

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

JOHNSTON, MICHAEL

JOZWIAK, CHET

MCGAULEY, MICHAEL

POORE, MARK

SCANLON, PATRICK

SCHOTT, STEVEN

ENCLOSURE 2

CANDIDATE'S NON-CERTIFIED NRC 396 & 398 FORMS

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 2.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNEB 7714) U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090) OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC, 20503

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

| 1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) CARRILLO, JULIAN JR. 134 Ave Aragon Apt "B" San Clemente, CA 92672-4622 | | 4. TYPE OF APPLICATION (Check applicable boxes) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/></td><td>a. NEW</td> <td><input type="checkbox"/></td><td>f. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category)</td> </tr> <tr> <td><input type="checkbox"/></td><td>b. RENEWAL</td> <td><input type="checkbox"/></td><td>2-OPERATING (Category)</td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>c. UPGRADE</td> <td><input type="checkbox"/></td><td>3-ELIGIBILITY</td> </tr> <tr> <td><input type="checkbox"/></td><td>d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)</td> <td><input type="checkbox"/></td><td>4-MEDICAL</td> </tr> <tr> <td><input type="checkbox"/></td><td>e. REAPPLICATION</td> <td><input type="checkbox"/></td><td>5-OTHER</td> </tr> </table> | | | <input checked="" type="checkbox"/> | a. NEW | <input type="checkbox"/> | f. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category) | <input type="checkbox"/> | b. RENEWAL | <input type="checkbox"/> | 2-OPERATING (Category) | <input checked="" type="checkbox"/> | c. UPGRADE | <input type="checkbox"/> | 3-ELIGIBILITY | <input type="checkbox"/> | d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) | <input type="checkbox"/> | 4-MEDICAL | <input type="checkbox"/> | e. REAPPLICATION | <input type="checkbox"/> | 5-OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> | a. NEW | <input type="checkbox"/> | f. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | b. RENEWAL | <input type="checkbox"/> | 2-OPERATING (Category) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | c. UPGRADE | <input type="checkbox"/> | 3-ELIGIBILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) | <input type="checkbox"/> | 4-MEDICAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | e. REAPPLICATION | <input type="checkbox"/> | 5-OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. CITIZENSHIP <input checked="" type="checkbox"/> a. UNITED STATES <input type="checkbox"/> b. OTHER (Specify) _____ | | 3. BIRTH DATE MONTH DAY YEAR 0 6 3 0 5 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. TYPE OF LICENSE APPLIED FOR <input checked="" type="checkbox"/> a. OPERATOR <input type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED SRO (e.g., Fuel Handler) | | 6. PREVIOUS LICENSE(S) HELD <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>a. DOCKET NUMBER</th> <th>RO</th> <th>SRO</th> <th>b. LICENSE NUMBER</th> <th colspan="3">c. EXPIRATION DATE</th> <th>d. FACILITY DOCKET NUMBER</th> </tr> <tr> <td>55-50167</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>OP-50097-02</td> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> <td>50-206</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>3</td> <td>0 6 9 5</td> <td></td> </tr> </table> | | | a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | | | d. FACILITY DOCKET NUMBER | 55-50167 | <input checked="" type="checkbox"/> | | OP-50097-02 | MONTH | DAY | YEAR | 50-206 | | | | | 0 | 3 | 0 6 9 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | | | d. FACILITY DOCKET NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55-50167 | <input checked="" type="checkbox"/> | | OP-50097-02 | MONTH | DAY | YEAR | 50-206 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 0 | 3 | 0 6 9 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER Southern California Edison P.O. Box 128 San Clemente, California 92674-0128 | | 10. CURRENT POSITION AT FACILITY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td><td>a. PLANT SUPERINTENDENT</td> <td><input type="checkbox"/></td><td>1. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR)</td> </tr> <tr> <td><input type="checkbox"/></td><td>b. ASSISTANT PLANT SUPERINTENDENT</td> <td><input type="checkbox"/></td><td>2. OTHER (Specify) _____</td> </tr> <tr> <td><input type="checkbox"/></td><td>c. SHIFT SUPERVISOR</td> <td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>d. STAFF ENGINEER</td> <td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER</td> <td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>f. INSTRUCTOR</td> <td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>g. SENIOR CONTROL ROOM OPERATOR</td> <td></td><td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>h. CONTROL ROOM OPERATOR</td> <td></td><td></td> </tr> </table> | | | <input type="checkbox"/> | a. PLANT SUPERINTENDENT | <input type="checkbox"/> | 1. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) | <input type="checkbox"/> | b. ASSISTANT PLANT SUPERINTENDENT | <input type="checkbox"/> | 2. OTHER (Specify) _____ | <input type="checkbox"/> | c. SHIFT SUPERVISOR | | | <input type="checkbox"/> | d. STAFF ENGINEER | | | <input type="checkbox"/> | e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER | | | <input type="checkbox"/> | f. INSTRUCTOR | | | <input type="checkbox"/> | g. SENIOR CONTROL ROOM OPERATOR | | | <input checked="" type="checkbox"/> | h. CONTROL ROOM OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a. PLANT SUPERINTENDENT | <input type="checkbox"/> | 1. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | b. ASSISTANT PLANT SUPERINTENDENT | <input type="checkbox"/> | 2. OTHER (Specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | c. SHIFT SUPERVISOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | d. STAFF ENGINEER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | f. INSTRUCTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | g. SENIOR CONTROL ROOM OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | h. CONTROL ROOM OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. NAME OF APPLICANT'S FACILITY San Onofre Unit 1 | | FACILITY DOCKET NUMBER 50-206 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. EDUCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | GRADUATE | c. MAJOR AREA(S) OF STUDY ENGINEERING (FIELDS) | NUMBER OF YEARS | HIGHEST DEGREE (Use Codes) | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | d. VOCATIONAL / TECHNICAL TYPE OF TRAINING | NUMBER OF MONTHS | CERTIFICATE RECEIVED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | GED EQUIVALENCY | | | | | | | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | NO | | | | | | | OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. NUMBER OF YEARS OF COLLEGE 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) | | | | | 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2"></th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF WEEKS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td>1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)</td> <td></td><td></td> <td></td> </tr> <tr> <td>2-PLANT SYSTEMS CLASSROOM</td> <td></td><td></td> <td></td> </tr> <tr> <td>OBSERVATION</td> <td></td><td></td> <td></td> </tr> <tr> <td>3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT</td> <td></td><td></td> <td></td> </tr> <tr> <td>SIMULATOR OPERATING (Includes Classroom)</td> <td></td><td></td> <td></td> </tr> <tr> <td>SIMULATOR NAMES</td> <td colspan="3" style="background-color: #cccccc;"> </td> </tr> <tr> <td>a.</td> <td colspan="3" style="background-color: #cccccc;"> </td> </tr> <tr> <td>b.</td> <td colspan="3" style="background-color: #cccccc;"> </td> </tr> <tr> <td>CERTIFIED STARTUP PROGRAM COMPLETED</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NO. OF REACTIVITY MANIPULATIONS</td> <td colspan="3" style="background-color: #cccccc;"> </td> </tr> <tr> <td>PLANT</td> <td colspan="3" style="background-color: #cccccc;"> </td> </tr> <tr> <td>SIMULATOR</td> <td colspan="3" style="background-color: #cccccc;"> </td> </tr> <tr> <td>See Block 17</td> <td colspan="3" style="background-color: #cccccc;"> </td> </tr> <tr> <td>4-SRO INSTRUCTION</td> <td></td><td></td> <td></td> </tr> <tr> <td>5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)</td> <td></td><td></td> <td></td> </tr> <tr> <td>a. TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)</td> <td></td><td></td> <td></td> </tr> <tr> <td>QUALIFICATION</td> <td></td><td></td> <td></td> </tr> <tr> <td>OTHER (Specify)</td> <td></td><td></td> <td></td> </tr> </table> | | | | | | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | FROM | TO | 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF REACTIVITY MANIPULATIONS | | | | PLANT | | | | SIMULATOR | | | | See Block 17 | | | | 4-SRO INSTRUCTION | | | | 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) | | | | a. TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) | | | | QUALIFICATION | | | | OTHER (Specify) | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2"></th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF MONTHS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td colspan="4">NAVY</td> </tr> <tr> <td>1 - RO</td> <td></td><td></td> <td></td> </tr> <tr> <td>2 - EOOW/PPWO</td> <td></td><td></td> <td></td> </tr> <tr> <td>3 - EWS/PPWS</td> <td></td><td></td> <td></td> </tr> <tr> <td>4 - ERS/CRW</td> <td></td><td></td> <td></td> </tr> <tr> <td>5 - OTHER (Specify) Electrical Operator</td> <td></td><td></td> <td></td> </tr> <tr> <td colspan="4">FOSSIL</td> </tr> <tr> <td>6 - OPERATOR</td> <td></td><td></td> <td></td> </tr> <tr> <td>7 - SUPERVISOR</td> <td></td><td></td> <td></td> </tr> <tr> <td>8 - PLANT STAFF</td> <td></td><td></td> <td></td> </tr> <tr> <td>9 - OTHER (Specify)</td> <td></td><td></td> <td></td> </tr> <tr> <td colspan="4">COMMERCIAL NUCLEAR (Including Research/Test Reactor)</td> </tr> <tr> <td>10 - REACTOR OPERATOR (Licensed)</td> <td></td><td></td> <td></td> </tr> <tr> <td>11 - SENIOR OPERATOR (Licensed)</td> <td></td><td></td> <td></td> </tr> <tr> <td>12 - SHIFT SUPERVISOR (Licensed)</td> <td></td><td></td> <td></td> </tr> <tr> <td>13 - STAFF/SHIFT ENGINEER (Licensed)</td> <td></td><td></td> <td></td> </tr> <tr> <td>14 - AUX./EQUIP. OPER. (Nonlicensed)</td> <td></td><td></td> <td></td> </tr> <tr> <td>15 - PLANT STAFF</td> <td></td><td></td> <td></td> </tr> <tr> <td>16 - OTHER (Specify)</td> <td></td><td></td> <td></td> </tr> </table> | | | | | | a. MONTH AND YEAR | | b. NUMBER OF MONTHS | FROM | TO | NAVY | | | | 1 - RO | | | | 2 - EOOW/PPWO | | | | 3 - EWS/PPWS | | | | 4 - ERS/CRW | | | | 5 - OTHER (Specify) Electrical Operator | | | | FOSSIL | | | | 6 - OPERATOR | | | | 7 - SUPERVISOR | | | | 8 - PLANT STAFF | | | | 9 - 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) | | | |
| | | | | | | | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| b. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CERTIFIED STARTUP PROGRAM COMPLETED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO. OF REACTIVITY MANIPULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIMULATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| See Block 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4-SRO INSTRUCTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QUALIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a. MONTH AND YEAR | | b. NUMBER OF MONTHS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FROM | TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAVY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - RO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - EOOW/PPWO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - EWS/PPWS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - ERS/CRW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - OTHER (Specify) Electrical Operator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOSSIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 - OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 - SUPERVISOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 - PLANT STAFF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 - 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|--|---|-----|--|----|---|---|-----|--|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | X | YES | | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | X | YES | | NO |
|--|---|-----|--|----|---|---|-----|--|----|

15. FOR RENEWALS ONLY

| | | | |
|-------------------------|--|------|----------------|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT |
| | | | PASS FAIL |

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

- 4.g. Mr. Carrillo held a RO license prior to the existence of the Generic Fundamentals Examination. Mr. Carrillo should be exempt from the Generic Fundamentals Examination based on Generic Letter 89-17, dated September 6, 1989.
- 12.3.b. Certified Reactor Startup and Number of Reactivity Manipulations are not required for SRO upgrades.

