (Use	IGHEST DEGREE e Code	DE (TH Ob O 12345	GREE (CO be to GREE CO be to G	CODES SEED TO FEED TO		d. V(PE OF clear clear	TRAIN: Power Protot	School Type E INST a.MONT	MONT 6 6 RUCTIO	HS NS)	YES X X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION CLASS FOOM) 1-NUCLEAR POWER PLANT FUNDAMENTALS CLASS FOOM OBSERVATION	ELDS) CON - SEI a. MONTI	E INSTRUC	HI (Use	IGHEST DEGREE e Code	DE (TH Ob O 12345	GREE CO be to GR	CODES SEED TO FEEL TO	TON C	d. V(PE OF clear clear	TRAIN: Power Protot	School Type E INST a.MONT	MONT 6 6 RUCTIO	HS NS)	YES X X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF CLASS FOOM) 2-PLANT SYSTEMS CLASS ROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT	ELDS) CON - SEI a. MONTI	E INSTRUC	HI (Use	IGHEST DEGREE e Code	DET (1) Ob 0 1 2 3 4 5 1 1 RR R	GREE Co be to Green the control of t	CODES SEED TO FEED TO	TON C	d. V(PE OF clear clear	TRAIN: Power Protot	School Lype EE INST a.MONT FROM	MONT 6 6 RUCTIO	HS NS)	YES X X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF A CLASSICOM OBSERVATION OBSERVATION OF A CONTROL ROOM OPERATING (Includes Classicom)	ELDS) ON - SEI A. MONTI	E INSTRUC	HI CUSE	IGHEST DEGREE DE	DE (TH) (TH) (TH) (TH) (TH) (TH) (TH) (TH)	GREE CO be to GR	CODES CODES	TON C	d. V(PE OF clear clear	TRAIN: Power Protot	School Lype EE INST a.MONT FROM	MONT 6 6 RUCTIO	HS NS)	YES X X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE OF COLLE	ELDS) ON - SEI A. MONTI FROM	E INSTRUC	HI (Use	GHEST DEGREE DEG	DE (TH) (TH) (TH) (TH) (TH) (TH) (TH) (TH)	GREE (0 be to be t	CODES SEED TO FEE TO FE	TON C	d. V(PE OF clear clear	TRAIN: Power Protot	School Lype EE INST a.MONT FROM	MONT 6 6 RUCTIO	HS NS)	YES X X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE OF COLLE	ELDS) ON - SEI A. MONTI FROM	E INSTRUCE AND YEAR TO	HI (Use	GHEST DEGREE DEG	DE (TH) (TH) (TH) (TH) (TH) (TH) (TH) (TH)	GREE (0 be to be t	CODES CODES	O NOT [d. V(PE OF clear clear	TRAIN: Power Protot	School Lype EE INST a.MONT FROM	MONT 6 6 RUCTIO	HS NS)	YES X X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF COLLEGE OF COLLE	ELDS) ON - SEI A. MONTI FROM	E INSTRUC	HI (Use	GHEST DEGREE DEG	DE (TH) (TH) (TH) (TH) (TH) (TH) (TH) (TH)	GREE (0 be to be t	CODES CODES	O NOT D	d. V(PE OF clear clear	TRAIN: Power Protot	School Lype EE INST a.MONT FROM	MONT 6 6 RUCTIO	HS NS)	YES X X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF SIMULATOR OPERATION OF SIMULATOR OPERATION OPERATION OF SIMULATOR OPERATION OPERATION OF SIMULATOR OPERATION OPERATION OF SIMULATOR OPERATION OPERATION OPERATION OF SIMULATOR OPERATION OPERATION OF SIMULATOR OPERATION OPERATION OF SIMULATOR OPERATION OPERATION OF SIMULATOR OPERATION OPERATION OPERATION OF SIMULATOR OPERATION OP	ELDS) ON - SEI A. MONTI FROM	E INSTRUC	HI (Use	GHEST DEGREE DEG	DETH	GREE CO be to GR	CODES CODES	O NOT D	d. V(TT) Nuc	ECHNIC PE OF clear clear	TRAIN Power Proto	School Lype EE INST a.MONT FROM	MONT 6 6 RUCTIO	HS NS)	YES X X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF SIMULATOR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X SIMULATOR	ELDS) CON - SEI A. MONTI FROM	E INSTRUC	CTION AR OF	GHEST DEGREE Code:	DETH	GREE CO be to be t	CODES SEED FOR DEGREE D	O NOT [d. Vo	Resetor)	TRAIN Power Proto	School Lype EE INST a.MONT FROM	MONT 6 6 RUCTIO	HS NS)	YES X X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF SIMULATOR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X SIMULATOR	ELDS) CON - SEI A. MONTI FROM	E INSTRUC	CTION AR OF	GHEST DEGREE Code:	DETH	GREE CO be to be t	CODES CODES	O NOT Decify)	d. Vo	Resetor)	AL TRAIN Power Proto	School Lype EE INST a.MONT FROM	MONT 6 6 RUCTIO	HS NS)	YES X X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION SERVATION SERVATION SERVATION SOME PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION SOME PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR NAMES a. Unit 1 b. CETIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 10 4-SRO INSTRUCTION	ELDS) CON - SEI A. MONTI FROM	E INSTRUC	CTION AR OF	GHEST DEGREE Code:	DETH	GREE CO be Co be C	CODES CODES	O NOT I	d. V(TT) Nuc Nuc Nuc COUBLI	Resetor) ensed	AL TRAIN Power Proto	School Lype EE INST a.MONT FROM	MONT 6 6 RUCTIO	HS NS)	YES X X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF ASSTROMM OF AN AN AN AN AN AN AN AN AN AN AN AN AN	ELDS) CON - SEI A. MONTI FROM	E INSTRUC	CTION AR OF	GHEST DEGREE Code:	DETH	GREE (0 be to be t	CODES CODES	O NOT I	d. Vo	Resetor) ensed) ensed	TRAIN Power Proto T - SE arch/)	School Lype EE INST a.MONT FROM	MONT 6 6 RUCTIO	HS NS)	YES X X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF SERVATION OF SERVATION OF SERVATION OF SIMULATOR NAMES A. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PRACTION OF REACTIVITY MANIPULATIONS PLANT SIMULATOR OF SIMULATOR OF SIMULATOR OF SIMULATOR NAMES A. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X SIMULATOR OF SIMULATOR O	ELDS) CON - SEI A. MONTI FROM	E INSTRUC	CTION AR OF	GHEST DEGREE Code:	DETH	GREE (0 be to be t	CODES CODES	D NOT I	d. V(I) TY: Nuc Nuc Reac (Lice (Lice	Resetor) ensed (Lice	TRAIN Power Protos T - SH arch/) nsed)	School Lype EE INST a.MONT FROM	MONT 6 6 RUCTIO	HS NS)	YES X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF REACTION OF SERVATION OF SIMULATOR NAMES A. Unit 1 b. CERTIFIED STARTUP X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROM (13-WEEK MINIMUM) 4-SRO INSTRUCTION SIMULATOR 10 4-SRO INSTRUCTION SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) 5-EXTRA PERSON ON SHIFT IN CONTROL (6-WEEK MINIMUM) EQUALIFICATION	ELDS) CON - SEI A. MONTI FROM	E INSTRUC	CTION AR OF	GHEST DEGREE Code:	DETH	GREE CO	CODES CODES	O NOT E	d. V(I) TY: Nuc Nuc Reac (Lice (Lice	Resetor) ensed (Lice	TRAIN Power Protos T - SH arch/) nsed)	School Lype EE INST a.MONT FROM	MONT 6 6 RUCTIO	HS NS)	YES X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF SERVATION OF SERVATION OF SERVATION OF SIMULATOR NAMES A. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PRACTION OF REACTIVITY MANIPULATIONS PLANT SIMULATOR OF SIMULATOR OF SIMULATOR OF SIMULATOR NAMES A. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X SIMULATOR OF SIMULATOR O	ELDS) CON - SEI A. MONTI FROM	E INSTRUC	CTION AR OF	GHEST DEGREE Code:	DETH	GREE CO	CODES CODES	O NOT E	d. V(I) TY: Nuc Nuc Reac (Lice (Lice	Resetor) ensed (Lice	TRAIN Power Protos T - SH arch/) nsed)	School Lype EE INST a.MONT FROM	MONT 6 6 RUCTIO	HS NS)	YES X	NO NO
X GRADUATE ENGINEERING (FIE GED EQUIVALENCY NO OTHER b. NUMBER OF YEARS OF COLLEGE 0 12. TRAINING (SINCE LAST APPLICATION OF REACTION OF SERVATION OF SIMULATOR NAMES A. Unit 1 b. CERTIFIED STARTUP X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROGRAM COMPLETED X YES NO FROM (13-WEEK MINIMUM) 4-SRO INSTRUCTION SIMULATOR 10 4-SRO INSTRUCTION SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) 5-EXTRA PERSON ON SHIFT IN CONTROL (6-WEEK MINIMUM) EQUALIFICATION	ELDS) CON - SEI A. MONTI FROM	E INSTRUC	CTION AR OF	GHEST DEGREE Code:	DETH	GREE CO	CODES CODES	O NOT E	d. V(I) TY: Nuc Nuc Reac (Lice (Lice	Resetor) ensed (Lice	TRAIN Power Protos T - SH arch/) nsed)	School Lype EE INST a.MONT FROM	MONT 6 6 RUCTIO	HS NS)	YES X	NO NO

<u> </u>		 		14. FACII	ITY OPERAT	OR TRAINI	NG PROGRAM			·	
a. GRADUATE TRAINING A SYSTEMS	OF INPO ACCRE PROGRAM THAT APPROACE TO	DITED OPER IS BASED U TRAINING	RATOR	X YES	NO	b. CERT FACI SIMU	IFIED ON NRC FO LITY CERTIFICAT LATION FACILITY ATOR TRAINING P	RM 474 (" ION") OR IS USED ROGRAM	SIMULATION NRC APPROVED IN THE	X YES	МО
				15.	FOR RENEW					<u> </u>	<u> </u>
						b. DATE	AND RESULT OF	MOST	DATE	RES	SULT
HOURS OF	RATED FACILIT	ΓY				REQU	AND RESULT OF NOT NEC ADMINIST ALIFICATION EXAM	ERED MINATION		PASS	FAIL
			٠.		16. EXPE	RIENCE DE				· · · · · · · · · · · · · · · · · · ·	<u> </u>
a. POSIT	TION TITLE	FROM	TO	1	. FACILITY		·		c. DUTIES		
1 .								,			
									• •	-	, , , , , , , , , , , , , , , , , , ,
		-									
1 31					2				٠.		
								•			
		- *					·				
										,	۸.
					•		· ·	•			
		.		, ,							
1 :- '		'							•		* *
	٠	-									
					•	-				•	
		<u>L</u>		ļ			<u> </u>				
17. COMMENTS	S (Specify the	e item num	per to	which you	are elabor	ating. At	tach additional	sheets a	s necessary.)		
			•								
·								. •	2		
			-								
• •					• :		•	•			
	•	٠ ,		* •			è				
											• ,
						•					
						. •			**		
	•				٠.						
									•		
18. REC FORM	396, CERTIFI	CATION OF	MEDICA	L EXAMINAT	ON BY FACI	LITY LICE	NSEE, IS ATTACH	ED		• .	
ANY FALSI	E STATEMENT OF	R OMISSION	IN TH	IS DOCUMENT	, INCLUDIN	G ATTACHM	ENTS, MAY BE SU	BJECT TO	CIVIL AND CRIM	INAL SANCTI	ONS.
19a. I certify certify by a He- control instance and (4) the resu	fy under pena that I have : alth and Huma: led substance where I hav any reasons ults of exami:	lty of per notified m n Services , and the been arr for remova nations to	jury t y curr (HHS) test r ested l or r my em	hat the initial ent employed Certified esults except for the sale evocation oployers for	formation is of: (1) Drug Testifieded the cole, use or of unescort use in pr	n this do all preving Labora utoff lev possession ed access eparing r	cument and atta ous employers; tory or a Licen els established n of a controll at a nuclear f etraining progr	chments i (2) any i see's tes pursuant ed substa acility, ams, as n	s true and cornstance where ting facility to 10 CFR Par nce described I also authori ecessary.	rect. I full have been for alcohol 26: (3) a in 10 CFR is ze the NRC	nther n tested l or a any Part 26; to submit
SIGNATURE -		CKet	2	11-7 m	l				<u> </u>	DATE =	114/92
		the above	named	individual	has succe	ssfully	ompleted the fa	cility 14	CANSAGE remit	ements to 1	a licensod
							ompleted the fa Federal Regula s/her assigned perjury that th				
c. REI	NEWAL ONLY -	I certify to noted in I licensed reinformation	that t tem 17 espons n in t	he above na) as requir ibilities o his documen	med indivi ed by sect competently it and atta	dual meet ion 50.54 and safe chments i	s the approved (i-1) of 10 CF. ly. I also cer s true and corr	requalifi R 50, and tify unde ect.	cation program that he/she h r penalty of p	(with exce as discharg erjury that	ptions sed his/her the
		NG COORDIN				N.			EPRESENTATIVE		:
PRINTED OR		Robert Cler	ment		,	PRINT	ED OR TYPED NAM		MORGAN		
SIGNATURE	Golu	D Clem	£	DATI	3-17-92		NON-CE	NATURE RE	OUIRED PPLICATION	DATE	
 	WAIVER (Che	ck or com	late 4	tems es co		OR NIRC US		I POEC "	OT LINE STATE	7. (T) 1 mc / 7 .	-4- 1-9
	GRANTE		1	DENIED		PEEL	S REQUIREMENTS	I INOFS N	OT MEET REQUIR	ments (Expl	ain below)
CATEGORY	HEADQUARTERS	REGION	HE	ADQUARTERS	REGION						
TTEN										*	
RATING									•		
ELIGIBILITY								· .			
MEDICAL						SIGN	ATURE - REVIEWE	R		DATE	
OTHER	1	1	1 -			1	•				