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHEMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT

DATE 3/13/92

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

TRAINING COORDINATOR

SENIOR MANAGEMENT REPRESENTATIVE ON SITE

PRINTED OR TYPED NAME Robert Clement

PRINTED OR TYPED NAME H. E. MORGAN

SIGNATURE *Robert Clement*

DATE 3-17-92

SIGNATURE NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION

DATE

FOR NRC USE

WAIVER (Check or complete items, as applicable)

MEETS REQUIREMENTS DOES NOT MEET REQUIREMENTS (Explain below)

| CATEGORY | GRANTED BY | | DENIED BY | |
|-------------|--------------|--------|--------------|--------|
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION |
| WRITTEN | | | | |
| OPERATING | | | | |
| ELIGIBILITY | | | | |
| MEDICAL | | | | |
| OTHER | | | | |

SIGNATURE - REVIEWER

DATE

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST. IS TO BE FORWARDED COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH, M5B-7741, U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545, AND TO THE PAPERWORK REDUCTION PROJECT (D150-0024), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

NAME OF APPLICANT
Carrillo, Julian

FACILITY
San Onofre Nuclear Generating Station, 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)
Steven Rosen, M.D.

STATE AND LICENSE NUMBER
Calif. G24823

EXAMINATION DATE
Nov. 14, 1991

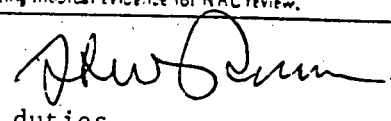
BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1953, 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 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)

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)
No Signature Required, Non-Certified Application
H. E. Morgan

TITLE
Vice President & Site Manager

DATE

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 II
U.S. Nuclear Regulatory Commission
161 Marietta Street, Suite 3100
Atlanta, GA 30323

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

Pursuant to 5 U.S.C. 552(a)(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 366. This information is maintained in a system of records designated as NRC-16 and described as 55 Federal Register 32618 (August 20, 1990).

AUTHORITY: Sections 107 and 161(f) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2221(f)).

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

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

| | | | | | | | |
|---|--|-----------------------------|--|--|--|---|--|
| 1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) | | | | 4. TYPE OF APPLICATION (Check applicable boxes) X HOT COLD | | | |
| CHANG, PO KUEN 3695 Cameo Drive Oceanside, CA 92056 | | | | X a. NEW | | 2. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category) | |
| 2. CITIZENSHIP | | | | 3. BIRTH DATE | | 2-OPERATING (Category) | |
| X a. UNITED STATES | | MONTH DAY YEAR | | 3-ELIGIBILITY | | 4-MEDICAL | |
| b. OTHER (Specify) | | 0 8 1 1 5 3 | | 5-OTHER | | X 8. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) MM YY | |
| 5. TYPE OF LICENSE APPLIED FOR | | 6. PREVIOUS LICENSE(S) HELD | | | | | |
| X a. OPERATOR | | a. DOCKET NUMBER RO SRO | | b. LICENSE NUMBER | | c. EXPIRATION DATE | |
| b. SENIOR OPERATOR | | 55- | | | | MONTH DAY YEAR | |
| c. LIMITED SRO (e.g., Fuel Handler) | | | | | | d. FACILITY DOCKET NUMBER | |
| | | | | | | 50- | |
| 7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER | | | | 10. CURRENT POSITION AT FACILITY | | | |
| Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128 | | | | a. PLANT SUPERINTENDENT | | 1. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) | |
| | | | | b. ASSISTANT PLANT SUPERINTENDENT | | | |
| | | | | c. SHIFT SUPERVISOR | | | |
| | | | | d. STAFF ENGINEER | | | |
| 8. NAME OF APPLICANT'S FACILITY | | FACILITY DOCKET NUMBER | | X e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER | | j. OTHER (Specify) | |
| San Onofre Unit 1 | | 50-206 | | f. INSTRUCTOR | | | |
| 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) | | | | g. SENIOR CONTROL ROOM OPERATOR | | | |
| | | | | h. CONTROL ROOM OPERATOR | | | |
| 11. EDUCATION | | | | | | | |
| HIGH SCHOOL | | c. MAJOR AREA(S) OF STUDY | | NUMBER OF YEARS | | HIGHEST DEGREE | |
| X GRADUATE | | ENGINEERING (FIELDS) | | 4 | | (Use Codes) 3 | |
| GED EQUIVALENCY | | Chem. Engineering | | | | | |
| NO | | OTHER | | | | | |
| b. NUMBER OF YEARS OF COLLEGE | | | | 4 | | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | |
| | | | | | | 0 - NONE | |
| | | | | | | 1 - CERTIFICATE | |
| | | | | | | 2 - ASSOCIATE | |
| | | | | | | 3 - BACHELOR | |
| | | | | | | 4 - MASTER | |
| | | | | | | 5 - DOCTORAL | |
| | | | | | | d. VOCATIONAL / TECHNICAL | |
| | | | | | | TYPE OF TRAINING | |
| | | | | | | Nuclear Power School | |
| | | | | | | 6 | |
| | | | | | | X | |
| | | | | | | Nuclear Prototype | |
| | | | | | | 6 | |
| | | | | | | X | |
| 12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) | | | | | | | |
| 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) | | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | | | |
| | | FROM TO | | | | | |
| 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 | | X YES NO | | | | | |
| 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 20% POWER (6-WEEK MINIMUM) | | | | | | | |
| QUALIFICATION | | | | | | | |
| 7-OTHER (Specify) | | | | | | | |
| 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) | | | | | | | |
| NAVY | | a. MONTH AND YEAR | | b. NUMBER OF MONTHS | | | |
| | | FROM TO | | | | | |
| 1 - RO | | | | | | | |
| 2 - EOOW/PEWO | | | | | | | |
| 3 - EWS/PPWS | | | | | | | |
| 4 - ERS/CRW | | | | | | | |
| 5 - OTHER (Specify) | | | | | | | |
| FOSSIL | | | | | | | |
| 6 - OPERATOR | | | | | | | |
| 7 - SUPERVISOR | | | | | | | |
| 8 - PLANT STAFF | | | | | | | |
| 9 - 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) | | | | | | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|---|-------------------------------------|-----|--|----|--|-------------------------------------|-----|--|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | <input checked="" type="checkbox"/> | YES | | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | <input checked="" type="checkbox"/> | YES | | NO |
|---|-------------------------------------|-----|--|----|--|-------------------------------------|-----|--|----|

15. FOR RENEWALS ONLY

| | | | |
|--------------------------------|---|-------------|-------------------------|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT |
| | | | PASS FAIL |

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT *[Signature]* DATE 3/8/92

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee's requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

TRAINING COORDINATOR

SENIOR MANAGEMENT REPRESENTATIVE ON SITE

| | |
|---|--|
| PRINTED OR TYPED NAME Robert Clement | PRINTED OR TYPED NAME H. E. MORGAN |
| SIGNATURE <i>[Signature]</i> DATE 3-17-92 | SIGNATURE NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION DATE |

FOR NRC USE

| WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS(Explain below) | |
|--|--------------|--------|--------------|---------------------------|--|------|
| CATEGORY | GRANTED BY | | DENIED BY | | | |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | | |
| WRITTEN | | | | | | |
| OPERATING | | | | | | |
| ELIGIBILITY | | | | | | |
| MEDICAL | | | | | | |
| OTHER | | | | | SIGNATURE - REVIEWER | DATE |

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST. IS MIN. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MRSB 774), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545, AND TO THE PAPERWORK REDUCTION PROJECT (3-20-88), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

NAME OF APPLICANT

Chang, Po

FACILITY

San Onofre Nuclear Generating Station, 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)
Steven Rosen, M.D.

STATE AND LICENSE NUMBER
Calif. G24823

EXAMINATION DATE
11-18-91

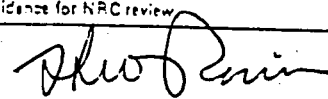
BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY, I CERTIFY THAT IN REACHING THIS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

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

H. E. Morgan

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

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

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 388. This information is maintained in a system of records designated as NRC-18 and covered by 18 Federal Register 32978 (August 20, 1993).

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 entered 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 required 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

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 2.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNB 7714) U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090) OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC, 20503

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

| | | | | | | | |
|---|--|---|---|---|--|--|--|
| 1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) CORTOPASSI, LOUIS PAUL 40017 Whiteleaf Lane Murrieta, CA 92562 | | | | 4. TYPE OF APPLICATION (Check applicable boxes) <input checked="" type="checkbox"/> HOT <input type="checkbox"/> COLD a. NEW <input type="checkbox"/> f. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category) _____ b. RENEWAL <input type="checkbox"/> 2-OPERATING (Category) _____ <input checked="" type="checkbox"/> c. UPGRADE <input type="checkbox"/> 3-ELIGIBILITY _____ d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> 4-MEDICAL _____ e. REAPPLICATION <input type="checkbox"/> 5-OTHER _____ 1-FIRST <input type="checkbox"/> 2-SECOND <input type="checkbox"/> 3-THIRD <input type="checkbox"/> See block 17 * | | | |
| 2. CITIZENSHIP <input checked="" type="checkbox"/> a. UNITED STATES <input type="checkbox"/> b. OTHER (Specify) _____ | | 3. BIRTH DATE MONTH DAY YEAR 0 6 2 0 6 4 | | g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) MM YY | | | |
| 5. TYPE OF LICENSE APPLIED FOR <input checked="" type="checkbox"/> a. OPERATOR <input checked="" type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED SRO (e.g., Fuel Handler) | | | 6. PREVIOUS LICENSE(S) HELD a. DOCKET NUMBER RO SRO b. LICENSE NUMBER c. EXPIRATION DATE d. FACILITY DOCKET NUMBER 55-50388 X OP-50257-00 0 8 3 1 9 3 50-206 | | | | |
| 7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER Southern California Edison P.O. Box 128 San Clemente, California 92674-0128 | | | | 10. CURRENT POSITION AT FACILITY <input type="checkbox"/> a. PLANT SUPERINTENDENT <input type="checkbox"/> i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> c. SHIFT SUPERVISOR <input type="checkbox"/> d. STAFF ENGINEER <input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> j. OTHER (Specify) _____ <input type="checkbox"/> f. INSTRUCTOR <input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR <input checked="" type="checkbox"/> h. CONTROL ROOM OPERATOR | | | |
| 8. NAME OF APPLICANT'S FACILITY San Onofre Unit 1 | | FACILITY DOCKET NUMBER 50-206 | | 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) _____ | | | |
| 11. EDUCATION | | | | | | | |
| HIGH SCHOOL <input checked="" type="checkbox"/> GRADUATE <input type="checkbox"/> GED EQUIVALENCY <input type="checkbox"/> NO | | c. MAJOR AREA(S) OF STUDY ENGINEERING (FIELDS) Math, Science OTHER _____ | | NUMBER OF YEARS 2 HIGHEST DEGREE (Use Codes) 0 0 - NONE 1 - CERTIFICATE 2 - ASSOCIATE 3 - BACHELOR 4 - MASTER 5 - DOCTORAL | | | |
| b. NUMBER OF YEARS OF COLLEGE 2 | | d. VOCATIONAL / TECHNICAL TYPE OF TRAINING | | NUMBER OF MONTHS CERTIFICATE RECEIVED YES NO | | | |
| 12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) | | | | | | | |
| 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 NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR See Block 17 | | a. MONTH AND YEAR b. NUMBER OF WEEKS FROM TO OF WEEKS | | 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) NAVY 1 - RO 2 - EOW/PFWO 3 - EWS/PFWs 4 - ERS/CRW 5 - OTHER (Specify) Electrical Operator POSSIL 6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Specify) | | | |
| 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) EQUALIFICATION 7-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) | | a. MONTH AND YEAR b. NUMBER OF MONTHS FROM TO OF MONTHS | | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|--|---|-----|--|----|---|---|-----|--|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | X | YES | | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | X | YES | | NO |
|--|---|-----|--|----|---|---|-----|--|----|

15. FOR RENEWALS ONLY

| | | | |
|-------------------------|--|------|--------------------------|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT PASS FAIL |
|-------------------------|--|------|--------------------------|

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

4.g Mr. Cortopassi held a RO license prior to the existence of the Generic Fundamentals Examination. Mr. Cortopassi should be exempt from the Generic Fundamentals Examination based on Generic Letter 89-17, dated September 6, 1989.

12.3.b Certified Reactor Startup and Number of Reactivity Manipulations are not required for SRO upgrades.

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT Louis P. Cortopassi DATE 3-9-92

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

| | |
|---|--|
| TRAINING COORDINATOR PRINTED OR TYPED NAME <u>Robert Clement</u> SIGNATURE <u>Robert Clement</u> DATE <u>3-17-92</u> | SENIOR MANAGEMENT REPRESENTATIVE ON SITE PRINTED OR TYPED NAME <u>H. E. MORGAN</u> SIGNATURE NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION DATE |
|---|--|

FOR NRC USE

| WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS (Explain below) |
|---|--------------|--------|--------------|--------------------|--|
| CATEGORY | GRANTED BY | | DENIED BY | | SIGNATURE - REVIEWER _____ DATE _____ |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | |
| ATTEN | | | | | |
| OPERATING | | | | | |
| ELIGIBILITY | | | | | |
| MEDICAL | | | | | |
| OTHER | | | | | |

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 (INR-774), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545, AND TO THE PAPERWORK REDUCTION PROJECT (2980-0064), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

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 ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

| | | |
|---|---|-------------------------------------|
| PRINTED NAME (of physician) C. Rolbin, MD | STATE AND LICENSE NUMBER CA A019523 | EXAMINATION DATE 11-14-91 |
|---|---|-------------------------------------|

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 3.4-1993, 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 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)

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) No Signature Required, Non-Certified Application | TITLE Vice President & Site Manager | DATE |
|--|---|------|

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 II U.S. Nuclear Regulatory Commission 101 Marietta Street, Suite 3100 Atlanta, GA 30323 | Regional Administrator, Region III U.S. Nuclear Regulatory Commission 799 Roosevelt Road Glen Ellyn, IL 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 Commission 1450 Maria Lane, Suite 210 Walnut Creek, CA 94598 | 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. 552a(i)(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 295. This information is maintained in a system of records designated as NRC-16 and covered by 55 Federal Register 32678 (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 entered 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 MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

| | | | | | | | |
|--|--|---------------------------|--|--|--|--|--|
| 1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) | | | | 4. TYPE OF APPLICATION (Check applicable boxes) X HOT COLD | | | |
| GOODWIN, DEAN RUSSELL 24331 Taxco Drive Dana Point, CA 92629 | | | | <input checked="" type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION 1-FIRST 2-SECOND 3-THIRD | | <input type="checkbox"/> f. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category) _____ 2-OPERATING (Category) _____ 3-ELIGIBILITY _____ 4-MEDICAL _____ 5-OTHER _____ | |
| 2. CITIZENSHIP | | 3. BIRTH DATE | | 8. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) MM YY | | | |
| X a. UNITED STATES | | MONTH DAY YEAR | | 10 | | 90 | |
| b. OTHER (Specify) | | 0 3 1 0 5 8 | | | | | |
| 5. TYPE OF LICENSE APPLIED FOR | | | | 6. PREVIOUS LICENSE(S) HELD | | | |
| a. OPERATOR | | a. DOCKET NUMBER RO SRO | | b. LICENSE NUMBER | | c. EXPIRATION DATE | |
| X b. SENIOR OPERATOR | | 55- | | | | d. FACILITY DOCKET NUMBER | |
| c. LIMITED SRO (e.g., Fuel Handler) | | | | | | 50- | |
| 7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER | | | | 10. CURRENT POSITION AT FACILITY | | | |
| Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128 | | | | <input type="checkbox"/> a. PLANT SUPERINTENDENT <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> c. SHIFT SUPERVISOR <input checked="" type="checkbox"/> d. STAFF ENGINEER <input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/ SHIFT ENGINEER <input type="checkbox"/> f. INSTRUCTOR <input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> h. CONTROL ROOM OPERATOR | | <input type="checkbox"/> i. AUXILIARY UNIT OPERATOR/ TRAINEE/TURBINE BUILD- ING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) <input type="checkbox"/> j. OTHER (Specify) _____ | |
| 8. NAME OF APPLICANT'S FACILITY | | FACILITY DOCKET NUMBER | | | | | |
| San Onofre Unit 1 | | 50-206 | | | | | |
| 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) | | | | | | | |
| 11. EDUCATION | | | | | | | |
| HIGH SCHOOL | | c. MAJOR AREA(S) OF STUDY | | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | | d. VOCATIONAL / TECHNICAL | |
| X GRADUATE | | ENGINEERING (FIELDS) | | 0 - NONE | | TYPE OF TRAINING | |
| GED EQUIVALENCY | | Mechanical & Nuclear | | 1 - CERTIFICATE | | | |
| NO | | OTHER | | 2 - ASSOCIATE | | | |
| b. NUMBER OF YEARS OF COLLEGE | | 4 | | 3 - BACHELOR | | | |
| 4 | | | | 4 - MASTER | | | |
| | | | | 5 - DOCTORAL | | | |
| 12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) | | | | 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) | | | |
| 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) | | a. MONTH AND YEAR | | NAVY | | a. MONTH AND YEAR | |
| | | FROM TO | | 1 - RO | | FROM TO | |
| 2-PLANT SYSTEMS CLASSROOM | | | | 2 - EOOW/PFWO | | | |
| OBSERVATION | | | | 3 - EWS/PFS | | | |
| 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT | | | | 4 - ERS/CRW | | | |
| SIMULATOR OPERATING (Includes Classroom) | | | | 5 - OTHER (Specify) | | | |
| SIMULATOR NAMES | | | | FOSSIL | | | |
| a. Unit 1 | | | | 6 - OPERATOR | | | |
| b. | | | | 7 - SUPERVISOR | | | |
| CERTIFIED STARTUP PROGRAM COMPLETED | | X YES NO | | 8 - PLANT STAFF | | | |
| NO. OF REACTIVITY MANIPULATIONS | | | | 9 - OTHER (Specify) | | | |
| PLANT SIMULATOR | | | | COMMERCIAL NUCLEAR (Including Research/ Test Reactor) | | | |
| 5 | | | | 10 - REACTOR OPERATOR (Licensed) | | | |
| 4-SRO INSTRUCTION | | | | 11 - SENIOR OPERATOR (Licensed) | | | |
| 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) | | | | 12 - SHIFT SUPERVISOR (Licensed) | | | |
| TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) | | | | 13 - STAFF/SHIFT ENGINEER (Licensed) | | | |
| QUALIFICATION | | | | 14 - AUX./EQUIP. OPER. (Nonlicensed) | | | |
| 7-OTHER (Specify) | | | | 15 - PLANT STAFF | | | |
| | | | | 16 - OTHER (Specify) | | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|--|-------------------------------------|-----|--|----|---|-------------------------------------|-----|--|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | <input checked="" type="checkbox"/> | YES | | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | <input checked="" type="checkbox"/> | YES | | NO |
|--|-------------------------------------|-----|--|----|---|-------------------------------------|-----|--|----|

15. FOR RENEWALS ONLY

| | | | |
|-------------------------|--|------|---|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT |
| | | | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT Dean Franklin DATE 3/9/92

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

| | |
|---|--|
| TRAINING COORDINATOR PRINTED OR TYPED NAME Robert Clement SIGNATURE <u>Robert Clement</u> DATE 3-17-92 | SENIOR MANAGEMENT REPRESENTATIVE ON SITE PRINTED OR TYPED NAME H. E. MORGAN SIGNATURE NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION DATE |
|---|--|

FOR NRC USE

| WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS(Explain below) |
|---|--------------|--------|--------------|--------------------|---|
| CATEGORY | GRANTED BY | | DENIED BY | | |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | |
| WRITTEN | | | | | |
| OPERATING | | | | | |
| ELIGIBILITY | | | | | |
| MEDICAL | | | | | SIGNATURE - REVIEWER |
| OTHER | | | | | DATE |

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST IS MIN. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MARB) (41) U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

NAME OF APPLICANT

Goodwin, Dean R.

FACILITY

San Onofre Nuclear Generating Station, 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)

Michael Santiago

STATE AND LICENSE NUMBER

CA C60318

EXAMINATION DATE

11-01-91

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 3.4-1953, 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)

Michael Santiago 11/4/91

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

No Signature Required, Non-Certified

DATE

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 II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30223

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
729 Roosevelt Road
Glen Ellyn, IL 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 Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94598

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. 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 356. This information is maintained in a system of records designated as NRC-18 and described as 55 Federal Register 32978 (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 entered on this form is used to determine whether 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 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 OR 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 Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