NEC FORW 396 10 CF F 15 73 15 75

-U.S. NUCLEAR REGULATORY COMMISSION

MYRONED BY CHIE HO 3152-0024 DPIES, 131 H

CERTIFICATION OF MEDICAL EXAMINATION

ESTIMATED BURDON PER RESPONSE TO COURLY WITH THIS INFORMATION COLLECTION REDUEST. IS MY FORMARD COMMENTS RESIRED RUPDEN ESTIVATE TO THE HIS DAMATION AND RECORDS MANAGEMENT ERANCH WHES THAT U.S. AND TO THE ENGENMENT REDUCTION PARKED DIRECTION PAINTS. ON THE MOTERN PAINTS TO THE TOTAL PAINTS. THE TOTAL PAINTS TO THE TOTAL PAINTS. TH DIFFICE OF MANAGEMENT AND BUDGET, WASHINGTON DC TONCO

NAME OF APPLICANT

Jozwiak, Chet FACILITY

San Onofre Nuclear Generating Station, Unit 1

BY FACILITY LICENSEE

FACILITY DOCKET NUMBER

50-206

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABONE NAMED APPLICANT FOR AN OFERATOR ISENIOR CRERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

PRINTED-WAME to flat you should

hab

STATE AND LICENSE NUMBER

66031

EXAMINATION DATE

Nov. 05, 1991

an 11490 BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OFERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY, I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1953, OR ANSI/ANS 15.4-1977 (N350) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- 1. NO RESTRICTIONS
- 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- 3. HEARING AID SE WORN WHEN PERFORMING LICENSED DUTIES
- 4. RESTRICTED LICENSE OR EXCEPTION-Provide details below and struch supporting medical evidence for NRC review.
- 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL -Provide designs bytow, and attach supporting medical evidence for NRC review,

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Stielly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

THIS CERTIFIES THAT THE APPLICANT HAS EEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS, I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

FRINTED NAME AND SIGNATURE (Senior Management Representative on Site) TITLE

DATE

No Signature Required, Non-Certified

H. E. Morgan

Application

Vice President & Site Manager

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC at follows: BY MAIL ADDRESSED TO:

ecional Administrator, Region I U.S. Nuclear Regulatory Commission 475 Allendale Road King of Prussia, PA 19406

Regional Administrator, Region IV U.S. Nuclear Regulatory Commission 611 Ryan Plaza Drive, Suite 1000 Arlington, TX 76011

Regional Administrator, Region II U.S. Nuclear Repuletory Commission 101 Mariena Street, Suite 3103 Atlanta, GA 30323

Regional Administrator, Region V U.S. Nuclear Regulatory Commission 1450 Maria Lane, Suite 210 Walnut Creek, CA \$4596

Regional Administrator, Region III U.S. Nuclear Regulatory Commission 729 Rossevelt Road Glan Ellyn, IL 60137

Director, Division of Licensee Performance and Quality Evaluation Attn: Operator Licensing Branch U.S. Nuclear Regulatory Commission Washington, DC 20555

FRIVACY ACT STATEMENT

ursuant to 5 U.S.C. 557a(a)(3), enemed imp law by section 3 of the Privicy Act of POUTINE USES: The information may be disclosed to an appropriate Federal, State, or 1974 (Public Law 93.579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Psyclatory Commission on NRC Form 2PS. This information is maimained in a system of records designmed as NFC18 and . Concreted as \$5 Fectoral Professor 32878 (AURIE 20, 1996).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(ii)).

FRINCIPAL PURPOSE(S): Information amared on this form is used to determine whether the physical condition and igneral health of the applicant are subsit in they will not cause operational errors endangering public health and sufery. This information may be used by the NRC matfito detailine if the individual income ments of 10 CFR 55 to take an examination or to be indeed an operator's liberse. by the NRC staff to detailmine if the individual members regular

local egency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the couns of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, Stene, and local agency to the extent relevant and recessary for an NRC decision about you,

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, DISCIOUS IS SOURCE, If IN requested information is not provided, however, the application for a facility operator's or unior operator's license may be denied.

SYSTEM MANAGERIS! AND ADDRESS: Onet, Operator Licensing Branch, Office of Nuclear Fewtor Population, U.S. Nuclear Populatory Commission, Washington, DC 20555

NRC FORM 398 (FACSIMILE) U.S	S. NUCLE	AR REGUL	ATORY	COMM	7551	ON	DEDOUGED DA		2160					<u> </u>
(10-90) 10 CFR 55.31, 55.35, 55.47, and 55.57			411 O.K.	COL	1001	ESTIN WITH REQUE	APPROVED BY ATED BURDE THIS INFOR STI: 2.0 HR DING BURDE N AND RECO 7714) U S ON, WASHIN OFFICE OF NGTON, DC,	PIRES: N PER R MATION S. FORW	0. 3150-0 1-31-92 ESPONSE 1 COLLECTION ARD COMME	O COMI	PLY (To	be compl	eted	ED by NRC
PERSONAL QUALIFICATION S	STATEMEN	u - rice	RSEE			REGAR MATIC (MNB) MISSI	DING BURDE N AND RECO 7714) U S ON, WASHIN	N ESTIM RDS MAN NUCLEA GION, D	ATE TO TE AGEMENT E R REGULAT C 20555.	E INFO RANCH ORY CO AND TO	OR- OM-			
TO REMAIN VALID, THIS FO	RM MUSI	NOT BE	ALTER	ED		0090 WASH	OFFICE OF NGTON, DC	MANAGE 20503	MENT AND	BUDGE:	Γ,			
1. APPLICANT'S FULL NAME (Last, F (include ZIP Code)	irst, M	iddle) A	AI CIRL	DRESS	٠.	4.TYI	E OF APPLI	CATION	(Check ap	plical	ole boxe	s) X EC	T	COLD
MCGAULEY, MICHAEL GERALD 3545 Paseo De Francisco # 2 Oceanside, CA 92056	231					l d	. NEW . RENEWAL . UPGRADE . MULTI-UN INCLUDE		ND TO NAL UNIT)		VAIVER R (Justify 1-WRITTE 2-OPERAT 3-ELIGIB	ING (Cat)
	•	· · ·	42			e	. REAPPLIC.	ATION		\vdash	-MEDICA			
2. CITIZENSHIP		3.	BIRT	H DAI	E	1 H	2-SECOND		_		5-OTHER			eli Temperatu
X a. UNITED STATES		MONTH	DA	Y	YEAI		3-THIRD		X	_ls.₽(TE PASS INDAMENT MATION S IF APPLI	ED GENER ALS EXAM	IC M	1 YY
b. OTHER (Specify) 5. TYPE OF LICENSE APPLIED FOR	1	0 9	1	7	5 2					(1	FAPPLI	CABLE)	02	91
X a. OPERATOR			<u> </u>	Ė	Ť	6.	PREVIOUS L	, 		V DATE	, [:			
b. SENIOR OPERATOR	a. DO	CKET NUM	BER	RO	SRO 1	. LICEN	SE NUMBER	MONTE	DAY	YEAR	d. FA	CILITY D	OCKET	NUMBER
c. LIMITED SRO (e.g., Fuel Handler)	55-										50-			
7. NAME AND ADDRESS (Include ZIP C	ode) OF	APPLICA	NT'S	EMPLO	/ER			10. CT	IRRENT PO	SITION	AT FAC	I7.17V	<u>·</u>	- :
Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128			a			b .	PLANT SUPER ASSISTANT I SHIFT SUPER	RINTENDI PLANT SU	ENT	X		LIARY UN NEE/TURB EQUIPMEN LICENSED	IT OPE INE BU T OPER OPERA	RATOR/ ILD- ATOR TOR)
8. HAME OF APPLICANT'S FACILITY San Onofre Unit 1	FAC	ILITY DO	CKET	NUMBE	1	- •.	STAFF ENGIN SHIFT TECH SHIFT ENGIN		VISOR/		j. OTHE	R (Speci	fy)	
9. ADDITIONAL FACILITY DOCKETS	(Multi	unit Li	cense	5)		—	INSTRUCTOR SENIOR CONT			OR .	-			
		· · · · · ·	1	1. EDI	CATT.		CONTROL ROC	OM OPERA	TOR					
HIGH SCHOOL C. MAJOR AREA(S) OF	NUMBER OF YEARS	H	IGHES'	<u> </u>	EGREE C	ODES	le	VOCATIO	DNAT. /		NIMBED	CEPTT	FICATE
X GRADUATE ENGINEERING (FI		OF YEAR	-	DEGREI	—— ''	To be u HIGHEST btained	ed for DEGREE"	-	VOCATION TECHNIC			NUMBER OF MONTHS		7
GED EQUIVALENCY Computer		2	1	2					TYPE OF Nuclear			6	YES	NO
NO OTHER General	•	1		0	\exists	1 - CER 2 - ASS	IFICATE CLATE HELOR IER		Nuclear	<u> </u>		6	X	
b. NUMBER OF YEARS OF COLLEGE 3			1		-	4 - MAS 5 - DOC	TER TORAL							
12. TRAINING (SINCE LAST APPLICAT	ION - SI	E INSTRI	CTIO	15)	\dashv	13 PVD	FOTENCE (NO	, VOT DO	IDI D. GOID					<u> </u>
		H AND YI			ER	IJ. EAF	ERIENCE (DO	NOT DO	OBLE COUL	T - S	·	AND YE		NUMBER
1-NUCLEAR POWER PLANT FUNDAMENTALS	FROM	TO	01	WEEK	S	NAVY					FROM	TO	—- OF	MONTES
(Classroom)						1 - 1	RO .		4.1	-			1	
2-PLANT SYSTEMS CLASSROOM							COOW/PPWO		• •					
OBSERVATION					\Box		RS/CRW							·
3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT							THER (Spec	ify)					+	·
SIMULATOR OPERATING (Includes Classroom)		· ·				FOSSIL			·-	<u> </u>			+	·
SIMULATOR NAMES a. Unit 1						6 - 0	PERATOR							
b.			11111111111111111111111111111111111111			-	UPERVISOR						 -	
CERTIFIED STARTUP X YES NO PROGRAM COMPLETED							LANT STAFF							
NO. OF REACTIVITY MANIPULATIONS							THER (Spec		1.0					
PLANT SIMULATOR					H1B 1	COMMERC:	AL NUCLEAR	(Incluing Test	ding Rese Reactor)	arch/				
6				168111111111111	1111	10 -				,		ı	1	
4-SPO INSTRUCTION					*****		REACTOR OF				·			
4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL						11 -	SENIOR OPE	RATOR (Licensed)					
5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)						11 -	SENIOR OPE SHIFT SUPE	RATOR ()	Licensed) (Licensed)				
5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)						11 - 12 - 13 -	SENIOR OPE SHIFT SUPE STAFF/SHIF	RATOR () RVISOR T ENGIN	Licensed) (Licensed EER (Lice) nsed)				
5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) QUALIFICATION						11 - 12 - 13 - 14 - 15 -	SENIOR OPE SHIFT SUPE STAFF/SHIF AUX./EQUIP PLANT STAF	RATOR (I RVISOR T ENGINI . OPER.	Licensed) (Licensed EER (Lice) nsed)				
5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)						11 - 12 - 13 - 14 - 15 -	SENIOR OPE SHIFT SUPE STAFF/SHIF AUX./EQUIP	RATOR (I RVISOR T ENGINI . OPER.	Licensed) (Licensed EER (Lice) nsed)				
5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) QUALIFICATION						11 - 12 - 13 - 14 - 15 -	SENIOR OPE SHIFT SUPE STAFF/SHIF AUX./EQUIP PLANT STAF	RATOR (I RVISOR T ENGINI . OPER.	Licensed) (Licensed EER (Lice) nsed)				