| 1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) JANKE, JASON BRIAN 4794 Via Escala Oceanside, CA 92056 | | | | 4. TYPE OF APPLICATION (Check applicable boxes) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <input checked="" type="checkbox"/> a. NEW <input checked="" type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION 1-FIRST 2-SECOND See Block 17 3-THIRD </td> <td style="width:50%; vertical-align: top;"> <input checked="" type="checkbox"/> f. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category) _____ 2-OPERATING (Category) _____ 3-ELIGIBILITY _____ 4-MEDICAL _____ 5-OTHER _____ <input type="checkbox"/> g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) </td> </tr> </table> | | | | <input checked="" type="checkbox"/> a. NEW <input checked="" type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION 1-FIRST 2-SECOND See Block 17 3-THIRD | <input checked="" type="checkbox"/> f. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category) _____ 2-OPERATING (Category) _____ 3-ELIGIBILITY _____ 4-MEDICAL _____ 5-OTHER _____ <input type="checkbox"/> g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> a. NEW <input checked="" type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION 1-FIRST 2-SECOND See Block 17 3-THIRD | <input checked="" type="checkbox"/> f. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category) _____ 2-OPERATING (Category) _____ 3-ELIGIBILITY _____ 4-MEDICAL _____ 5-OTHER _____ <input type="checkbox"/> g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. CITIZENSHIP <input checked="" type="checkbox"/> a. UNITED STATES <input type="checkbox"/> b. OTHER (Specify) _____ | | 3. BIRTH DATE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">8</td> <td style="text-align: center;">1 7 6 4</td> </tr> </table> | | MONTH | DAY | YEAR | 0 | 8 | 1 7 6 4 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH | DAY | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5. TYPE OF LICENSE APPLIED FOR <input checked="" type="checkbox"/> a. OPERATOR <input type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED SRO (e.g., Fuel Handler) | | | 6. PREVIOUS LICENSE(S) HELD <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>a. DOCKET NUMBER</th> <th>RO</th> <th>SRO</th> <th>b. LICENSE NUMBER</th> <th colspan="3">c. EXPIRATION DATE</th> <th>d. FACILITY DOCKET NUMBER</th> </tr> <tr> <td style="text-align: center;">55-50385</td> <td style="text-align: center;">X</td> <td></td> <td style="text-align: center;">OF-50258-00</td> <td style="text-align: center;">0</td> <td style="text-align: center;">8</td> <td style="text-align: center;">3 1 9 3</td> <td style="text-align: center;">50-206</td> </tr> </table> | | | a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | | | d. FACILITY DOCKET NUMBER | 55-50385 | X | | OF-50258-00 | 0 | 8 | 3 1 9 3 | 50-206 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | | | d. FACILITY DOCKET NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55-50385 | X | | OF-50258-00 | 0 | 8 | 3 1 9 3 | 50-206 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER Southern California Edison P.O. Box 128 San Clemente, California 92674-0128 | | | | 10. CURRENT POSITION AT FACILITY <input type="checkbox"/> a. PLANT SUPERINTENDENT <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> c. SHIFT SUPERVISOR <input type="checkbox"/> d. STAFF ENGINEER <input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> f. INSTRUCTOR <input checked="" type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR <input checked="" type="checkbox"/> h. CONTROL ROOM OPERATOR <input type="checkbox"/> i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) <input type="checkbox"/> j. OTHER (Specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. NAME OF APPLICANT'S FACILITY San Onofre Unit 1 | | FACILITY DOCKET NUMBER 50-206 | | 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. EDUCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIGH SCHOOL | c. MAJOR AREA(S) OF STUDY | NUMBER OF YEARS | HIGHEST DEGREE | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | d. VOCATIONAL / TECHNICAL | NUMBER OF MONTHS | CERTIFICATE RECEIVED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRADUATE | ENGINEERING (FIELDS) | | (Use Codes) | 0 - NONE 1 - CERTIFICATE 2 - ASSOCIATE 3 - BACHELOR 4 - MASTER 5 - DOCTORAL | TYPE OF TRAINING | | YES NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GED EQUIVALENCY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> NO | OTHER General | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. NUMBER OF YEARS OF COLLEGE 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2"></th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF WEEKS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td>1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2-PLANT SYSTEMS CLASSROOM</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OBSERVATION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SIMULATOR OPERATING (Includes Classroom)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">SIMULATOR NAMES</td> </tr> <tr> <td colspan="4">a. _____</td> </tr> <tr> <td colspan="4">b. _____</td> </tr> <tr> <td colspan="2">CERTIFIED STARTUP PROGRAM COMPLETED</td> <td>YES</td> <td>NO</td> </tr> <tr> <td colspan="2">NO. OF REACTIVITY MANIPULATIONS</td> <td></td> <td></td> </tr> <tr> <td>PLANT</td> <td>SIMULATOR</td> <td></td> <td></td> </tr> <tr> <td>See Block 17</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4-SRO INSTRUCTION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>a. TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>EQUALIFICATION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> </table> | | | | | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | FROM | TO | 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 | NO. OF REACTIVITY MANIPULATIONS | | | | PLANT | SIMULATOR | | | See Block 17 | | | | 4-SRO INSTRUCTION | | | | 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) | | | | a. TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) | | | | EQUALIFICATION | | | | OTHER (Specify) | | | | 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>a. MONTH AND YEAR</th> <th>b. NUMBER OF MONTHS</th> </tr> <tr> <th></th> <th>FROM</th> <th>TO</th> </tr> <tr> <td colspan="3">NAVY</td> </tr> <tr> <td>1 - RO</td> <td></td> <td></td> </tr> <tr> <td>2 - EOOW/PPWO</td> <td></td> <td></td> </tr> <tr> <td>3 - EWS/PPWS</td> <td></td> <td></td> </tr> <tr> <td>4 - ERS/CRW</td> <td></td> <td></td> </tr> <tr> <td>5 - OTHER (Specify) Electrical Operator</td> <td></td> <td></td> </tr> <tr> <td colspan="3">FOSSIL</td> </tr> <tr> <td>6 - OPERATOR</td> <td></td> <td></td> </tr> <tr> <td>7 - SUPERVISOR</td> <td></td> <td></td> </tr> <tr> <td>8 - PLANT STAFF</td> <td></td> <td></td> </tr> <tr> <td>9 - OTHER (Specify)</td> <td></td> <td></td> </tr> <tr> <td colspan="3">COMMERCIAL NUCLEAR (Including Research/Test Reactor)</td> </tr> <tr> <td>10 - REACTOR OPERATOR (Licensed)</td> <td></td> <td></td> </tr> <tr> <td>11 - SENIOR OPERATOR (Licensed)</td> <td></td> <td></td> </tr> <tr> <td>12 - SHIFT SUPERVISOR (Licensed)</td> <td></td> <td></td> </tr> <tr> <td>13 - STAFF/SHIFT ENGINEER (Licensed)</td> <td></td> <td></td> </tr> <tr> <td>14 - AUX./EQUIP. OPER. (Nonlicensed)</td> <td></td> <td></td> </tr> <tr> <td>15 - PLANT STAFF</td> <td></td> <td></td> </tr> <tr> <td>16 - OTHER (Specify)</td> <td></td> <td></td> </tr> </table> | | | | | a. MONTH AND YEAR | b. NUMBER OF MONTHS | | FROM | TO | NAVY | | | 1 - RO | | | 2 - EOOW/PPWO | | | 3 - EWS/PPWS | | | 4 - ERS/CRW | | | 5 - OTHER (Specify) Electrical Operator | | | FOSSIL | | | 6 - OPERATOR | | | 7 - SUPERVISOR | | | 8 - PLANT STAFF | | | 9 - 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) | | |
| | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FROM | TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO. OF REACTIVITY MANIPULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLANT | SIMULATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| See Block 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4-SRO INSTRUCTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EQUALIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a. MONTH AND YEAR | b. NUMBER OF MONTHS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FROM | TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAVY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - RO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - EOOW/PPWO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - EWS/PPWS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - ERS/CRW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - OTHER (Specify) Electrical Operator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOSSIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 - OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 - SUPERVISOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 - PLANT STAFF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 - 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | |
|--|---|-----|----|---|---|-----|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | X | YES | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | X | YES | NO |
|--|---|-----|----|---|---|-----|----|

15. FOR RENEWALS ONLY

| | | | | |
|-------------------------|--|------|--------|------|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT | |
| | | | PASS | FAIL |

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

- 4.g. Mr. Janke held a RO license prior to the Generic Fundamentals Examination. Mr. Janke should be exempt from the Generic Fundamentals Examination based on Generic Letter 89-17, date September 6, 1989.
- 12.3.b. Certified Reactor Startup and Number of Reactivity Manipulations are not required for SRO upgrades.

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT

John B. Janke

DATE 3-13-92

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

TRAINING COORDINATOR

SENIOR MANAGEMENT REPRESENTATIVE ON SITE

PRINTED OR TYPED NAME Robert Clement

PRINTED OR TYPED NAME H. E. MORGAN

SIGNATURE *Robert Clement* DATE 3-17-92

SIGNATURE NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION DATE

FOR NRC USE

WAIVER (Check or complete items, as applicable)

MEETS REQUIREMENTS DOES NOT MEET REQUIREMENTS (Explain below)

| CATEGORY | GRANTED BY | | DENIED BY | |
|-------------|--------------|--------|--------------|--------|
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION |
| WRITTEN | | | | |
| OPERATING | | | | |
| ELIGIBILITY | | | | |
| MEDICAL | | | | |
| OTHER | | | | |

SIGNATURE - REVIEWER DATE

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST IS 1 MIN. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (WEB 7741), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545, AND TO THE PAPERWORK REDUCTION PROJECT (3450-0041), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

NAME OF APPLICANT

Janke, Jason

FACILITY

San Onofre Nuclear Generating Station, 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)

S. Rosen, MD

STATE AND LICENSE NUMBER

CA G24823

EXAMINATION DATE

Nov. 25, 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 (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 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)

CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES.

Shirley Rosen, MD 11/26/91

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)

No Signature Required, Non-Certified

TITLE

Application

Vice President & Site Manager

DATE

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
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

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

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

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-502), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 286. This information is maintained in a system of records designated as NRC-18 and covered by 55 Federal Register 32628 (August 20, 1990).

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

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

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

EXPIRES: 1-31-92
ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 2.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNB 7714) U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON DC 20555 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090) OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC, 20503