· 我们们是有一个人的是我们的时间就是一个人的话,我们也不是一个人的话,我们也不是一个人的话,我们也不是一个人的话,我们也是一个人的话,也不是一个人的话,也是一个人的话,也是一个人的话,我们也不是一个

		14. FACILITY OPERAT	OR TRAIN	ING PROGRAM		
a. GRADUATE OF INPO ACCREDIT TRAINING PROGRAM THAT IS A SYSTEMS APPROACH TO TRA	ED OPERATOR BASED UPON X	YES NO	b. CERT	IFIED ON NRC FORM 474 ("SIMULATION LITY CERTIFICATION") OR NRC APPROVED LATION FACILITY IS USED IN THE VATOR TRAINING PROGRAM	X YES	NO
		15. FOR RENEV				
HOURS OPERATED FACILITY			b. DATI	AND RESULT OF MOST DATE INT NRC ADMINISTERED VALIFICATION EXAMINATION	RESUL	ī
HOURS OF LEATED TROTTETT			REQ	ALIFICATION EXAMINATION	PASS	FAIL
	a. l l		RIENCE DI	T		
a. POSITION TITLE FRO	OM TO	b. FACILITY	(- '	c. DUTIES		· · · · · · · · · · · · · · · · · · ·
						30
		•				
			* . *		* .	
			e de la companya de l			
		·				
17. COMMENTS (Specify the it	em number to wh	hich you are elabor	ating. At	tach additional sheets as necessary.)	*
					*	÷.
						P
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				•	
			*			
18. NRC FORM 396, CERTIFICATION	ON OF MEDICAL I	EXAMINATION BY FACI	LITY LICE	RSEE IS ATTACHED		
ANY FALSE STATEMENT OR OM	ISSION IN THIS	DOCUMENT, INCLUDIN	G ATTACHM	ENTS. MAY BE SUBJECT TO CIVIL AND CRI	MINAL SANCTIONS	
19a. I certify under penalty certify that I have notify that I have notify a Health and Human Secontrolled substance, and instance where I have beand (4) any reasons for the results of examinations.	of perjury that fied my current rvices (HHS) Ce d the test resu en arrested for removal or revo ons to my emplo	t the information it employer of: (1) striffied Drug Testi ults exceeded the of the sale, use or cation of unescort overs for use in pr	n this do all preving Labora utoff lev possessioned access eparing r	cument and attachments is true and cous employers; (2) any instance where tory or a Licensee's testing facility els established pursuant to 10 CFR Find of a controlled substance described at a nuclear facility, I also authoretraining programs, as necessary.	orrect. I furth is I have been to if for alcohol or int 26; (3) any i in 10 CFR Part ize the NRC to	er ested a 26; submit
SIGNATURE - APPLICANT	201A~	5			DATE 3/9	192
CHECK APPLICABLE BOX	7.75	U				-
X b. I certify that the as an Operator/Sen a need for an Operator exam attachments is true	above named in ior Operator pu ator/Senior Ope ination. I als e and correct.	ndividual has succe ursuant to Title 10 serator license to p so certify under pe	ssfully c , Code of erform hi nalty of	ompleted the facility licensees required Federal Regulations, Part 55; and the sher assigned duties and that the faperjury that the information in this	rements to be last the individuacility will be document and	icensed al has made
c. RENEWAL ONLY - I centrole info	rtify that the d in Item 17) and responsible reaction in this	above named indivi as required by sect llities competently a document and atta	dual meet ion 50.54 and safe chments i	s the approved requalification progrs (i-1) of 10 CFR 50, and that he/she ly. I also certify under penalty of s true and correct.	m (with excepti has discharged perjury that th	ons his/her
IRAINING C	OORDINATOR			SENIOR MANAGEMENT REPRESENTATIVE		
PRINTED OR TYPED NAME	obert Clement	egt en en en en en en en en en en en en en	PRINT	ED OR TYPED NAME H. E. MORGAN		-
SIGNATURE Robert (Gement	DATE 3 17-9	SIGNA	TURE NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION	DATE	
			OR REC US			-
		ns, as applicable)	MEET	S REQUIREMENTS DOES NOT MEET REQUI	REMENTS (Explain	below)
CATEGORY GRANTED BY HEADQUARTERS		DENIED BY QUARTERS REGION				
TTEN		TEGION	\dashv			
ERATING			_			
ELIGIBILITY						
MEDICAL			SIGN	ATURE - REVIEWER	DATE	
OTHER NRC FORM 398 (10-90)					<u> </u>	

479012 BY CHB 40 3152024 DOINGS, 131 H

ESTIMATED RUTCH FOR RESPONSE TO COURLY WITH THIS INFORMATION COLLECTION REGULEST, 15, MIN. FORMARD

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

AND RECORDS MANAGEMENT ESTIMATE TO THE MEDICALITION AND RECORDS MANAGEMENT ESTIMATE TO THE MEDICALITION AND RECORDS MANAGEMENT ESTIMATE MANGE THE DESCRIPTION TO TOTAL AND TO TOTAL RECORDS AND TO THE FAMEWOOM REDUCTION PROJECT DISCORDS. OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DO 2000

MANE OF AFFLICANT				
Mc Gauley, Michael				
FACILITY		,	·	FACILITY DOCKET NUMBER
San Onofre Nuclear Generat:	ing Station, Un	it 1		50-206
A. J	MEDICAL EXAMINATIO	N CERTIFICATION		
THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICA			SE MAS BEEN EXAM	NED BY A PHYSIC: N
PRINTED NAME (of physician)	STATE AND LICEN	SE NUMBER .		EXAMINATION DATE
Steven Rosen, MD	CA	G24823	•	Nov. 18, 1991
BASED ON THE RESULTS OF THE EXAMINATION, INCLU APPLICANT'S PHYSICAL CONDITION AND GENERAL HE/ AND SAFETY, I CERTIFY THAT IN REACHING THIS DETI FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE	ERMINATION, THE GUIDAN E FOR REVIEW BY NRC.	NISHED BY THE APPLICA T IT MIGHT CAUSE OPER NCE. CONTAINED IN ANSI	ANS 3.4-1983, OR AI	HAS DETERMINED THAT THE NDANGERING PUBLIC HEALTH NSI/ANS 15.4-1977 (N380) WAS
ON THE BASIS OF THE RECOMMENDATION OF THE PHY: OLLOWS:	SICIAN, I RECOMMEND TH	AT THE APPLICANT'S OP	ERATOR LICENSE BE	CONDITIONED AS
1. NO RESTRICTIONS		<u> </u>		
2. CORRECTIVE LENSES BE WORN WHEN PERFORM	MING LICENSED DUTIES	. •		· .
3. HEARING AID SE WORN WHEN PERFORMING LI				
4. RESTRICTED LICENSE OR EXCEPTION-Provide d				
5. RESTRICTION CHANGE FROM PREVIOUS SUBMI PROPOSED WORDING OF RESTRICTION (Elock 4 about)	1 i AL-Provide details below	and attach supporting medic	cal evidence for NRC re	tview.
THORUSED HUNDING OF RESTRICTION (BLOCK & 150 VE)		Hw (Zrun	11/19/91
RELATIONSHIP OF RESTRICTION TO DISQUALIFYING C	ONDITION (Eriefly indicate)	haw marining will memore	An eline vie in vi	
		TOW TESTITION WIN CONFER I	ne orequeinying concr	ion)
		•		• •
	•		• .	
REMARKS FOR RESTRICTION CHANGE (Block 5 above)				
	•	•		
			•	
			* •	
	B. NONMEDICAL CER	RTIFICATION		
THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUL FOR LICENSED OPERATORS.	ND TO MEET THE SAFEGU	ARDS AND FITNESS FOR	DUTY REQUIREMEN	VIS OF THIS FACILITY
	• •		•	· .
any false statement or omission in this document, inc Perjury that the information in this document and a	LUDING ATTACHMENTS, MAY	BE SUBJECT TO CIVIL AND	CRIMINAL SANCTIONS	I CERTIFY UNDER PENALTY OF
PRINTED NAME AND SIGNATURE (Senior Management Rep				DATE
No Signature Required, Non-	P			DATE
•	ication Vic	ce President &	Site Manage	er
In accordance with 10 CFR 55.5, Communications, this form s		er felle er BY HALL ADD	No. 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Regional Administrator, Region 1	•		MESSED 10:	
U.S. Nuclear Regulatory Commission	Regional Administrator, Re U.S. Nuclear Regulatory Co	egion II		ministrator, Region III
475 Allendale Road King of Prusia, PA 19406	101 Mariena Street, Suite :	3100	739 Rocsev	
•	Atlanta, GA 30323		Glen Ellyn,	
Regional Administrator, Region IV U.S. Nuclear Regulatory Commission E11 Ryan Plaza Drive, Suite 1000 Artination, TX 76011	Regional Administrator, Re U.S. Nuclear Regulatory Co 1450 Maria Lane, Suite 210 Walnut Creek, CA 94598	ommiuion O	and Quali Attn: Operi U.S. Nuclea	ivision of Licensee Performance ty Evaluation stor Licensing Branch of Repulatory Commission DC 20555

FRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552s(s)(3), enamed imp law by section 3 of the Privacy Act of 1974 (Public Law \$3.579), the following materiant is furnished to individuals who tupply information to the U.S. Nuclear Pagulatory Commission on NFC Form 278.

This information is material. This information is maimained in a system of records designmed as NFC-18 and . described at 15 Federal Register 32578 (August 20, 1590).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information amered on this form is used to determine whether the physical condition and seneral health of the applicant are such that they will not cause operational errors endangering public health and sa fety. This information may be used by the NRC staff to determine if the individual mem the inquirements of 10 CFR 55 to take an examination or to be issued an operator's liberae.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local evency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an edministrative or judicial proceeding. In addition, this information may be transferred to an econopciate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, DISCLOSURE IS VOLUNTARY, 11 AM repurmed information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGERIS) AND ADDRESS: Onlef, Operator Elicerating Branch, Office of Nuclear Practice Population, U.S. Nuclear Populatory Commission, Washington, DC 2005

•			·						- :					
NRC FORM 398 (F. (10-90) 10 CFR 55.31, 5.55.47, and 55.5	ACSIMILE) U.S 5.35,	S. NUCLE	EAR REGI	JLATOR	Y COMM	ISSIO	N EST WIT REO	APPROVED BY IMATED BURDE H THIS INFOR UEST: 2.0 HE	CMB: (PIRES N PER MATION S. FOR	NO. 3150-0090 : 1-31-92 RESPONSE TO CON- COLLECTION WARD COMMENTS MATE TO THE INN MATE TO THE INN MATE TO THE INN MATE TO THE INN MATE TO THE INN MATE TO THE INN MATE TO THE INN MATE TO THE INN MATE TO THE INN MATE TO THE INN MATE TO THE INN MATE TO THE MATE	IPLY (To	DATE be comp	RECEI leted	VED by NRC
PERSON	AL QUALIFICATION S	STATEMEN	II - LIC	ENSEE			MAT MIS THE	ION AND RECO BB 7714) U.S SION, WASHIN PAPERWORK R	RDS MA NUCLI IGTON LEDUCTI	MATE TO THE INF MAGEMENT BRANCE LAR REGULATORY O DC 20555, AND T LON_PROJECT (315	OM- O			
	AIN VALID, THIS FO					·	WAS	EINGTON, DC,	20503	EMENT AND BUDGE	T.	· · · · ·	٠.	
(include ZIP	Code)	1150, 1	110019)	A.U. A.			X	· · · · · · · · · · · · · · · · · · ·	CATIO	(Check applica				COLI
2926B Cam	RK ANDERSON ino Capistrano nte, CA 92672							a. NEW b. RENEWAL c. UPGRADE d. MULTI-UN INCLUDE e. REAPPLIC		END TO ONAL UNIT)	WAIVER F (Justify 1-WRITTE 2-OPERAT 3-ELIGIE 4-MEDICA	On Rev N (Cate ING (Ca	erse) gory)	y)
2.	CITIZENSHIP		3	BIR'	TH DAT	<u> </u>	┥┟	1-FIRST 2-SECOND		├	5-OTHER	والا الم		
X a. UNITED ST			MONTE	D/	AY	YEAR	1	3-THIRD		X g.D	ATE PASS UNDAMENT NATION S IF APPLI	ED GENE ALS EXA	RIC N	M YY
5. TYPE OF LIC	Decify) ZENSE APPLIED FOR	1	0 8	2	9 :	5 8		PREVIOUS L	TOPPOD		IF APPLI	CABLE)		2 91
X a. OPERATOR		- no	CKET NU	MRED	RO S	700 h				EXPIRATION DAT		<u> </u>		
b. SENIOR OF			CREI NO		INO I	KU B.	LICI	INSE NUMBER	MONT	H DAY YEA	d.FA	CILITY	DOCKET	NUMBER
(e.g., Ft	el Handler)	55-					٠				50-		-	
	SS (Include ZIP C	ode) OF	APPLIC	ANT'S	EMPLOY	TER .		DI ANT CURE		CURRENT POSITIO				
Southern Cal P. O. Box 12	ifornia Edison 8 , CA	4.		·			_	PLANT SUPER		DENT X SUPERINTENDENT	1. AUXI TRAI ING/	LIARY UI NEE/TURI FOULPME	VIT OF	ERATOR/ UILD- RATOR ATOR)
281 Clementee	92674-0128	· · · · · ·	;				_	SHIFT SUPE		,	(NON	LICENSE	OPER	ATOR)
8. NAME OF APPLI	CART'S FACILITY	FAC	ILITY D	OCKET	NIMBEE		- ₫.	STAFF ENGIN			j. OTHE	R (Speci	ify)	
San Onofre Un	it i	1110	150-206	OCAEI	NUPIDER	· -	- °.	SHIFT TECH SHIFT ENGIN INSTRUCTOR	NEER	ADVISOR/	· ·			<u> </u>
9. ADDITIONAL	FACILITY DOCKETS	(Multi	-unit L	icense	5)	L] g.		TROL R	OOM OPERATOR				
				-	1. EDU			CONTROL ROO	OM OPE	RATOR				
HIGH SCHOOL	c. MAJOR AREA(S) OF	NUMBE		IGHEST DEGREE	DE	GREE	CODES		d. VOCATIONAL	, 	NUMBER	CEPT	IFICATE
X GRADUATE	ENGINEERING (FI	ELDS)	OF YEA		e Code	—~I"⊞	ighes taine	used for T DEGREE"		TECHNICAL		MONTES	RE	CEIVED
GED EQUIVALENC						٥	- NO	NE		Nuclear Power		6	YES X	NO
b. NUMBER OF	OTHER Mathemati	CS	2		0	23	- AS	RTIFICATE SOCIATE CHELOR STER CTORAL	,*	Nuclear Proto	type	6	X	
YEARS OF COLLEGE 2						1 5	- MA - DO	STER CTORAL	,					
12. TRAINING (SI	NCE LAST APPLICAT	ION - S	EE INST	RUCTIO	NS)	1	3. EX	PERIENCE (DO	NOT I	DOUBLE COUNT - S	EE INSTI	RUCTIONS	1	
			TH AND	0	NUMB F WEEK							AND YE		NUMBER MONTHS
1-NUCLEAR POWER P	LANT FUNDAMENTALS	FROM	T	2 +		- R	AVY 1 -	PO.			FROM	TO		MUNTHS
2-PLANT SYSTEMS CLASSROOM	. :					\exists		EOOW/PPWO	7		·	+		
OBSERVATION		1			.	\exists		EWS/PPWS					-	
3-OPERATING PRACT CONTROL ROOM OP	ICE ERATIONS ON SHIFT			-				ERS/CRW OTHER (Spec	1991					
SIMULATOR OPERA (Includes Class	TING					_	OSSIL	······································				<u> </u>		
SIMULATOR NAMES								OPERATOR						
b.							7 -	SUPERVISOR				 	+	
CERTIFIED START PROGRAM COMPLET	UP X YES NO							PLANT STAFF OTHER (Spec						
NO. OF REACTIVE	TY MANIPULATIONS													
PLANT 9	SIMULATOR					HH 1			1627	uding Research/ Reactor)				
4-SRO INSTRUCTION								- REACTOR OF					\bot	
5-EXTRA PERSON ON ROOM (13-WEEK M	SHIFT IN CONTROL	:	+			-		SENIOR OPE				 		
MOCKET (IS HEER PI	I ABOVE 20% POWER		-	_			13	STAFF/SHIF	T ENGI	NEER (Licensed)	ļ	+	+	
(6-WEEK MINIS				-		4				. (Nonlicensed)				
OTHER (Specify)	· ·			_		\dashv		OTHER (Spe						
			_			\dashv	; 		,,					
		····						·					- 1	
NRC FORM 398 (10.						1		*					$\neg \neg \neg$	

Γ				· · · · · ·	14. FAC:	ILITY C	PERATO	R TRAINI	ING PRO	XGRAM				·		
•	a. GRADUATE TRAINING A SYSTEM	OF INPO ACCR PROGRAM THAT S APPROACH TO	EDITED OF IS BASED TRAINING	PERATOR	X YES		МО	b. CERT FACI SIMU OPER	IFIED LITY C LATION LATOR T	ON NRC F ERTIFICA FACILII RAINING	ORM 474 (TION") OR Y IS USED PROGRAM	"SIMULATION NRC APPROVED IN THE	x	YES	NO	0
					1.	. POR	RENEWA	LS ORLY				· · · · · · · · · · · · · · · · · · ·				
	HOURS OF	ERATED FACILI	TY	-				b. DATE	AND R	ESULT OF	MOST	DATE	T .	RESU	LT	
Ų	HOURD OF	LIGHTED TREETED						ŔĔŎŰ	ALIFIC	ATION EX	MOST STERED CAMINATION			PASS	F/	AIL
Ĺ			, ,			16.	EXPER	IENCE DE	TAILS							
L	a. POSI	TION TITLE	FROM	TO	ļ	b. FAC	ILITY					c. DUTIES				
ľ									,			·				
						•				•	•				٠.	
				•												
								, ,	ļ						,	
								•					٠.		•	
١.				٠.					İ		•					
		•		•											ě	
				-									'			
						•		•					1			
	$\mathcal{F}_{-} = \{ \cdot \mid \cdot \}$	· .										•				
.			-						Ì				•			
1	. •		•					;							٠.	•
L						-						•			•	
	17. COMMENT	S (Specify th	e item nu	umber to	which you	are e	labora	ting. At	tach a	dditiona	l sheets	as necessary.)				\neg
													-			
		.•		٠.							•	•				
		•		· · · · · ·								-				-
															•	
				•			•									.
		•				, • -							• .	•		
1					• • •	•		•			, ,					- 1
			*		,		× .		•		-	•		•		- 1
Ţ				• •												
. [•	•	•							•						
· [_																- 1
Ļ		396, CERTIFI														\neg
-	ANY FALS	E STATEMENT O	R OMISSIO	N IN TH	IS DOCUMEN	T, INC	LUDING	ATTACEM	ENTS, 1	MAY BE S	UBJECT TO	CIVIL AND CRI	MINAL S	ANCTIO	NS.	
	certify by a He control instanc and (4) the res	that I have alth and Huma led substance where I hav any reasons ults of exami	notified n Service , and the e been ar for remove nations t	my curres (HHS) test rested al or re	nat the in ent employ Certified esults exc for the sa evocation ployers fo	er of: Drug eeded le, us of une	10n in (1) all Testing the cut e or po scorted in prep	this do	cument ous em tory of els est n of a at a r etrain	and attributes; r a Licertablished control nuclear ing prog	achments i (2) any insee's test d pursuant led substat facility, rams, as r	is true and co instance where ting facility to 10 CFR Pa ance described I also author necessary.	rrect. I have for al rt 26: in 10 ize the	I fur been cohol (3) an CFR Pa	ther tested or a rt 26; o submi	t
.	SIGNATURE -	APPLICANT	1/4	- 17	d I	ion	e /						DA	TE3/13	!	\dashv
	CHECK APPLIC		1													\dashv
-	X b I a a a a a a	certify that s an Operator need for an vailable for ttachments is NEWAL ONLY -	the abov /Senior O Operator/ examinati true and	e named perator Senior (on. I correct	individua pursuant Operator l also certi t.	l has to Tit icense fy und	success le 10, to per er pens	fully co Code of form his alty of p	omplete Federa s/her a perjury	ed the fral Regularising that the	acility li ations, Pa duties an he informa	censees require 55; and the dathet the fation in this	rements at the cility documen	to be individually will be the and	licens	ed
	······································	TRAINI	licensed informati	respons: on in the) as requi ibilities his docume	competent and	section ently a attach	on 50.54 und safel uments is				cation program that he/she l r penalty of			i his/h	er
	PRINTED OR				· · · · · · · · · · · · · · · · · · ·			PRINTE		TYPED NAM		EPRESENTATIVE	UN SIT	E .		\dashv
-	SIGNATURE	<u> </u>	RODERT	Clement	DAT	F	·	 			H. E	. MORGAN	,		· · · · · · · ·	\Box
F		Golut	<u>Clu</u>	met	INT	3.17	1-92	SIGNAT	TURE	NON-CE	NATURE REC	UIRED PLICATION	DA	TE		1
-		111.22						NORC USI	3							\dashv
\vdash	 	WAIVER (Che		plete it			ble)	MEETS	REQUI	REMENTS	DOES N	OT MEET REQUIE	EMENTS	(Explai	n belov	w)
	CATEGORY	GRANTEI HEADQUARTERS	REGIO	N DE	DENIED		77017	4								7
ď	TTEN		KEGIU	" BEA	ADQUARTERS	REC	GION	-					*.			
	RATING		· ·			-		1			•					
1	ELIGIBILITY					 	·····	1	•			•	* .			
L	MEDICAL							SIGNA	TURE -	REVIEWE	IR.		DA	TE		\dashv
L	OTHER							1		:-			,5	-		
N	TRC FORM 398	(10-90)	•									· · · · · · · · · · · · · · · · · · ·				

ESTIMATED RIFORD PER RESPONSE TO COURTY WITH THIS INFORMATION COLLECTION REDUEST. IS MY FORMACO COMMENTS RESIDENCE STULTE TO THE MEDILATION AND RESORDS WANAGEMENT ERLACH WAS THE US AND LOS LIE ENGENHOEN MOCLOCOEN MOCHOLIS DEL CE CHYCON NOTICE GESTIVEDON CONNECTON WRITH MOCHON DO SATTE PER LICENTARY OF THE MOCHON OF THE MOCHON PROPERTY OF THE MOCHON