| <p>1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)</p> <p>RODRIGUEZ, GILBERT 5241 Heatherwood Dr. Oceanside, CA 92056</p> | | | | <p>4. TYPE OF APPLICATION (Check applicable boxes)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><input checked="" type="checkbox"/></td> <td style="width:15%;">a. NEW</td> <td style="width:5%;"></td> <td style="width:15%;">f. WAIVER REQUESTED (Justify on Reverse)</td> <td style="width:5%;"></td> <td style="width:5%;"></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>b. RENEWAL</td> <td></td> <td>1-WRITTEN (Category)</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>c. UPGRADE</td> <td></td> <td>2-OPERATING (Category)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)</td> <td></td> <td>3-ELIGIBILITY</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>e. REAPPLICATION</td> <td></td> <td>4-MEDICAL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>1-FIRST</td> <td></td> <td>5-OTHER</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2-SECOND</td> <td>See Block 17</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3-THIRD</td> <td></td> <td>* g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE)</td> <td>MM</td> <td>YY</td> </tr> </table> | | | | <input checked="" type="checkbox"/> | a. NEW | | f. WAIVER REQUESTED (Justify on Reverse) | | | <input checked="" type="checkbox"/> | b. RENEWAL | | 1-WRITTEN (Category) | | | <input checked="" type="checkbox"/> | c. UPGRADE | | 2-OPERATING (Category) | | | <input type="checkbox"/> | d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) | | 3-ELIGIBILITY | | | <input type="checkbox"/> | e. REAPPLICATION | | 4-MEDICAL | | | <input type="checkbox"/> | 1-FIRST | | 5-OTHER | | | <input type="checkbox"/> | 2-SECOND | See Block 17 | | | | <input type="checkbox"/> | 3-THIRD | | * g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) | MM | YY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|---|---------------------------|---------------------------|----------------------|-------------------------------------|-------------------------|--|---|---------------------------|-----|---------------------------------------|-------------------------------------|--|----------------------|---|--------|-------------------------------------|---------------------|--|------------------------|--|--|--------------------------|--|--|---------------|--|----|--------------------------|---|-------------------------------------|---|----|--|---------------------------------|---------------|--|---------|-------|-----------|--------------------------|---------------------------------|--------------|--|--|--|-------------------------------------|--------------------------|--|---|---|----|--|--|--|--|--|--|----------------|--|--|--|-------------------|--|--|--|---|--|--|--|--|-------------------|--|---------------------|------|----|-------------|--|--|--|--------|--|--|--|---------------|--|--|--|--------------|--|--|--|-------------|--|--|--|---|--|--|--|---------------|--|--|--|--------------|--|--|--|----------------|--|--|--|-----------------|--|--|--|---------------------|--|--|--|--|--|--|--|----------------------------------|--|--|--|---------------------------------|--|--|--|----------------------------------|--|--|--|--------------------------------------|--|--|--|--------------------------------------|--|--|--|------------------|--|--|--|----------------------|--|--|--|
| <input checked="" type="checkbox"/> | a. NEW | | f. WAIVER REQUESTED (Justify on Reverse) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | b. RENEWAL | | 1-WRITTEN (Category) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | c. UPGRADE | | 2-OPERATING (Category) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) | | 3-ELIGIBILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | e. REAPPLICATION | | 4-MEDICAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 1-FIRST | | 5-OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 2-SECOND | See Block 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 3-THIRD | | * g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) | MM | YY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. CITIZENSHIP</p> <p><input checked="" type="checkbox"/> a. UNITED STATES</p> <p><input type="checkbox"/> b. OTHER (Specify)</p> | | <p>3. BIRTH DATE</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">MONTH</td> <td style="width:10%;">DAY</td> <td style="width:10%;">YEAR</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td style="text-align: center;">0 5</td> <td style="text-align: center;">1 6</td> <td style="text-align: center;">5 6</td> <td></td> <td></td> <td></td> </tr> </table> | | | MONTH | DAY | YEAR | | | | 0 5 | 1 6 | 5 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH | DAY | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 5 | 1 6 | 5 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. TYPE OF LICENSE APPLIED FOR</p> <p><input checked="" type="checkbox"/> a. OPERATOR</p> <p><input checked="" type="checkbox"/> b. SENIOR OPERATOR</p> <p><input type="checkbox"/> c. LIMITED SRO (e.g., Fuel Handler)</p> | | | <p>6. PREVIOUS LICENSE(S) HELD</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;">a. DOCKET NUMBER</td> <td style="width:5%;">RO</td> <td style="width:5%;">SRO</td> <td style="width:20%;">b. LICENSE NUMBER</td> <td style="width:20%;">c. EXPIRATION DATE</td> <td style="width:5%;">d. FACILITY DOCKET NUMBER</td> </tr> <tr> <td></td> <td style="text-align: center;">55-50178</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> <td style="text-align: center;">OP-50122-01</td> <td style="text-align: center;">0 8 0 7 9 3</td> <td style="text-align: center;">50-206</td> </tr> </table> | | | | a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | d. FACILITY DOCKET NUMBER | | 55-50178 | <input checked="" type="checkbox"/> | | OP-50122-01 | 0 8 0 7 9 3 | 50-206 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | d. FACILITY DOCKET NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 55-50178 | <input checked="" type="checkbox"/> | | OP-50122-01 | 0 8 0 7 9 3 | 50-206 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER</p> <p>Southern California Edison P.O. Box 128 San Clemente, California 92674-0128</p> | | | | <p>10. CURRENT POSITION AT FACILITY</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:15%;">a. PLANT SUPERINTENDENT</td> <td style="width:5%;"></td> <td style="width:15%;">i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR)</td> <td style="width:5%;"></td> <td style="width:5%;"></td> </tr> <tr> <td><input type="checkbox"/></td> <td>b. ASSISTANT PLANT SUPERINTENDENT</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>c. SHIFT SUPERVISOR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>d. STAFF ENGINEER</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER</td> <td></td> <td><input type="checkbox"/> j. OTHER (Specify)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>f. INSTRUCTOR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>g. SENIOR CONTROL ROOM OPERATOR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>h. CONTROL ROOM OPERATOR</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | <input type="checkbox"/> | a. PLANT SUPERINTENDENT | | i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) | | | <input type="checkbox"/> | b. ASSISTANT PLANT SUPERINTENDENT | | | | | <input type="checkbox"/> | c. SHIFT SUPERVISOR | | | | | <input type="checkbox"/> | d. STAFF ENGINEER | | | | | <input type="checkbox"/> | e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER | | <input type="checkbox"/> j. OTHER (Specify) | | | <input type="checkbox"/> | f. INSTRUCTOR | | | | | <input type="checkbox"/> | g. SENIOR CONTROL ROOM OPERATOR | | | | | <input checked="" type="checkbox"/> | h. CONTROL ROOM OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a. PLANT SUPERINTENDENT | | i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | b. ASSISTANT PLANT SUPERINTENDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | c. SHIFT SUPERVISOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | d. STAFF ENGINEER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER | | <input type="checkbox"/> j. OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | f. INSTRUCTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | g. SENIOR CONTROL ROOM OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | h. CONTROL ROOM OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>8. NAME OF APPLICANT'S FACILITY</p> <p>San Onofre Unit 1</p> | | <p>FACILITY DOCKET NUMBER</p> <p style="text-align: center;">50-206</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>11. EDUCATION</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIGH SCHOOL | c. MAJOR AREA(S) OF STUDY | NUMBER OF YEARS | HIGHEST DEGREE | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | d. VOCATIONAL / TECHNICAL | NUMBER OF MONTHS | CERTIFICATE RECEIVED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRADUATE | ENGINEERING (FIELDS) | | (Use Codes) | 0 - NONE | TYPE OF TRAINING | | YES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GED EQUIVALENCY | | | | 1 - CERTIFICATE | Nuclear Power School | 6 | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> NO | OTHER | | | 2 - ASSOCIATE | Nuclear Prototype | 6 | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 3 - BACHELOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. NUMBER OF YEARS OF COLLEGE | | | | 4 - MASTER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | | | | 5 - DOCTORAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2"></th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF WEEKS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td>1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2-PLANT SYSTEMS CLASSROOM OBSERVATION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SIMULATOR OPERATING (Includes Classroom)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SIMULATOR NAMES</td> <td colspan="3">a.</td> </tr> <tr> <td></td> <td colspan="3">b.</td> </tr> <tr> <td>CERTIFIED STARTUP PROGRAM COMPLETED</td> <td>YES</td> <td>NO</td> <td></td> </tr> <tr> <td>NO. OF REACTIVITY MANIPULATIONS</td> <td colspan="3"></td> </tr> <tr> <td>PLANT</td> <td colspan="3">SIMULATOR</td> </tr> <tr> <td>See Block 17</td> <td colspan="3"></td> </tr> <tr> <td>4-SRO INSTRUCTION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>EQUALIFICATION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7-OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> </table> | | | | | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | FROM | TO | 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 | | NO. OF REACTIVITY MANIPULATIONS | | | | 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 | | | | 7-OTHER (Specify) | | | | <p>13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2"></th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF MONTHS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td colspan="4">NAVY</td> </tr> <tr> <td>1 - RO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 - ECOM/PPWO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 - EWS/PPWS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4 - ERS/CRW</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5 - OTHER (Specify) Electrical Operator</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">FOSSIL</td> </tr> <tr> <td>6 - OPERATOR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7 - SUPERVISOR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8 - PLANT STAFF</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9 - OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">COMMERCIAL NUCLEAR (Including Research/ Test Reactor)</td> </tr> <tr> <td>10 - REACTOR OPERATOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 - SENIOR OPERATOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12 - SHIFT SUPERVISOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13 - STAFF/SHIFT ENGINEER (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>14 - AUX./EQUIP. OPER. (Nonlicensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15 - PLANT STAFF</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16 - OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> </table> | | | | | a. MONTH AND YEAR | | b. NUMBER OF MONTHS | FROM | TO | NAVY | | | | 1 - RO | | | | 2 - ECOM/PPWO | | | | 3 - EWS/PPWS | | | | 4 - ERS/CRW | | | | 5 - OTHER (Specify) Electrical Operator | | | | FOSSIL | | | | 6 - OPERATOR | | | | 7 - SUPERVISOR | | | | 8 - PLANT STAFF | | | | 9 - 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) | | | |
| | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FROM | TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO. OF REACTIVITY MANIPULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7-OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a. MONTH AND YEAR | | b. NUMBER OF MONTHS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FROM | TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAVY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - RO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - ECOM/PPWO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - EWS/PPWS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - ERS/CRW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - OTHER (Specify) Electrical Operator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOSSIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 - OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 - SUPERVISOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 - PLANT STAFF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 - 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|--|-------------------------------------|-----|--|----|---|-------------------------------------|-----|--|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | <input checked="" type="checkbox"/> | YES | | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | <input checked="" type="checkbox"/> | YES | | NO |
|--|-------------------------------------|-----|--|----|---|-------------------------------------|-----|--|----|

15. FOR RENEWALS ONLY

| | | | |
|-------------------------|--|------|---|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT PASS <input type="checkbox"/> FAIL <input type="checkbox"/> |
|-------------------------|--|------|---|

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

4.g. Mr. Rodriguez held a RO license prior to the existence of the Generic Fundamentals Examination. Mr Rodriguez should be exempt from the Generic Fundamentals Examination based on Generic Letter 89-17, dated September 6, 1989.

12.3.b. Certified Reactor Startup and Number of Reactivity Manipulations are not required for SRO Upgrades.

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT Robert Rodriguez DATE 3-9-92

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee's requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

| | |
|---|---|
| TRAINING COORDINATOR PRINTED OR TYPED NAME Robert Clement SIGNATURE <u>Robert Clement</u> DATE 3-17-92 | SENIOR MANAGEMENT REPRESENTATIVE ON SITE PRINTED OR TYPED NAME H. E. MORGAN SIGNATURE NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION DATE |
|---|---|

FOR NRC USE

| WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS (Explain below) |
|---|--------------|--------|--------------|--------------------|--|
| CATEGORY | GRANTED BY | | DENIED BY | | SIGNATURE - REVIEWER _____ DATE _____ |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | |
| ATTEN | | | | | |
| OPERATING | | | | | |
| ELIGIBILITY | | | | | |
| MEDICAL | | | | | |
| OTHER | | | | | |

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST IS MIN. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNSB 774), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

| | |
|---|---|
| NAME OF APPLICANT Gilbert Rodriguez | |
| 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 HOLBIN M.D. | STATE AND LICENSE NUMBER A 19523 CALIF | EXAMINATION DATE 11/6/91 |
|---|--|------------------------------------|

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)

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) No Signature Required, Non-Certified | TITLE Application Vice President & Site Manager | DATE |
| 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
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

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

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

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 Register 33978 (Aug. 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 entered 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 MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

EXPIRES: 1-31-92
ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 2.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNB 7714) U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090) OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC, 20503

| | |
|---|--|
| 1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) | 4. TYPE OF APPLICATION (Check applicable boxes) X HOT <input type="checkbox"/> COLD <input type="checkbox"/> |
|---|--|

| | | | |
|---|---|---|---|
| WOOD, KEVIN CRAIG 1122 Las Posas San Clemente, CA 92672 | <table border="1" style="width:100%"> <tr> <td style="width:50%"> <input checked="" type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION <input type="checkbox"/> 1-FIRST <input type="checkbox"/> 2-SECOND <input type="checkbox"/> 3-THIRD </td> <td style="width:50%"> <input type="checkbox"/> f. WAIVER REQUESTED (Justify on Reverse) <input type="checkbox"/> 1-WRITTEN (Category) <input type="checkbox"/> 2-OPERATING (Category) <input type="checkbox"/> 3-ELIGIBILITY <input type="checkbox"/> 4-MEDICAL <input type="checkbox"/> 5-OTHER </td> </tr> </table> | <input checked="" type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION <input type="checkbox"/> 1-FIRST <input type="checkbox"/> 2-SECOND <input type="checkbox"/> 3-THIRD | <input type="checkbox"/> f. WAIVER REQUESTED (Justify on Reverse) <input type="checkbox"/> 1-WRITTEN (Category) <input type="checkbox"/> 2-OPERATING (Category) <input type="checkbox"/> 3-ELIGIBILITY <input type="checkbox"/> 4-MEDICAL <input type="checkbox"/> 5-OTHER |
| <input checked="" type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION <input type="checkbox"/> 1-FIRST <input type="checkbox"/> 2-SECOND <input type="checkbox"/> 3-THIRD | <input type="checkbox"/> f. WAIVER REQUESTED (Justify on Reverse) <input type="checkbox"/> 1-WRITTEN (Category) <input type="checkbox"/> 2-OPERATING (Category) <input type="checkbox"/> 3-ELIGIBILITY <input type="checkbox"/> 4-MEDICAL <input type="checkbox"/> 5-OTHER | | |

| | | |
|--------------------|-------------------------------|---|
| 2. CITIZENSHIP | 3. BIRTH DATE | 8. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) |
| X a. UNITED STATES | MONTH DAY YEAR 1 1 1 1 5 9 | MM YY 10 90 |
| b. OTHER (Specify) | | |