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

OFFICE OF HUNGENENT AND BUDGET, WASHINGTON DO POSCI NAME OF APPLICANT Poore, Mark FACILITY FACILITY DOCKET NUMBER San Onofre Nuclear Generating Station, Unit 1 50-206 A. MEDICAL EXAMINATION CERTIFICATION THIS IS TO CERTIFY THAT THE ABONE NAMED APPLICANT FOR AN OFERATORISENIOR CFERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN, PRINTED NAME (of physician) STATE AND LICENSE NUMBER EXAMINATION DATE C. Rolbin, MD A019523 Nov. 21, 1991 BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDINGERING PUBLIC HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDINGERING PUBLIC HEALTH AND SAFETY, I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1993, OR ANSI/ANS 15.4-1997 (N350) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC. ON THE SASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE SE CONDITIONED AS FOLKOWS: 1. NO RESTRICTIONS 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES 3. HEARING AID SE WORN WHEN PERFORMING LICENSED DUTIES 4. RESTRICTED LICENSE OR EXCEPTION-Provide details below and stuch supporting medical evidence for NRC review. 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL -Provide details below and attach supporting medical evidence for NRC reviews FROPOSED WORDING OF RESTRICTION (Biock 4 above) RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Stiefly indicate how regriction will correct the disqualifying condition) REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY

ANY FALSE STATEMENT OR CMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS, I CERTIFY UNDER FENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

FRINTED NAME AND SIGNATURE (Senior Management Representative on Site) TITLE

No Signature Required, Non-Certified

Application

Vice President & Site Manager

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC at follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region 1 U.S. Nuclear Regulatory Commission 475 Allendale Road King of Prussia, PA 19405

H. E. Morgan

Regional Administrator, Region IV U.S. Nuclear Repulatory Commission 611 Ryan Plaza Drive, Suite 1000 Arlinmon, TX 76011

Regional Administrator, Region II U.S. Nuclear Regulatory Commission 101 Marierta Street, Suite 3100 Atlanta, GA 30323

Regional Administrator, Region V U.S. Nocteir Regulatory Commission 1450 Maria Lane, Suite 210 Walnut Creek, CA \$4596 Regional Administrator, Region III U.S. Nuclear Regulatory Commission 799 Rocsevelt Road Glen Ellyn, IL 60137

Director, Division of Licensee Performance and Quality Evaluation Arth: Operator Licensing Branch U.S. Nuclear Regulatory Commission Wishington, DC 20555

DATE

FRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 557a(e)(3), enamed implies by section 3 of the Privacy Act of 1974 (Public Law 53.579), the following natement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 3PS. This information is maintained in a system of records designated as NFC18 and Concreted at \$5 Fectival Register 32508 (AUD. in 20, 1990).

AUTHORITY: Sections 107 and 1616) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information amered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and usfery. This information may be used by the NRC matfillo, determine if the individual mains the requirements of 10 CFR 55 to take an examination or to be inseed an operator's license,

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local egency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the couns of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, Disclosure is voluntary, if the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGERIST AND ADDRESS: Oriet, Operator Licensing Branch, Office of Nuclear Rescior Regulation, U.S. Nuclear Pegulatory Commission, Washington, DC 2005

ı							T -									
۶	NRC FORM 398 (FACSIMILE) U.S (10-90) 10 CFR 55.31, 55.35, 55.47, and 55.57	NUCLE	AR REGUL	ATORY	COMMIS	SION	ESTIM	PPROVED BY ATED BURDE THIS INFOR ST: 2.0 HR DING BURDE 7.714) U ON, WASHIN OFFICE OF NGTON, DC,	OMB: N PIRES: N PER F	10. 31 1-31- ESPON	50-009 92 SE_ TO	OMPL	(To	DATE be comp	RECEIV leted	by NRC
	_33.47, and 33.37			٠.			REQUE	ST: 2.0 HR	MATION S. FORW	COLLE VARD C	CTION CMMENT	S.				
	PERSONAL QUALIFICATION S	TATEMEN	T - LICE	NSEE			MATIC	N AND RECO	RDS MAN	AGEME	NT BRA	NCH NCH				
	•	٠			,	-	MISSI	ON WASHIN	GTON, E	C 205	55 AN JECT	D TO 3150-			٠	
7	TO REMAIN VALID, THIS FO						WASEI	NGTON, DC.	20503	TAENI .	טם עות	DGE1,		- · · · ·		
	1. APPLICANT'S FULL NAME (Last, F (include ZIP Code)	irst, M	iddle) A	ND AI	DRESS		4.TYP	E OF APPLI	CATION	(Chec	k appl	icable	boxe	s) X E	TC	COLD
							X a	. NEW			TT	f. WAI	IVER R	EQUESTE		
	SCANLON, PATRICK LOUIS EDWA	RD					b	. RENEWAL		5 - 1		{{7}}	Witte	on Rev	erse) Bory)	.*
	949 Penguin Circle							. UPGRADE	•		- 1	ار ا	PERAT	ING (Cat		
	Vista, CA 92083				•		ه لـــا	. MULTI-UN INCLUDE	II (AME ADDITIO	ND TO	NIT)			ING (Ca	regory	
İ	•		,					. REAPPLIC					LIGIB			
1								1-FIRST				- '	ÆDICA	. ·		
-	2. CITIZENSHIP		3.	BIRT	H DATE			2-SECOND		•	x		OTHER	ED. CEVE		
-	X a. UNITED STATES		MONTH	DA		EAR	⇃┖	3-THIRD			الثا	FUNI	AMENT	ED GENER ALS EXAM ECTION CABLE)	1- M	M YY
H	b. OTHER (Specify)	· ·	1 2	0	9 6	2	<u> </u>	<u>*</u>				(IF	APPLI	ABLE)	0	2 91
ŀ	5. TYPE OF LICENSE APPLIED FOR X a. OPERATOR	 		<u> </u>	1	.	6.	PREVIOUS L						<u>.</u>		
+	b. SENIOR OPERATOR	a. DOX	CKET NUMI	BER	RO SRO	ο b.	LICEN	SE NUMBER	MONTH		ATION		d.FAG	CILITY I	OCKET	NUMBER
t	c. LIMITED SRO (e.g., Fuel Handler)	55-			 -	+-		x	FUNTE	D ₂	XI :	YEAR	50-			 -
F		<u> </u>		· 		1.			L. L_						,	
. -	7. RAME AND ADDRESS (Include ZIP C	ode) OF	APPLICA	NI'S	EMPLOYE	R -					POSI					
	Southern California Edison		٠.			-		PLANT SUPER				<u>x</u>]1.	AUXII	IARY UN	IT OP	ERATOR/ UILD- RATOR ATOR)
	Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128				,	\vdash	7	ASSISTANT I SHIFT SUPER		UPERI	TENDE	NT	ING/I	COUIPMEN ICENSED	T OPE OPER	RATOR ATOR)
		*			•	-	-	STAFF ENGIN		, '	_			•		
-	8. NAME OF APPLICANT'S FACILITY San Onofre Unit 1	FACI	LITY DOC	KET	NUMBER	上	_	SHIFT TECHN SHIFT ENGIN		DVISOR	į [j.	OTHER	(Speci	fy)	
	9. ADDITIONAL FACILITY DOCKETS	04.14.1		•		↓	-									14
	- ADDITIONAL PACILITY DOCKETS	(MILLI-	-unit Lic	ense	S) .	-	┥	SENIOR CONT			RATOR			<u> </u>		
1		·•,		1		-		CONTROL ROC	AT OPER	AIUR						
				-	 EDUCA 	m		•								
Ų	IGH SCHOOL c. MAJOR AREA(S) OF	NUMBER			DEC	FREE CO	DDES	1	d. <u>Vo</u> c	ATIONA	工 /		NUMBER	CERT	IFICATE
1	IGH SCHOOL C. MAJOR AREA(S STUDY X GRADUATE ENGINEERING (FI		NUMBER OF YEARS	Н	IGHEST DEGREE	DEG	GREE CO	sed for DEGREE"			ATIONA HNICAL			NUMBER OF MONTHS		IFICATE CEIVED
11.7	STUDY		NUMBER OF YEARS	Н		DEG	GREE CO be us IGHEST Lained	ed for DEGREE"		TYPE	OF TR	MINIA		MONTES	YES	IFICATE CEIVED NO
11.11	X GRADUATE ENGINEERING (FII GED EQUIVALENCY Mechanical NO OTHER			Н	IGHEST DEGREE e Codes)	DEG (To BI obt	GREE CO be us IGHEST Lained	ed for DEGREE"		TYPE	OF TR	MAININ Wer S	chool	MONTES 6	YES X	
	X GRADUATE ENGINEERING (FII GED EQUIVALENCY Mechanical NO OTHER			Н	IGHEST DEGREE e Codes)	DEC THI Obt	GREE CO be us IGHEST Lained	ed for DEGREE"		TYPE	OF TR	MAININ	chool	MONTES	YES	
	X GRADUATE ENGINEERING (FIT Mechanical NO OTHER b. NUMBER OF YEARS OF COLLEGE 2	ELDS)	2	(Us	IGHEST DEGREE e Codes)	DEG CHI Obt 012345	PREE CO be us GHEST Ained - NONI - CER - ASSO - BACI - MASSO - DOC	Sed for DEGREE" IFICATE CLATE CLATE FIELOR FIEL FORAL	- - - - -	TYPE Nucl	OF TR	AININ ower S ototy	chool pe	MONTES 6 6	YES X	
	X GRADUATE ENGINEERING (FII GED EQUIVALENCY Mechanical NO OTHER	ELDS) ION - SE	2 E INSTRU	(Us	IGHEST DEGREE e Codes) 0	DEG ("BI ob t 0 123345	PREE CO be us GHEST Ained - NONI - CER - ASSO - BACI - MASSO - DOC	ed for DEGREE"	- - - - -	TYPE Nucl	OF TR	RAININ OWER S TOTOTY - SEE	chool pe INSTR	MONTHS 6 6 UCTIONS	YES X X	
	X GRADUATE ENGINEERING (FIT Mechanical NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAT:	ION - SE	2 EE INSTRU	(Us	IGHEST DEGREE e Codes) 0	DEG ("BI obt 0 123 45 5	FREE CC D be us GHEST Lained - NONI - CER - ASS - BCC - MASS - DOC	Sed for DEGREE" IFICATE CLATE CLATE FIELOR FIEL FORAL		TYPE Nucl	OF TR	RAININ OWER S TOTOTY - SEE	chool pe INSTR	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	
-	X GRADUATE ENGINEERING (FIT Mechanical NO OTHER b. NUMBER OF YEARS OF COLLEGE 2	ELDS) ION - SE	2 E INSTRU	(Us	IGHEST DEGREE e Codes) 0	DEG ("BI obt 0 123 45 5	GREE CC be us GHEST Lained - NOM - CER - ASS - BACI - MAS - DOC - MAS	sed for DEGREE" DEGREE" FIFICATE OCIATE HELOR FORAL ERIENCE (DO		TYPE Nucl	OF TR	RAININ OWER S TOTOTY - SEE	chool pe INSTR	MONTHS 6 6 UCTIONS	YES X X AR b.	NUMBER
	X GRADUATE ENGINEERING (FIT GED EQUIVALENCY Mechanical NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAT: 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)	ION - SE	2 EE INSTRU	(Us	IGHEST DEGREE e Codes) 0	DEG ("BI obt 0 123 45 5	GREE CC be us GREST cained - Nom - CER - ASS - BAC - MAS - MAS - DOC B. EXP	sed for DEGREE" DEGREE" FIFICATE OCIATE HELOR FORAL ERIENCE (DO		TYPE Nucl	OF TR	RAININ OWER S TOTOTY - SEE	chool pe INSTR	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER
	X GRADUATE ENGINEERING (FIT GED EQUIVALENCY Mechanical OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAT:	ION - SE	2 EE INSTRU	(Us	IGHEST DEGREE e Codes) 0	DEG ("BI obt 0 123 45 5	FREE CC be us GHEST Lained - Non - CER - ASS - BACI - MASS - DOC: LEXPI	sed for DEGREE" DEGREE" FIFICATE OCIATE HELOR FORAL ERIENCE (DO		TYPE Nucl	OF TR	RAININ OWER S TOTOTY - SEE	chool pe INSTR	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER
	X GRADUATE ENGINEERING (FIT Mechanical NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAT: 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION	ION - SE	2 EE INSTRU	(Us	IGHEST DEGREE e Codes) 0	DEG ("BI obt 0 123 45 5	FREE CO be used to be	DEGREE" DEGREE" DEGREE" DEGREE	NOT DO	TYPE Nucl	OF TR	RAININ OWER S TOTOTY - SEE	chool pe INSTR	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER
	X GRADUATE ENGINEERING (FIT Mechanical NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAT: 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT	ION - SE	2 EE INSTRU	(Us	IGHEST DEGREE e Codes) 0	DEG ("BI obt 0 123 45 5	FREE CO be used to be	DEGREE" DEGREE" DEGREE" DEGREE	NOT DO	TYPE Nucl	OF TR	RAININ OWER S TOTOTY - SEE	chool pe INSTR	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER
	X GRADUATE ENGINEERING (FIT GED EQUIVALENCY Mechanical OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAT: 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATING (Includes Classroom)	ION - SE a. MONT FROM	ZE INSTRU	(Us	IGHEST DEGREE e Codes) 0 NS) NUMBER WEEKS	DEGENERAL OF THE PROPERTY OF T	FREE CO be used to be	DEGREE" DEGREE" DEGREE" DEGREE	NOT DO	TYPE Nucl	OF TR	RAININ OWER S TOTOTY - SEE	chool pe INSTR	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER
	X GRADUATE ENGINEERING (FIT GED EQUIVALENCY Mechanical NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAT: (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING	ION - SE a. MONT FROM	ZE INSTRU	(Us	IGHEST DEGREE e Codes) 0 NS) NS) NUMBER WEEKS	DEG (TCT) Obt 0 123 4 5 5	FREE CO be us (GHEST cained - NON) - CER NON - CER MAS: - DOC: - MAS: - M	DEGREE" DEGREE" DEGREE" DEGREE	NOT DO	TYPE Nucl	OF TR	RAININ OWER S TOTOTY - SEE	chool pe INSTR	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER
	STUDY X GRADUATE ENGINEERING (FIT GED EQUIVALENCY Mechanical NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAT: 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATING (Includes Classroom) SIMULATOR NAMES	ION - SE a. MONT FROM	Z INSTRU	(Us	IGHEST DEGREE e Codes) 0 NS) NUMBER F WEEKS	DEG (TCT) Obt 0 123 4 5 5	REE CO De us GEREST LE CO DE US GEREST LE CER NONI - CER ASS BACI - MAS DOCT - MAS DOCT - MAS DOCT - MAS DOCT - MAS DOCT - MAS DOCT - MAS DOCT - MAS DOCT - SEXPI	DEGREE" DEGREE" DEGREE" DEGREE" DEFICATE CITATE CITATE CITATE CORAL COCOM/PPWO COCOM/PPWO CWS/PPWS CRS/CRW DTHER (Spec) NOT DO	TYPE Nucl	OF TR	RAININ OWER S TOTOTY - SEE	chool pe INSTR	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER
	X GRADUATE ENGINEERING (FIT GED EQUIVALENCY Mechanical NO OTHER b. NUMBER OF YEARS OF 2 12. TRAINING (SINCE LAST APPLICAT) 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b.	ION - SE a. MONT FROM	Z INSTRU	(Us	IGHEST DEGREE e Codes) 0 NS) NUMBER F WEEKS	DEG (TCT) Obt 0 123 4 5 5	EREE CC See us GHEST GHEST GHEST GHEST GER	DEGREE" DEGREE" DEGREE" DEGREE" DEFICATE CITATE CITATE CITATE CITATE CORAL COCOM/PPWO COCOM/PPWO CWS/PPWS CRS/CRW DITHER (Spec DEFRATOR UPERVISOR PLANT STAFF) NOT DO	TYPE Nucl	OF TR	RAININ OWER S TOTOTY - SEE	chool pe INSTR	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER
	X GRADUATE ENGINEERING (FIT GED EQUIVALENCY Mechanical OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAT: 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b.	ION - SE a. MONT FROM	Z INSTRU	(Us	IGHEST DEGREE e Codes) 0 NS) NUMBER F WEEKS	DEG (TCC) (BIt 0 1233 5 5	EREE CO be us (GHEST cained - Non - CER - SC - BACT - MAS: - DOC: - MAS:	DEGREE" DEGREE" DEGREE" DEGREE" DEFICATE COLATE DELECT DECEMBER DE) NOT DO	TYPE Nucl Nucl	OF TR	AAININ OWER S OCTOTY - SEE	chool pe INSTR	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER
	STUDY X GRADUATE ENGINEERING (FIT GED EQUIVALENCY Mechanical NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAT: 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR	ION - SE a. MONT FROM	Z INSTRU	(Us	IGHEST DEGREE Codes) NS) NUMBER WEEKS	DEG (TCC) (BIt 0 1233 5 5	EREE CO be us (GHEST cained - Non - CER - SC - BACT - MAS: - DOC: - MAS:	DEGREE" DEGREE" DEGREE" DEGREE" DEFICATE CITATE CITATE CITATE CITATE CORAL COCOM/PPWO COCOM/PPWO CWS/PPWS CRS/CRW DITHER (Spec DEFRATOR UPERVISOR PLANT STAFF) NOT DO	TYPE Nucl Nucl	COUNT	AAININ OWER S OCTOTY - SEE	chool pe INSTR	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER
	STUDY X GRADUATE ENGINEERING (FIT GED EQUIVALENCY Mechanical NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAT: 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR	ION - SE a. MONT FROM	Z INSTRU	Us CTIO	IGHEST DEGREE Codes) NS) NUMBER WEEKS	DEG (TCC) (BIt 0 1233 5 5	EREE CO De us Constitution of the second of	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEFINITION OF THE CONTROL	ify) (Included Test	TYPE Nucl Nucl OUBLE	COUNT Resear Resear COUNT	AAININ OWER S OCTOTY - SEE	chool pe INSTR	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER
	X GRADUATE ENGINEERING (FIT GED EQUIVALENCY Mechanical NO OTHER b. NUMBER OF YEARS OF 2 12. TRAINING (SINCE LAST APPLICAT: COLLEGE 2 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATION GRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5 4-SRO INSTRUCTION	ION - SE a. MONT FROM	ZE INSTRUER AND YES TO TO TO TO TO TO TO TO TO TO TO TO TO	Us CTIO	IGHEST DEGREE Codes) NS) NUMBER WEEKS	DEG (TCC) (BIt 0 1233 5 5	EREE CO be used to be	DEGREE" DEGREE" DEGREE" DEGREE" DEFICATE COLATE DELECT DECEMBER DE	o NOT DO	TYPE Nucl Nucl OUBLE Claiming React (Lice)	COUNT COUNT Resear COUNT	AAININ OWER S OCTOTY - SEE	chool pe INSTR	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER
	X GRADUATE ENGINEERING (FIT GED EQUIVALENCY Mechanical NO OTHER b. NUMBER OF YEARS OF 2 12. TRAINING (SINCE LAST APPLICAT: COLLEGE 2 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X SIMULATIONS PLANT SIMULATOR 5	ION - SE a. MONT FROM	ZE INSTRUER AND YES TO TO TO TO TO TO TO TO TO TO TO TO TO	Us CTIO	IGHEST DEGREE Codes) NS) NUMBER WEEKS	DEG (TCC) (BIt 0 1233 5 5	EREE CO B	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEFICATE CIATE DEFICATE DEFICATE DEFICATE COM/PPWO DES/PPWS DES/CRW DEFICATOR DEFICATO	ify) (Include Test ERATOR (RVISOR	TYPE Nucl Nucl OUBLE CLicen (Licen (Licen	COUNT COUNT Resear Resear Resear Resear Resear	ch/	chool pe INSTR	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER
	X GRADUATE ENGINEERING (FIT GED EQUIVALENCY Mechanical NO OTHER b. NUMBER OF YEARS OF 2 12. TRAINING (SINCE LAST APPLICAT: 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)	ION - SE a. MONT FROM	ZE INSTRUER AND YES TO TO TO TO TO TO TO TO TO TO TO TO TO	Us CTIO	IGHEST DEGREE Codes) NS) NUMBER WEEKS	DEG (TCC) (BIt 0 1233 5 5	EREE CO De un GHEST Lained - NON GHEST LAINE - N	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEFICATE DEFICATE DEFICATE DEFICATE DEFICATE DEFICATE DEFICATE DEFICATE DEFICATE DEFICATE DEFICATE DEFICATE DEFICATE DEFICATE DEFICATION	o NOT DO ify) (Include Test ERATOR (RVISOR T ENGIN	TYPE Nucl Nucl OUBLE CLicen (Licen (Licen (Licen)	COUNT COUNT Resear Resear Resear Count	ch/	chool pe INSTR	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER
	STUDY X GRADUATE ENGINEERING (FIT GED EQUIVALENCY Mechanical NO OTHER b. NUMBER OF YEARS OF COLLEGE 2 12. TRAINING (SINCE LAST APPLICAT: 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 201 POWER (6-WEEK MINIMUM)	ION - SE a. MONT FROM	Z E INSTRU	Us CTIO	IGHEST DEGREE Codes) NS) NUMBER WEEKS	DEG (TCC) (BIt 0 1233 5 5	EREE CO C De C C C De C C C De C C C De C C C De C C C De C C C De C C C De C C De C C De C C De C DE C DE	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE DEGR	ify) (Include Test Test Test Test Test Test Test Tes	TYPE Nucl Nucl OUBLE CLicen (Licen (Licen (Licen)	COUNT COUNT Resear Resear Resear Count	ch/	chool pe INSTR	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER
	X GRADUATE ENGINEERING (FIT GED EQUIVALENCY Mechanical NO OTHER b. NUMBER OF YEARS OF 2 12. TRAINING (SINCE LAST APPLICAT: 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 5 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)	ION - SE a. MONT FROM	ZE INSTRUER AND YES TO TO TO TO TO TO TO TO TO TO TO TO TO	Us CTIO	IGHEST DEGREE Codes) NS) NUMBER WEEKS	DEG (TCC) (BIt 0 1233 5 5	REE CO C BE WITCHEST CHE	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE DEG	ify) (Incluing Test Test Test Test Test Test Test Test	TYPE Nucl Nucl OUBLE CLicen (Licen (Licen (Licen)	COUNT COUNT Resear Resear Resear Count	ch/	INSTR .MONTH FROM	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER
	X GRADUATE ENGINEERING (FIT GED EQUIVALENCY Mechanical NO OTHER b. NUMBER OF YEARS OF 2 12. TRAINING (SINCE LAST APPLICAT: Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO SIMULATOR 5-CASRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 201 POWER (6-WEEK MINIMUM) QUALIFICATION	ION - SE a. MONT FROM	Z E INSTRU	(Us	IGHEST DEGREE Codes) NS) NUMBER WEEKS	DEG (TCC) (BIt 0 1233 5 5	REE CO C BE WITCHEST CHE	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE DEGR	ify) (Incluing Test Test Test Test Test Test Test Test	TYPE Nucl Nucl OUBLE CLicen (Licen (Licen (Licen)	COUNT COUNT Resear Resear Resear Count	ch/	INSTR .MONTH FROM	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER
	X GRADUATE ENGINEERING (FIT GED EQUIVALENCY Mechanical NO OTHER b. NUMBER OF YEARS OF 2 12. TRAINING (SINCE LAST APPLICAT: Classroom) 2-PLANT SYSTEMS CLASSROOM OBSERVATION 3-OPERATING PRACTICE CONTROL ROOM OPERATING (Includes Classroom) SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO PROGRAM COMPLETED X YES NO SIMULATOR 5-CASRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 201 POWER (6-WEEK MINIMUM) QUALIFICATION	ION - SE a. MONT FROM	Z E INSTRU	(Us	IGHEST DEGREE Codes) O NS) NUMBER WEEKS	DEG (TCC) (BIt 0 1233 5 5	REE CO C BE WITCHEST CHE	DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE" DEGREE DEG	ify) (Incluing Test Test Test Test Test Test Test Test	TYPE Nucl Nucl OUBLE CLicen (Licen (Licen (Licen)	COUNT COUNT Resear Resear Resear Count	ch/	INSTR .MONTH FROM	MONTES 6 6 CUCTIONS AND YE	YES X X AR b.	NUMBER