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|---|---|------------------|-------------------|--------------------|-------------------|--------------------|---------------------------|--|---------------------------|-----|--|--|--|-------|-----|------|-----|
| 5. TYPE OF LICENSE APPLIED FOR | 6. PREVIOUS LICENSE(S) HELD | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> a. OPERATOR <input checked="" type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED SRO (e.g., Fuel Handler) | <table border="1" style="width:100%"> <tr> <td>a. DOCKET NUMBER</td> <td>RO</td> <td>SRO</td> <td>b. LICENSE NUMBER</td> <td colspan="3">c. EXPIRATION DATE</td> <td>d. FACILITY DOCKET NUMBER</td> </tr> <tr> <td>55-</td> <td></td> <td></td> <td></td> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> <td>50-</td> </tr> </table> | a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | | | d. FACILITY DOCKET NUMBER | 55- | | | | MONTH | DAY | YEAR | 50- |
| a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | | | d. FACILITY DOCKET NUMBER | | | | | | | | | | |
| 55- | | | | MONTH | DAY | YEAR | 50- | | | | | | | | | | |

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|--|---|
| 7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER | 10. CURRENT POSITION AT FACILITY |
| Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128 | <input type="checkbox"/> a. PLANT SUPERINTENDENT <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> c. SHIFT SUPERVISOR <input type="checkbox"/> d. STAFF ENGINEER <input checked="" type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> f. INSTRUCTOR <input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> h. CONTROL ROOM OPERATOR <input type="checkbox"/> i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) <input type="checkbox"/> j. OTHER (Specify) |
| 8. NAME OF APPLICANT'S FACILITY San Onofre Unit 1 | FACILITY DOCKET NUMBER 50-206 |
| 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) | |

| | | | | | | | |
|-------------------------------|---------------------------|-----------------|----------------|--|---------------------------|------------------|----------------------|
| 11. EDUCATION | | | | | | | |
| HIGH SCHOOL | c. MAJOR AREA(S) OF STUDY | NUMBER OF YEARS | HIGHEST DEGREE | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | d. VOCATIONAL / TECHNICAL | NUMBER OF MONTHS | CERTIFICATE RECEIVED |
| X GRADUATE | ENGINEERING (FIELDS) | | (Use Codes) | 0 - NONE 1 - CERTIFICATE 2 - ASSOCIATE 3 - BACHELOR 4 - MASTER 5 - DOCTORAL | TYPE OF TRAINING | | YES NO |
| GED EQUIVALENCY | Mechanical | 4 | 3 | | | | |
| NO | OTHER General | 2 | 0 | | | | |
| b. NUMBER OF YEARS OF COLLEGE | | 6 | | | | | |

| 12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) | 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width:100%"> <tr> <th rowspan="2"></th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF WEEKS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td>1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2-PLANT SYSTEMS CLASSROOM</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OBSERVATION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SIMULATOR OPERATING (Includes Classroom)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SIMULATOR NAMES</td> <td colspan="3"></td> </tr> <tr> <td>a. Unit 1</td> <td colspan="3"></td> </tr> <tr> <td>b.</td> <td colspan="3"></td> </tr> <tr> <td>CERTIFIED STARTUP PROGRAM COMPLETED</td> <td>X</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>NO. OF REACTIVITY MANIPULATIONS</td> <td colspan="3"></td> </tr> <tr> <td>PLANT</td> <td colspan="3">SIMULATOR</td> </tr> <tr> <td>5</td> <td colspan="3"></td> </tr> <tr> <td>4-SRO INSTRUCTION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>EQUALIFICATION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7-OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> </table> | | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | FROM | TO | 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 | X | YES | NO | 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 20% POWER (6-WEEK MINIMUM) | | | | EQUALIFICATION | | | | 7-OTHER (Specify) | | | | <table border="1" style="width:100%"> <tr> <th colspan="2"></th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF MONTHS</th> </tr> <tr> <th colspan="2"></th> <th>FROM</th> <th>TO</th> </tr> <tr> <td colspan="5">NAVY</td> </tr> <tr> <td>1 - RO</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 - EOOW/PFWO</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 - EWS/PPWS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4 - ERS/CRW</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5 - OTHER (Specify)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">FOSSIL</td> </tr> <tr> <td>6 - OPERATOR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7 - SUPERVISOR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8 - PLANT STAFF</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9 - OTHER (Specify)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">COMMERCIAL NUCLEAR (Including Research/ Test Reactor)</td> </tr> <tr> <td>10 - REACTOR OPERATOR (Licensed)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 - SENIOR OPERATOR (Licensed)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12 - SHIFT SUPERVISOR (Licensed)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>13 - STAFF/SHIFT ENGINEER (Licensed)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>14 - AUX./EQUIP. OPER. (Nonlicensed)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>15 - PLANT STAFF</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>16 - OTHER (Specify)</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | a. MONTH AND YEAR | | b. NUMBER OF MONTHS | | | FROM | TO | NAVY | | | | | 1 - RO | | | | | 2 - EOOW/PFWO | | | | | 3 - EWS/PPWS | | | | | 4 - ERS/CRW | | | | | 5 - OTHER (Specify) | | | | | FOSSIL | | | | | 6 - OPERATOR | | | | | 7 - SUPERVISOR | | | | | 8 - PLANT STAFF | | | | | 9 - 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) | | | | |
| | | a. MONTH AND YEAR | | | b. NUMBER OF WEEKS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FROM | TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | X | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO. OF REACTIVITY MANIPULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLANT | SIMULATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4-SRO INSTRUCTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EQUALIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7-OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | a. MONTH AND YEAR | | b. NUMBER OF MONTHS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 - RO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - EOOW/PFWO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - EWS/PPWS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - ERS/CRW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOSSIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 - OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 - SUPERVISOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 - PLANT STAFF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 - 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|--|---|-----|--|----|---|---|-----|--|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | X | YES | | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | X | YES | | NO |
|--|---|-----|--|----|---|---|-----|--|----|

15. FOR RENEWALS ONLY

| | | | |
|-------------------------|--|------|----------------|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT |
| | | | PASS FAIL |

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |
| | | | | |
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT Kim C. Hood DATE 3-8-92

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.34 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

| | | | |
|--|--|---|--|
| TRAINING COORDINATOR | | SENIOR MANAGEMENT REPRESENTATIVE ON SITE | |
| PRINTED OR TYPED NAME Robert Clement | PRINTED OR TYPED NAME H. E. MORGAN | | |
| SIGNATURE <u>Robert Clement</u> DATE <u>3-17-92</u> | SIGNATURE NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION DATE | | |

FOR NRC USE

| | | | | | |
|---|--------------|--------|--------------|--------------------|--|
| WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS (Explain below) |
| CATEGORY | GRANTED BY | | DENIED BY | | |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | |
| OPERATING | | | | | |
| ELIGIBILITY | | | | | |
| MEDICAL | | | | | |
| OTHER | | | | | |
| SIGNATURE - REVIEWER | | | | | DATE |

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 (UNES 774), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

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 **A 19523, CALIF** EXAMINATION DATE **11/20/91**

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 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) **No Signature Required, Non-Certified** TITLE **Application Vice President & Site Manager** DATE
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
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

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

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

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-578), 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 entered 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 MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

| 1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) BARRIE, DOUGLAS CRAIG 595 Lemonwood Ct. Oceanside, CA 92054 | | | | 4. TYPE OF APPLICATION (Check applicable boxes) <input checked="" type="checkbox"/> HOT <input type="checkbox"/> COLD <input checked="" type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION <input type="checkbox"/> 1-FIRST <input type="checkbox"/> 2-SECOND <input type="checkbox"/> 3-THIRD <input type="checkbox"/> f. WAIVER REQUESTED (Justify on Reverse) <input type="checkbox"/> 1-WRITTEN (Category) <input type="checkbox"/> 2-OPERATING (Category) <input type="checkbox"/> 3-ELIGIBILITY <input type="checkbox"/> 4-MEDICAL <input type="checkbox"/> 5-OTHER <input checked="" type="checkbox"/> g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. CITIZENSHIP <input checked="" type="checkbox"/> a. UNITED STATES <input type="checkbox"/> b. OTHER (Specify) | | 3. BIRTH DATE MONTH DAY YEAR 0 7 1 0 5 8 | | 8. MM YY 02 91 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. TYPE OF LICENSE APPLIED FOR <input checked="" type="checkbox"/> a. OPERATOR <input type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED SRO (e.g., Fuel Handler) | | 6. PREVIOUS LICENSE(S) HELD <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>a. DOCKET NUMBER</th> <th>RO</th> <th>SRO</th> <th>b. LICENSE NUMBER</th> <th colspan="3">c. EXPIRATION DATE</th> <th>d. FACILITY DOCKET NUMBER</th> </tr> <tr> <td>55-</td> <td></td> <td></td> <td></td> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> <td>50-</td> </tr> </table> | | | | a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | | | d. FACILITY DOCKET NUMBER | 55- | | | | MONTH | DAY | YEAR | 50- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | | | d. FACILITY DOCKET NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55- | | | | MONTH | DAY | YEAR | 50- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128 | | | | 10. CURRENT POSITION AT FACILITY <input type="checkbox"/> a. PLANT SUPERINTENDENT <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> c. SHIFT SUPERVISOR <input type="checkbox"/> d. STAFF ENGINEER <input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> f. INSTRUCTOR <input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> h. CONTROL ROOM OPERATOR <input checked="" type="checkbox"/> i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) <input type="checkbox"/> j. OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. NAME OF APPLICANT'S FACILITY San Onofre Unit 1 | | FACILITY DOCKET NUMBER 50-206 | | 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. EDUCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIGH SCHOOL | c. MAJOR AREA(S) OF STUDY | NUMBER OF YEARS | HIGHEST DEGREE | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | d. VOCATIONAL / TECHNICAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRADUATE | ENGINEERING (FIELDS) | | (Use Codes) | 0 - NONE | TYPE OF TRAINING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GED EQUIVALENCY | OTHER Liberal Arts | 1 | 0 | 1 - CERTIFICATE | Nuclear Power School | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> NO | | | | 2 - ASSOCIATE | 6 | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. NUMBER OF YEARS OF COLLEGE | | | | 3 - BACHELOR | Nuclear Prototype | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | 4 - MASTER | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 5 - DOCTORAL | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2"></th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF WEEKS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td>1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2-PLANT SYSTEMS CLASSROOM OBSERVATION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">SIMULATOR NAMES</td> </tr> <tr> <td colspan="4">a. Unit 1</td> </tr> <tr> <td colspan="4">b.</td> </tr> <tr> <td>CERTIFIED STARTUP PROGRAM COMPLETED</td> <td><input checked="" type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td></td> </tr> <tr> <td colspan="4">NO. OF REACTIVITY MANIPULATIONS</td> </tr> <tr> <td>PLANT</td> <td colspan="3">SIMULATOR</td> </tr> <tr> <td>7</td> <td colspan="3"></td> </tr> </table> | | | | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | FROM | TO | 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 | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | | NO. OF REACTIVITY MANIPULATIONS | | | | PLANT | SIMULATOR | | | 7 | | | | 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2"></th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF MONTHS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td colspan="4">NAVY</td> </tr> <tr> <td>1 - RO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 - ECOM/PPWO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 - EWS/PPWS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4 - ERS/CRW</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5 - OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">FOSSIL</td> </tr> <tr> <td>6 - OPERATOR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7 - SUPERVISOR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8 - PLANT STAFF</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9 - OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">COMMERCIAL NUCLEAR (Including Research/Test Reactor)</td> </tr> <tr> <td>10 - REACTOR OPERATOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 - SENIOR OPERATOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12 - SHIFT SUPERVISOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13 - STAFF/SHIFT ENGINEER (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>14 - AUX./EQUIP. OPER. (Nonlicensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15 - PLANT STAFF</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16 - OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> </table> | | | | a. MONTH AND YEAR | | b. NUMBER OF MONTHS | FROM | TO | NAVY | | | | 1 - RO | | | | 2 - ECOM/PPWO | | | | 3 - EWS/PPWS | | | | 4 - ERS/CRW | | | | 5 - OTHER (Specify) | | | | FOSSIL | | | | 6 - OPERATOR | | | | 7 - SUPERVISOR | | | | 8 - PLANT STAFF | | | | 9 - 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) | | | |
| | a. MONTH AND YEAR | | | b. NUMBER OF WEEKS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CERTIFIED STARTUP PROGRAM COMPLETED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO. OF REACTIVITY MANIPULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLANT | SIMULATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | a. MONTH AND YEAR | | b. NUMBER OF MONTHS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAVY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - RO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - ECOM/PPWO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - EWS/PPWS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - ERS/CRW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOSSIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 - OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 - SUPERVISOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 - PLANT STAFF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 - 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4-SRO INSTRUCTION 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) a. TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) EQUALIFICATION OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|--|---|-----|--|----|---|---|-----|--|--|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | X | YES | | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE | X | YES | | |
|--|---|-----|--|----|---|---|-----|--|--|