				14. FACII	LITY OPERATOR	RIRAINI	NG PROGRAM			
a. GRADUATE TRAINING A SYSTEMS	OF INPO ACCRI PROGRAM THAT APPROACE TO	DITED OF TRAINING	PERATOR		NO	b. CERT FACI SIMU	IFIED ON NRC FORM 474 LITY CERTIFICATION" LATION FACILITY IS US ATOR TRAINING PROGRAM	OR NRC APPROVED SED IN THE	X YES	NO
				15.	FOR RENEWAL	SOMLY				
OURS ORS	RATED FACILI	rv				b. DATE	AND RESULT OF MOST NT NRC ADMINISTERED ALIFICATION EXAMINAT	DATE	RESULT	
OURS OFF	RATED FACILITY		••			REQU	ALIFICATION EXAMINAT	ION	PASS	FAIL
					16. EXPER	LENCE DE	TAILS			
a. POSIT	TION TITLE	FROM	TO	1	. FACILITY			c. DUTIES	· · · · · · · · · · · · · · · · · · ·	
		٠.								
									÷ •.	
		·								:
,				٠.						
		-								
-		÷.			•	•	•			
	•									
·					* *					
									•	
		,								
		,								
17. COMMENTS	S (Specify the	e item n	mber t	o which you	are elabora	ting. At	tach additional sheet	ts as necessary.)		
	-	7								
			. :							
·									r	
					ě				-	
						*				i.
				•				•		
							*			
				٠.						
18. NRC FORM	396. CERTIFI	CATION O	F MEDIC	AL EXAMINAT	ION BY FACTL	ITY LICE	NSEE, IS ATTACHED			
							ENTS, MAY BE SUBJECT	TO CIVIL AND CRIM	INAL SANCTIONS	
19a. I certify certify by a Hee control instance and (4) the resu	fy under pena that I have alth and Huma led substance e where I hav any reasons ults of exami		1 1	that the intrent employs (a) Certified results excit for the sare revocation employers for	formation in er of: (1) a Drug Testin eded the cu le, use or p of unescorter use in pre	this do il previ g Labora coff lev essessio i access paring r	cument and attachment ous employers; (2) and tory of a Licensee's els established purs n of a controlled sui at a nuclear facility etraining programs,	ts is true and corny instance where testing facility uant to 10 CFR Parestance described ty, I also authorizes necessary.	DATE	
	 	Jak.	215	N= 4	contor		<u> </u>		7/8/	92
X b. I		the sho	Ve neme	d individue	l has succes	sfulle ^	ompleted the featlit-	v licensons manife	mante to be !	10000 = 1
							ompleted the facility Federal Regulations s/her assigned duties perjury that the info			
c. REN	NEWAL ONLY -	I certif noted in licensed informat	y that Item 1 respor ion in	the above notice that the country that t	amed individured by section competently interested and attack	ual meet on 50.54 and safe nments i	s the approved requal (i-1) of 10 CFR 50, ly. I also certify to true and correct.	lification program and that he/she had under penalty of p	(with exceptions discharged berjury that the	ons his/her e
		NG COORD						NT REPRESENTATIVE		
PRINTED OR 1	TYPED NAME	Robe	rt Clen	 pent	2.4	PRINT	ED OR TYPED NAME	E. E. MORGAN		•
SIGNATURE	() () D	00		DAT	E	SIGNA			DATE	
	Golint	<u>Cler</u>	rint	, 1=	3-17-92		NON-CERTIFIED	APPLICATION		
	MATTER (C)	ale	1	14		R RORC US				
	GRANTE		mbrece	items, as a		MEET	S REQUIREMENTS DOI	ES NOT MEET REQUIRE	MENTS (Explain	below)
CATEGORY	HEADQUARTERS		ON T	HEADQUARTERS	REGION	-				
TEN					12.01011	4	•			
RATING	 	-				┥				
ELIGIBILITY								•		
MEDICAL						SIGN	ATURE - REVIEWER		DATE	
OTHER		T	• 1		I	-1			•	

THE NEW YARDS OF TRANSPORSE REPORTED ROTHLINGS IN PROCESSION ROTHLINGS IN THE PROPERTY PROTECTION STANDARD IN PROT TO THE ENGINEER HOLDINGS THE SOCIETY BY OF CONTROL OF THE STATE OF THE

OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON DO TONG

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

NAME OF APPLICANT

Scanlon, Patrick

FACILITY

San Onofre Nuclear Generating Station, Unit 1

FACILITY DOCKET NUMBER

50-206

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABONE NAMED APPLICANT FOR AN OPERATOR SENIOR CEERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAM.

FRINTED NAME (of prysician) Cecil Rolbin, M.D.

STATE AND LICENSE NUMBER Calif. A019523

EXAMINATION DATE Nov.13,1991

EASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY, I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1993, OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE EASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE SE CONDITIONED AS FOLLOWS:

1. NO RESTRICTIONS

- 2. CORRECTIVE LENSES SE WORN WHEN PERFORMING LICENSED DUTIES
- 3. HEARING AID SE WORN WHEN PERFORMING LICENSED DUTIES
- 4. RESTRICTED LICENSE OR EXCEPTION-Provide details below and stuch supporting medical evidence for NRC review.
- 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL -Provide details below and attach supporting medical evidence for NRC review.

FROPOSED WORDING OF RESTRICTION (Elock 4 above)

Corrective lenses be worn when performing licensed duties.

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Stielly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY

ANY FALSE STATEMENT OR CMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS, I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT,

PRINTED NAME AND SIGNATURE (Senior Management, Representative on Site) TITLE

DATE

No Signature Required, Non-Certified

H. E. Morgan

Application

Vice President & Site Manager

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region I U.S. Nuclear Regulatory Commission 475 Allendale Road King of Prussia, PA 19405

Regional Administrator, Region IV U.S. Nuclear Prouletory Commission 611 Ryan Plaza Drive, Suite 1000 Arlington, TX 76011

Regional Administrator, Region II U.S. Nuclear Repulatory Commission 101 Mariena Street, Suite 3100 Atlanta, GA 30323

Regional Administrator, Region V U.S. Nuclear Regulatory Commission 1450 Maria Lane, Suite 210 Walnut Creek, CA \$4598

Regional Administrator, Region III U.S. Nuclear Regulatory Commission 799 Rocherelt Road Glen Ellyn, IL 60137

Director, Division of Licenses Performance and Quality Evaluation Attn: Operator Licensing Branch U.S. Nuclear Regulatory Commission Washington, DC 20555

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 557a(e)(2), enacted implies by section 3 of the Privacy Act of 1974 (Public Law \$3.579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Populatory Commission on NRC Form 205. This information is maintained in a system of records designated as AFC 16 and . Concentration at \$5 Fectors, Englisher 22518 (AUD. in 20, 1990).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as amerided (42 USC 2137 and 2201(i)).

FRINCIPAL PURPOSEIS): Information amazed on this form is used to desimine whether the physical condition and general health of the applicant are such that they will not cause operational arrors endangering public health and safety. This information may be used by the NRC matf to determine if the individual mems the requirements of 10 CFR 55 to take an examination or to be issued an operator's literae.

ROUTINE USES: The information may be discound to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the couns of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, Stere, and local agency to the extent relevant and necessary for an NRC decision about you,

WHETHER DISCUSSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, Disclosure is voluntary, if the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGERISI AND ADDRESS: Orief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Populatory Commission, Washington, DC 20555

	NDC POPM 200 (PACCINCTE) II C	MICTE	AD DECUT	TODY	200	****						``			
ب د د	NRC FORM 398 (FACSIMILE) U.S (10-90) 10 CFR 55.31, 55.35, 55.47, and 55.57	s. RUCLE	EAR REGULI	IIORI 	CUM	18810	ESTIN WITH REQUI	AFPROVED BY ATED BURDE: THIS INFOR- STI 20 0 HRDE: NAND RECO: ON WASHIN, APERWORK RI OFFICE OF, INGTON, DC,	OMB: N PIRES: N PER R MATION S. FORW	O. 3150- 1-31-92 ESPONSE COLLECTI MARD COMM	0090 TO COM ON ENTS	PLY (To	DATE I	RECEIVI Leted 1	ED by NRC)
	PERSONAL QUALIFICATION S	STATEMEN	T - LICE	SEE			MATIC (MNE) MISS THE	DING BURDER DN AND RECORD 3 7714) U.S. ION, WASHING PAPERWORK RI	N ESTIM RDS MAN NUCLEA GTON D EDUCTIO	MATE TO T MAGEMENT AR REGULA OC 20555 ON PROJEC	HE INF BRANCH TORY C AND T T (315	OR- OM- O-			
•	TO REMAIN VALID, THIS FO	ORM MUSI	NOT BE A	LTER	ED		WASH:	OFFICE OF INGTON, DC,	MANAGE 20503	MENT AND	BÙĎĠĔ	ř,			
	1. APPLICANT'S FULL NAME (Lest, F (include ZIP Code)	First, M	iddle) Al	TD AD	DRESS		4.TY	PE OF APPLIC	CATION	(Check a	pplica	ble box	s) X Ho	T	COLD
	SCHOTT, STEVEN JEROME		1,8°				·	new RENEWAL			1.	WAIVER I (Justif) 1-WRITT	EQUESTED on Reve N (Cates	rse)	·
	1006 Shorecrest Rd. Carlsbad, CA 92009						—	: UPGRADE	TT /AME	ND TO		2-OPERA	ING (Cat	egory)
	,				·			MULTI-UNI		NAL UNIT		3-ELIGI	ILITY	• .	
·				•,	:			. REAPPLICA	ATTON			4-MEDICA	T .		
ı	2. CITIZENSHIP		3.	BIRT	TAC E	Ε.		2-SECOND		r		5-OTHER		<u>-</u> -	
	X a. UNITED STATES	. *	MONTH	DA'		YEAR		3-THIRD			ı, s. E	INDAMEN NATION	ED GENER ALS EXAM ECTION CABLE)	- M	YY P
	b. OTHER (Specify) 5. TYPE OF LICENSE APPLIED FOR	1	0 5	3	0	5 3	_1	PREVIOUS L	(TENSE)	S) HVI D	(:	IF APPL	CABLE)	02	2 91
.	X a. OPERATOR	<u> </u>								EXPIRATION NO.	ON DATI	Ε			
	b. SENIOR OPERATOR	a. DO	CKET NUME	LR	RO	SRO B	LICEN	ISE NUMBER	MONTH		YEAL	d.F/	CILITY D	OCKET	NUMBER
	c. LIMITED SRO (e.g., Fuel Handler)	55-	•		·							50-			
	7. NAME AND ADDRESS (Include ZIP C	ode) OF	APPLICAT	T'S I	MPLO	ŒR			10. C	URRENT PO	OSITIO	AI FAC	ILITY		
	Southern California Edison P. O. Box 128 San Clemente, CA					L		PLANT SUPER			X	i. AUXI	LIARY UN	IT OPE	RATOR/
	San Clemente, CA 92674-0128					H		ASSISTANT F SHIFT SUPER		UPERINTE	NDENT	ING/ (NO)	NEE/TURE EQUIPMEN LICENSED	T OPERA	ATOR
						F		STAFF ENGIN				, 1			
	8. NAME OF APPLICANT'S FACILITY San Onofre Unit 1	FAC	ILITY DOC 50-206	KET 1	TUMBE	`	9. 1.	SHIFT TECHN SHIFT ENGIN INSTRUCTOR	ICAL A	DVISOR/	L	j. OTHE	R (Speci	fy)	<u>. </u>
	9. ADDITIONAL FACILITY DOCKETS	(Multi	-unit Lic	enses	5)		8.	SENIOR CONT	ROL RO	OM OPERAT	TOR				
			· · · · · ·	11	L. ED	YATT.		CONTROL ROC	M OPER	ATOR		• •	<u> </u>		
	righ school c. Major area(s) OF	NUMBER OF YEARS		GHES'	. ID	FCRFF C	ODES	. 1	d. VOCATI	ONAL.	,	NUMBER	CEPTI	FICATE
	X GRADUATE ENGINEERING (FI		OF YEARS	·	Code	—— I "	To be u HIGHEST btained	sed for DEGREE"		TECHNI	CAL		MONTES	REC	EIVED
1	GED EQUIVALENCY			(. 004		0 - NON	F	H	TYPE OF		School	6	YES	NO
	NO OTHER						1 - CER 2 - ASS	TIFICATE OCIATE HELOR	· [Nuclear			6	X	
	b. NUMBER OF YEARS OF COLLEGE 0		 				4 - MAS	TER TORAL							
	12. TRAINING (SINCE LAST APPLICAT	ION - S	EE INSTRU	CTION	is)	+	13 FY	ERIENCE (DO	NOT D	OURI E COL	DVT . C	- TV0			
.			TH AND YE		NUMI		10. 141	TATIONE (DO	NOT D	JUBLE COL)NI - 2				NUMBER
-	1-NUCLEAR POWER PLANT FUNDAMENTALS	FROM	TO	01	WEE	S	RAVY					FROM	H AND YE	őř	MONTES
١	(Classroom)	 				_		RO			,				
	2-PLANT SYSTEMS CLASSROOM	ļ	· · · · · ·					EOOW/PPWO EWS/PPWS		:		ļ		-	
	OBSERVATION 3-OPERATING PRACTICE		·					ERS/CRW			<u> </u>	<u> </u>			
1	3-OPERATING FRACTICE CONTROL ROOM OPERATIONS ON SHIFT	' · · · .				_	5 -	OTHER (Spec	ify) _					+	
.	SIMULATOR OPERATING (Includes Classroom)						POSSIL			· .		 		+-	
	SIMULATOR NAMES a. Unit 1							OPERATOR							
	b.					41111 11011	-	SUPERVISÓR PLANT STAFF							
	CERTIFIED STARTUP X YES NO PROGRAM COMPLETED						-	OTHER (Spec				 			
	NO. OF REACTIVITY MANIPULATIONS											<u> </u>	_	·	
	PLANT SIMULATOR 5					111111		IAL NUCLEAR	Test	Keactor)					
1	4-SRO INSTRUCTION						-	REACTOR OF				<u> </u>		Д	
٠,	5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)			+		\dashv		SENIOR OPE		·					
		 		\dashv		4		STAFF/SHIF				<u> </u>	+	+	
	TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) QUALIFICATION						14 -	AUX./EQUIP	. OPER.						
-	7-OTHER (Specify)	-		- -		\dashv		PLANT STAF							
: 1	- · ·		- 1			_ .	10 -	OTHER (Spec	city)				1	-	
		 													
				+		_								<u> </u>	

		· · · · · · · · · · · · · · · · · · ·	 :	1/ 04677					· · · · · ·	
TO A DUANTE O	OF TARO ACCRE	DITED OPE	EATOR	14. PACIL.	ITY OPERATO			C''STMILATION		
TRAINING I	OF INPO ACCRE PROGRAM THAT APPROACE TO	IS BASED	UPON :	X YES	NO	FACII	FIED ON NRC FORM 474 LITY CERTIFICATION") ON ATION FACILITY IS USED ATOR TRAINING PROGRAM	R NRC APPROVED	X YES	NO
A SISIND	ATTRONOL TO		· · ·			OPER.	TOR TRAINING PROGRAM			
		<u> </u>		15.	FOR RENEWA		<u> </u>	· · · · · · · · · · · · · · · · · · ·	· ·	· .
DURS OPER	RATED FACILIT	ry				b. DATE RECEI	AND RESULT OF MOST T NRC ADMINISTERED	DATE	RESU	
		•		···		REQU	ALIFICATION EXAMINATION	N .	PASS	FAIL
<u> </u>			T		16. EXPER	TENCE DE	TAILS	- DUTTEC		
a. POSIT	ION TITLE	FROM	TO		. FACILITY		· · · · · · · · · · · · · · · · · · ·	c. DUTIES	<u> </u>	
e",								,		
	1. J		: }							•
			"	* 1				•		
				•				•		
·	:			*						
-							·			
				•		٠				
				•						
	•						,			
			. [•	· .					
	-	• •				•				
							N		•	
						1.		·		
17. COMMENTS	(Specify the	e item nur	mber to	which you	are elabora	ting. At	tach additional sheets	as necessary.)		
		•								
•						. ,				
٠.										`.
	,						,		. *	
, - <u>,</u> -		•	•					•		
·					%*.					
				•	,		· · · · · · · · · · · · · · · · · · ·	•		
			-		.:					
			•				,		•	
		•							*	
18. KRC FORM	396, CERTIFI	CATION OF	MEDICAL	. EXAMINATI	ON BY FACI	LITY LICE	NSEE, IS ATTACHED	· · · · · · · · · · · · · · · · ·	;	
							ENTS, MAY BE SUBJECT T			
19a. I certify certify by a Hea controll instance	fy under pena that I have alth and Huma led substance where I hav	lty of penotified on Service, and the	rjury the my currest (HES) test rested in a second contract of the s	nat the infert employed Certified exception the sales ar	ormation in r of: (1) Drug Testin eded the come, use or of	n this do all preving Labora toff lev	cument and attachments ous employers; (2) any tory or a Licensee's t els established pursua n of a controlled subs at a nuclear facility etraining programs, as	is true and con instance where esting facility nt to 10 CFR Par tance described	Trect. I fur I have been for alcohol t 26: (3) ar in 10 CFR P	ther tested or a ny art 26;
the resu	ilts of exami	nations t	o my emp	loyers for	use in pr	paring r	etraining programs, as	necessary.		
SIGNATURE -	APPLICANT	1)///	et-		• • •				DATE 3/	9/92
CHECK APPLICA		I								
X b. I as a av	certify that an Operator need for an vailable for tachments is	the abov /Senior O Operator/ examinati true and	e named perator Senior (on. I a correct	individual pursuant t perator li also certif	has succe o Title 10 cense to p y under per	ssfully of code of arform hinalty of	ompleted the facility Federal Regulations, s/her assigned duties perjury that the infor	licensees requir Part 55; and the and that the fac mation in this	rements to be at the individual to the individua	e licensed idual has be made
							s the approved requali (i-1) of 10 CFR 50, a ly. I also certify un s true and correct.			
		NG COORDI				-	SENIOR MANAGEMENT			
PRINTED OR 1	TYPED NAME	Robert C	1 ement			PRINT	ED OR TYPED NAME	F MODCAN		
SIGNATURE	\bigcirc \land \land	Λα	Temeno.	DATE		SIGNA		E. MORGAN	DATE	
	Cyclust 1	leme	¥	. , , , , , , , , , , , , , , , , , , ,	31/16	<u>- </u>	NON-CERTIFIED	APPLICATION		
 	FOR MRC USE WAIVER (Check or complete items, as applicable) MEETS REQUIREMENTS DOES NOT MEET REQUIREMENTS(Explain below)									
	GRANTE		hrere 1	DENIED		MEET	S REQUIREMENTS DOES	NOT MEET REQUI	REMENTS (Expl	ain below)
CATEGORY	HEADQUARTERS		N HE	ADQUARTERS	REGION	-	•		•	•
TEN	,	1				_	•			
ATING						- ·				
ELIGIBILITY							· · · · · · · · · · · · · · · · · · ·			
MEDICAL						SIGN	ATURE - REVIEWER		DATE	
OTHER		1				1 .		•	•	

NRC + 0= 4 396 10 CF # 15 73 15 75 15 77 15 31 15 15 U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY CHIE HO I SLOWER

DOPINES. 1-31 FA

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH MEDICAL TO MORAL PROPERTY OF THE TO THE FAR SHOULD BE TEST OF THE STATE OF TH

		OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON DO 2000
NAME OF APPLICANT		
Schott, Steven		<u>_</u>
FACILITY		FACILITY DOCKET NUMBER
San Onofre Nuclear Genera		50-206
	A. MEDICAL EXAMINATION CERTIFICATI	ON
THIS IS TO CERTIFY THAT THE ABONE NAMED APP	PLICANT FOR AN OFERATOR SENIOR CFERATOR	LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.
PRINTED NAME OF PROCECUL ROLBIN M.D.	FF 171525	CAUF EXAMINATION DATE 10-31-91
AND SAFETY, I CERTIFY THAT IN REACHING THIS FOLLOWED AND THAT DOCUMENTATION IS AVAIL	DETERMINATION, THE GUIDANCE CONTAINED II	PPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE COPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH N ANSI/ANS 3.4-1957 (N380) WAS
ON THE BASIS OF THE RECOMMENDATION OF THE FOLLOWS.	PHYSICIAN, I RECOMMEND THAT THE APPLICAN	T'S OPERATOR LICENSE BE CONDITIONED AS
A. NO RESTRICTIONS		
2. CORRECTIVE LENSES BE WORN WHEN PER		111.
3. HEARING AID SE WORN WHEN PERFORMIN		///////m
	vide details below and attach supporting medical eviden	
5. RESTRICTION CHANGE FROM PREVIOUS S	UBMITTAL—Provide details below and attach supporting	ng medical evidence for NRC review.
PROPOSED WORDING OF RESTRICTION (Block 4 abo	ne)	
Co	•	
Corrective lenses be worn w	hen performing licensed duti	les.
· ·		
RELATIONSHIP OF RESTRICTION TO DISQUALIFY	NG CONDITION (Briefly indicate how regriction will a	perect the disquelituing condition!
		and the angles of the state of
REMARKS FOR RESTRICTION CHANGE (Block 5 abo	12)	
	B. NONMEDICAL CERTIFICATION	
THIS CERTIFIES THAT THE APPLICANT HAS BEEN	EQUID TO DEST THE SASSEMBLE OF	
THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOR LICENSED OPERATORS.	FOUND TO MEET THE SAFEGUARDS AND FITNES	S FOR DUTY REQUIREMENTS OF THIS FACILITY
ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMEN	T INCLUDING ATTACHMENTS MAY BE DISCOURSE	
PERJURY THAT THE INFORMATION IN THIS DOCUMENT A	IND ATTACHMENTS IS TRUE AND CORRECT.	IL AND CRIMINAL SANCTIONS, I CERTIFY UNDER PENALTY OF
THE TED NAME AND SIGNATURE (Senior Managemen	it Representative on Site) TITLE	DATE
No Signature Required, No		
H. E. Morgan	plication Vice Presiden	t & Site Manager
In accordance with 10 CFR 55.5, Communications, this f		
		LADDHESSED TO:
Regional Administrator, Region 1 U.S. Nuclear Regulatory Commission	Regional Administrator, Region II U.S. Nuclear Regulatory Commission	Regional Administrator, Region III
475 Allendale Road King of Prussia, PA 15406	101 Mariema Street, Suite 3100	U.S. Nuclear Regulatory Commission 799 Roosevelt Road
•	Atlanta, GA 30323	Glen Ellyn, IL 60137
Regional Administrator, Region IV U.S. Nuclear Regulatory Commission 611 Ryan Plaza Drive, Suite 1000 Addinger, TV.	Regional Administrator, Region V U.S. Nuclear Regulatory Commission 1450 Maria Lane, Suite 210	Director, Division of Licenses Performance and Quality Evaluation Attn: Operator Licensing Branch

PRIVACY ACT STATEMENT

Walnut Creek, CA 94598

Pursuant to 5 U.S.C. 552a(a)(3), enacted imp law by section 3 of the Privacy Act of 1974 (Public Law \$3.579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Pagulatory Commission on NRC Form 386. This information is maimained in a system of records designated as NAC18 and Concreted at 55 Federal Projects 20078 (August 20, 1950). AUTHORITY: Sections 107 and 161(1) of the Atomic Energy Act of 1954, as

amended (42 U.S.C. 2137 and 22016)).

PRINCIPAL PURPOSEISI: Information amered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information tion may be used by the NRC staff to determine if the individual mensite requirements of 10 CFR 55 to take an examination or to be insued an operator's figure.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local egency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the couns of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and riscessary for an NRC decision about you.

U.S. Nuclear Regulatory Commission

Washington, DC 20555

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION, Discissive is voluntary, if the reduced information is not provided, however, the application for a feelity operator's or senior operator's license may be denied.

SYSTEM MANAGERIST AND ADDRESS: Onet, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

Arlinmon, TX 76011