15. FOR RENEWALS ONLY

| | | | | |
|-------------------------|--|------|--------|------|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT | |
| | | | PASS | FAIL |

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT Douglas C. Bunn DATE 1/4/92

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee's requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

TRAINING COORDINATOR

SENIOR MANAGEMENT REPRESENTATIVE ON SITE

| | |
|---|---|
| PRINTED OR TYPED NAME Robert Clement | PRINTED OR TYPED NAME H. E. MORGAN |
| SIGNATURE <u>Robert Clement</u> DATE <u>3-17-92</u> | SIGNATURE NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION DATE |

FOR NRC USE

| WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS (Explain below) |
|---|--------------|--------|--------------|--------------------|--|
| CATEGORY | GRANTED BY | | DENIED BY | | |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | |
| ISSUED | | | | | |
| OPERATING | | | | | |
| ELIGIBILITY | | | | | |
| MEDICAL | | | | | |
| OTHER | | | | | SIGNATURE - REVIEWER DATE |

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BUDGET FOR RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST IS UN KNOWN. FORWARD COMMENTS REGARDING BUDGET ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH, RMNB (774), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545, AND TO THE PAPERWORK REDUCTION PROJECT (D-3000), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

NAME OF APPLICANT
Barrie, Douglas

FACILITY
San Onofre Nuclear Generating Station, 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) | STATE AND LICENSE NUMBER | EXAMINATION DATE
Michael Santiago, MD | **CA G60318** | **Nov. 25, 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 3.4-1993, OR ANSI/ANS 15.4-1977 (N360) 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)

CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES.

Michael Santiago MD 11/26/91

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 U.S. Nuclear Regulatory Commission 475 Allendale Road King of Prussia, PA 19406 | Regional Administrator, Region II U.S. Nuclear Regulatory Commission 101 Marietta Street, Suite 3100 Atlanta, GA 30323 | Regional Administrator, Region III U.S. Nuclear Regulatory Commission 799 Roosevelt Road Glen Ellyn, IL 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 Commission 1450 Maria Lane, Suite 210 Walnut Creek, CA 94598 | 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. 552(a)(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 356. This information is maintained in a system of records designated as NRC-18 and identified as Federal Register 32518 (April 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 entered 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 MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 2.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNEB 7714) U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090) OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC, 20503

| <p>1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)</p> <p>COTTON, BREWSTER WILLIAM 41905 Shorewood Court Temecula, CA 92390</p> | | | | <p>4. TYPE OF APPLICATION (Check applicable boxes) X HOT COLD</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><input checked="" type="checkbox"/></td> <td style="width:75%;">a. NEW</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td><input type="checkbox"/></td> <td>b. RENEWAL</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>c. UPGRADE</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>e. REAPPLICATION</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>1-FIRST</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>2-SECOND</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>3-THIRD</td> <td></td> <td></td> <td></td> </tr> </table> <p>f. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category) _____ 2-OPERATING (Category) _____ 3-ELIGIBILITY _____ 4-MEDICAL _____ 5-OTHER _____</p> <p><input checked="" type="checkbox"/> g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) MM YY 06 91</p> | | | | <input checked="" type="checkbox"/> | a. NEW | | | | <input type="checkbox"/> | b. RENEWAL | | | | <input type="checkbox"/> | c. UPGRADE | | | | <input type="checkbox"/> | d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) | | | | <input type="checkbox"/> | e. REAPPLICATION | | | | | 1-FIRST | | | | | 2-SECOND | | | | | 3-THIRD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|---|---------------------------|---------------------------|----------------------|-------------------------------------|--------|--|--------------------|---------------------------|--------------------------|---------------------------|--|--|--|--------------------------|------------|--|--|---|--------------------------|--|--|--|--|--------------------------|------------------|-----------------|--|--|--|-----------|----|--|--|--|----------|-------------------------------------|-------|----|--|---------------------------------|--|--|--|-----------------|---|--|--|--|--|--|--|--|--|--|-------------------|--|---------------------|------|----|-------------|--|--|--|--------|--|--|--|--------------|--|--|--|-------------|--|--|--|-------------|--|--|--|---------------------|--|--|--|---------------|--|--|--|--------------|--|--|--|----------------|--|--|--|-----------------|--|--|--|---------------------|--|--|--|---|--|--|--|----------------------------------|--|--|--|---------------------------------|--|--|--|----------------------------------|--|--|--|--------------------------------------|--|--|--|--------------------------------------|--|--|--|------------------|--|--|--|----------------------|--|--|--|
| <input checked="" type="checkbox"/> | a. NEW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | b. RENEWAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | c. UPGRADE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | e. REAPPLICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1-FIRST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2-SECOND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3-THIRD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. CITIZENSHIP</p> <p>X a. UNITED STATES b. OTHER (Specify) _____</p> | | <p>3. BIRTH DATE</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">MONTH</td> <td style="width:10%;">DAY</td> <td style="width:10%;">YEAR</td> </tr> <tr> <td style="text-align:center;">1 2</td> <td style="text-align:center;">1 1</td> <td style="text-align:center;">5 0</td> </tr> </table> | | MONTH | DAY | YEAR | 1 2 | 1 1 | 5 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH | DAY | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>5. TYPE OF LICENSE APPLIED FOR</p> <p>X a. OPERATOR b. SENIOR OPERATOR c. LIMITED SRO (e.g., Fuel Handler)</p> | | | <p>6. PREVIOUS LICENSE(S) HELD</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:10%;">a. DOCKET NUMBER</td> <td style="width:5%;">RO</td> <td style="width:5%;">SRO</td> <td style="width:20%;">b. LICENSE NUMBER</td> <td style="width:10%;">c. EXPIRATION DATE</td> <td style="width:20%;">d. FACILITY DOCKET NUMBER</td> </tr> <tr> <td></td> <td>55-</td> <td></td> <td></td> <td></td> <td>MONTH DAY YEAR</td> <td>50-</td> </tr> </table> | | | | a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | d. FACILITY DOCKET NUMBER | | 55- | | | | MONTH DAY YEAR | 50- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | d. FACILITY DOCKET NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 55- | | | | MONTH DAY YEAR | 50- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER</p> <p>Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128</p> | | | | <p>10. CURRENT POSITION AT FACILITY</p> <p>a. PLANT SUPERINTENDENT <input checked="" type="checkbox"/> 1. AUXILIARY UNIT OPERATOR/TRAINED/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) b. ASSISTANT PLANT SUPERINTENDENT c. SHIFT SUPERVISOR d. STAFF ENGINEER e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER f. INSTRUCTOR g. SENIOR CONTROL ROOM OPERATOR h. CONTROL ROOM OPERATOR</p> <p><input type="checkbox"/> j. OTHER (Specify) _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>8. NAME OF APPLICANT'S FACILITY San Onofre Unit 1</p> | | <p>FACILITY DOCKET NUMBER 50-206</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. EDUCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIGH SCHOOL | c. MAJOR AREA(S) OF STUDY | NUMBER OF YEARS | HIGHEST DEGREE | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | d. VOCATIONAL / TECHNICAL | NUMBER OF MONTHS | CERTIFICATE RECEIVED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X GRADUATE | ENGINEERING (FIELDS) | | (Use Codes) | 0 - NONE | TYPE OF TRAINING | | YES NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X GED EQUIVALENCY | | | | 1 - CERTIFICATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | OTHER | | | 2 - ASSOCIATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. NUMBER OF YEARS OF COLLEGE 3 | Music | 2 | 2 | 3 - BACHELOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | General | 1 | 0 | 4 - MASTER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 5 - DOCTORAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2"></th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF WEEKS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td>1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2-PLANT SYSTEMS CLASSROOM</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OBSERVATION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SIMULATOR OPERATING (Includes Classroom)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SIMULATOR NAMES</td> <td colspan="3" rowspan="2" style="background-color: #cccccc;"></td> </tr> <tr> <td>a. Unit 1</td> </tr> <tr> <td>b.</td> <td colspan="3" rowspan="2" style="background-color: #cccccc;"></td> </tr> <tr> <td></td> </tr> <tr> <td>CERTIFIED STARTUP PROGRAM COMPLETED</td> <td>X YES</td> <td>NO</td> <td></td> </tr> <tr> <td>NO. OF REACTIVITY MANIPULATIONS</td> <td colspan="3" rowspan="2" style="background-color: #cccccc;"></td> </tr> <tr> <td>PLANT SIMULATOR</td> </tr> <tr> <td>7</td> <td colspan="3" rowspan="2" style="background-color: #cccccc;"></td> </tr> <tr> <td></td> </tr> </table> | | | | | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | FROM | TO | 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 | X YES | NO | | NO. OF REACTIVITY MANIPULATIONS | | | | PLANT SIMULATOR | 7 | | | | | <p>13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2"></th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF MONTHS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td colspan="4">NAVY</td> </tr> <tr> <td>1 - RO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 - EOOW/PWO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 - EWS/PWS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4 - ERS/CRW</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5 - OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">FOSSIL</td> </tr> <tr> <td>6 - OPERATOR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7 - SUPERVISOR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8 - PLANT STAFF</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9 - OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">COMMERCIAL NUCLEAR (Including Research/Test Reactor)</td> </tr> <tr> <td>10 - REACTOR OPERATOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 - SENIOR OPERATOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12 - SHIFT SUPERVISOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13 - STAFF/SHIFT ENGINEER (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>14 - AUX./EQUIP. OPER. (Nonlicensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15 - PLANT STAFF</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16 - OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> </table> | | | | | a. MONTH AND YEAR | | b. NUMBER OF MONTHS | FROM | TO | NAVY | | | | 1 - RO | | | | 2 - EOOW/PWO | | | | 3 - EWS/PWS | | | | 4 - ERS/CRW | | | | 5 - OTHER (Specify) | | | | FOSSIL | | | | 6 - OPERATOR | | | | 7 - SUPERVISOR | | | | 8 - PLANT STAFF | | | | 9 - 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) | | | |
| | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CERTIFIED STARTUP PROGRAM COMPLETED | X YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO. OF REACTIVITY MANIPULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLANT SIMULATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | a. MONTH AND YEAR | | b. NUMBER OF MONTHS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 - EOOW/PWO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - EWS/PWS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - ERS/CRW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOSSIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 - OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 - SUPERVISOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 - PLANT STAFF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 - 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4- SRO INSTRUCTION</p> <p>5- EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)</p> <p>a. TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)</p> <p>EQUALIFICATION</p> <p>OTHER (Specify)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|--|---|-----|--|----|---|---|-----|--|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | X | YES | | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | X | YES | | NO |
|--|---|-----|--|----|---|---|-----|--|----|

15. FOR RENEWALS ONLY

| | | | | |
|-------------------------|--|------|--------|------|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT | |
| | | | PASS | FAIL |

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory of a licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT

Bruce W. Cohn

DATE

3/9/92

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

TRAINING COORDINATOR

SENIOR MANAGEMENT REPRESENTATIVE ON SITE

PRINTED OR TYPED NAME Robert Clement

PRINTED OR TYPED NAME H. E. MORGAN

SIGNATURE *Robert Clement*

DATE 3-17-92

SIGNATURE NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION

DATE

FOR NRC USE

| WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS(Explain below) | |
|---|--------------|--------|--------------|--------------------|---|------|
| CATEGORY | GRANTED BY | | DENIED BY | | | |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | | |
| ATTEN | | | | | | |
| OPERATING | | | | | | |
| ELIGIBILITY | | | | | | |
| MEDICAL | | | | | | |
| OTHER | | | | | SIGNATURE - REVIEWER | DATE |

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 (MNB 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

NAME OF APPLICANT

BREWSTER WILLIAM COTTON

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)*

Michael Santiago MD

STATE AND LICENSE NUMBER

CA G60318

EXAMINATION DATE

12/24/91

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)

Michael Santiago MD 12/24/91

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

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

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

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

| 1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) FOLTZ, GEORGE ALLEN 3545 Paseo De Francisco # 231 Oceanside, CA 92056 | | | | 4. TYPE OF APPLICATION (Check applicable boxes) X HOT COLD <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><input checked="" type="checkbox"/></td> <td style="width:15%;">a. NEW</td> <td style="width:5%;"></td> <td style="width:15%;">f. WAIVER REQUESTED (Justify on Reverse)</td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td><input type="checkbox"/></td> <td>b. RENEWAL</td> <td></td> <td>1-WRITTEN (Category)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>c. UPGRADE</td> <td></td> <td>2-OPERATING (Category)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)</td> <td></td> <td>3-ELIGIBILITY</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>e. REAPPLICATION</td> <td></td> <td>4-MEDICAL</td> <td></td> <td></td> </tr> <tr> <td></td> <td>1-FIRST</td> <td></td> <td>5-OTHER</td> <td></td> <td></td> </tr> <tr> <td></td> <td>2-SECOND</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>3-THIRD</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td colspan="3">g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE)</td> <td>MM</td> <td>YY</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>02</td> <td>91</td> </tr> </table> | | | | <input checked="" type="checkbox"/> | a. NEW | | f. WAIVER REQUESTED (Justify on Reverse) | | | <input type="checkbox"/> | b. RENEWAL | | 1-WRITTEN (Category) | | | <input type="checkbox"/> | c. UPGRADE | | 2-OPERATING (Category) | | | <input type="checkbox"/> | d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) | | 3-ELIGIBILITY | | | <input type="checkbox"/> | e. REAPPLICATION | | 4-MEDICAL | | | | 1-FIRST | | 5-OTHER | | | | 2-SECOND | | | | | | 3-THIRD | | | | | <input checked="" type="checkbox"/> | g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) | | | MM | YY | | | | | 02 | 91 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|--|---------------------------|---------------------------|----------------------|-------------------------------------|-------------------------|--|--|---------------------------|--|---------------------------------------|-----------------------------------|--|----------------------|---|-----|--------------------------|---------------------|--|------------------------|--|--|--------------------------|--|--|---------------|-----------|--|--------------------------|--|----|--------------------|--|--|-------------------------------------|---------------|-----|---------|---------------------------------|--|--|---------------------------------|-------|-----------|--|--|---|--------------------------|--|--|-------------------|--|-------------------------------------|---|---|--|----|----|--|--|--|--|---------------|----|--|--|-------------------|--|--|--|--|--|--|--|--|-------------------|--|---------------------|------|----|-------------|--|--|--|--------|--|--|--|---------------|--|--|--|--------------|--|--|--|-------------|--|--|--|---------------------|--|--|--|---------------|--|--|--|--------------|--|--|--|----------------|--|--|--|-----------------|--|--|--|---------------------|--|--|--|--|--|--|--|----------------------------------|--|--|--|---------------------------------|--|--|--|----------------------------------|--|--|--|--------------------------------------|--|--|--|--------------------------------------|--|--|--|------------------|--|--|--|----------------------|--|--|--|
| <input checked="" type="checkbox"/> | a. NEW | | f. WAIVER REQUESTED (Justify on Reverse) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | b. RENEWAL | | 1-WRITTEN (Category) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | c. UPGRADE | | 2-OPERATING (Category) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) | | 3-ELIGIBILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | e. REAPPLICATION | | 4-MEDICAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1-FIRST | | 5-OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2-SECOND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3-THIRD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) | | | MM | YY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. CITIZENSHIP X a. UNITED STATES b. OTHER (Specify) | | 3. BIRTH DATE MONTH DAY YEAR 1 0 1 5 6 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. TYPE OF LICENSE APPLIED FOR X a. OPERATOR b. SENIOR OPERATOR c. LIMITED SRO (e.g., Fuel Handler) | | | 6. PREVIOUS LICENSE(S) HELD <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:10%;">a. DOCKET NUMBER</td> <td style="width:5%;">RO</td> <td style="width:5%;">SRO</td> <td style="width:20%;">b. LICENSE NUMBER</td> <td style="width:10%;">c. EXPIRATION DATE</td> <td style="width:20%;">d. FACILITY DOCKET NUMBER</td> </tr> <tr> <td></td> <td>55-</td> <td></td> <td></td> <td></td> <td>MONTH DAY YEAR</td> <td>50-</td> </tr> </table> | | | | a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | d. FACILITY DOCKET NUMBER | | 55- | | | | MONTH DAY YEAR | 50- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | d. FACILITY DOCKET NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 55- | | | | MONTH DAY YEAR | 50- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128 | | | | 10. CURRENT POSITION AT FACILITY <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:15%;">a. PLANT SUPERINTENDENT</td> <td style="width:5%;"></td> <td style="width:15%;">i. AUXILIARY UNIT OPERATOR/ TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR)</td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td>b. ASSISTANT PLANT SUPERINTENDENT</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>c. SHIFT SUPERVISOR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>d. STAFF ENGINEER</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>e. SHIFT TECHNICAL ADVISOR/ SHIFT ENGINEER</td> <td></td> <td>j. OTHER (Specify)</td> <td></td> <td></td> </tr> <tr> <td></td> <td>f. INSTRUCTOR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>g. SENIOR CONTROL ROOM OPERATOR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>h. CONTROL ROOM OPERATOR</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | a. PLANT SUPERINTENDENT | | i. AUXILIARY UNIT OPERATOR/ TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) | | | | b. ASSISTANT PLANT SUPERINTENDENT | | | | | | c. SHIFT SUPERVISOR | | | | | | d. STAFF ENGINEER | | | | | | e. SHIFT TECHNICAL ADVISOR/ SHIFT ENGINEER | | j. OTHER (Specify) | | | | f. INSTRUCTOR | | | | | | g. SENIOR CONTROL ROOM OPERATOR | | | | | | h. CONTROL ROOM OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a. PLANT SUPERINTENDENT | | i. AUXILIARY UNIT OPERATOR/ TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b. ASSISTANT PLANT SUPERINTENDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c. SHIFT SUPERVISOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | d. STAFF ENGINEER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | e. SHIFT TECHNICAL ADVISOR/ SHIFT ENGINEER | | j. OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | f. INSTRUCTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | g. SENIOR CONTROL ROOM OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | h. CONTROL ROOM OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. NAME OF APPLICANT'S FACILITY San Onofre Unit 1 | | FACILITY DOCKET NUMBER 50-206 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. EDUCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIGH SCHOOL | c. MAJOR AREA(S) OF STUDY | NUMBER OF YEARS | HIGHEST DEGREE | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | d. VOCATIONAL / TECHNICAL | NUMBER OF MONTHS | CERTIFICATE RECEIVED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X GRADUATE | ENGINEERING (FIELDS) | | (Use Codes) | 0 - NONE 1 - CERTIFICATE 2 - ASSOCIATE 3 - BACHELOR 4 - MASTER 5 - DOCTORAL | TYPE OF TRAINING | | YES NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GED EQUIVALENCY | | | | | Nuclear Power School | 6 | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | OTHER | | | | Nuclear Prototype | 6 | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. NUMBER OF YEARS OF COLLEGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) <table style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2"></th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF WEEKS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td>1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2-PLANT SYSTEMS CLASSROOM OBSERVATION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SIMULATOR OPERATING (Includes Classroom)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SIMULATOR NAMES</td> <td colspan="3"></td> </tr> <tr> <td>a. Unit 1</td> <td colspan="3"></td> </tr> <tr> <td>b.</td> <td colspan="3"></td> </tr> <tr> <td>CERTIFIED STARTUP PROGRAM COMPLETED</td> <td>X</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>NO. OF REACTIVITY MANIPULATIONS</td> <td colspan="3"></td> </tr> <tr> <td>PLANT</td> <td colspan="3">SIMULATOR</td> </tr> <tr> <td>6</td> <td colspan="3"></td> </tr> <tr> <td>4-SRO INSTRUCTION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>QUALIFICATION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7-OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> </table> | | | | | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | FROM | TO | 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 | X | YES | NO | 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) | | | | QUALIFICATION | | | | 7-OTHER (Specify) | | | | 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) <table style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2"></th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF MONTHS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td colspan="4">NAVY</td> </tr> <tr> <td>1 - RO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 - EOOW/PPWO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 - EWS/PPWS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4 - ERS/CRW</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5 - OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">FOSSIL</td> </tr> <tr> <td>6 - OPERATOR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7 - SUPERVISOR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8 - PLANT STAFF</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9 - OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">COMMERCIAL NUCLEAR (Including Research/ Test Reactor)</td> </tr> <tr> <td>10 - REACTOR OPERATOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 - SENIOR OPERATOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12 - SHIFT SUPERVISOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13 - STAFF/SHIFT ENGINEER (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>14 - AUX./EQUIP. OPER. (Nonlicensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15 - PLANT STAFF</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16 - OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> </table> | | | | | a. MONTH AND YEAR | | b. NUMBER OF MONTHS | FROM | TO | NAVY | | | | 1 - RO | | | | 2 - EOOW/PPWO | | | | 3 - EWS/PPWS | | | | 4 - ERS/CRW | | | | 5 - OTHER (Specify) | | | | FOSSIL | | | | 6 - OPERATOR | | | | 7 - SUPERVISOR | | | | 8 - PLANT STAFF | | | | 9 - 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) | | | |
| | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | X | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QUALIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7-OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a. MONTH AND YEAR | | b. NUMBER OF MONTHS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FROM | TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAVY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - RO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - EOOW/PPWO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - EWS/PPWS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - ERS/CRW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOSSIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 - OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 - SUPERVISOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 - PLANT STAFF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 - 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|--|-------------------------------------|-----|--------------------------|----|---|-------------------------------------|-----|--------------------------|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | <input checked="" type="checkbox"/> | YES | <input type="checkbox"/> | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | <input checked="" type="checkbox"/> | YES | <input type="checkbox"/> | NO |
|--|-------------------------------------|-----|--------------------------|----|---|-------------------------------------|-----|--------------------------|----|

15. FOR RENEWALS ONLY

| | | | |
|-------------------------|--|------|-----------|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT |
| | | | PASS FAIL |

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility, I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT *George A. Folz* DATE 3-8-92

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

| TRAINING COORDINATOR | | SENIOR MANAGEMENT REPRESENTATIVE ON SITE | |
|-----------------------|-----------------------|--|---|
| PRINTED OR TYPED NAME | Robert Clement | PRINTED OR TYPED NAME | H. E. MORGAN |
| SIGNATURE | <i>Robert Clement</i> | SIGNATURE | NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION |
| | DATE 3-17-92 | | DATE |

FOR NRC USE

| CATEGORY | WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS(Explain below) |
|-------------|---|--------|--------------|--------|--------------------|---|
| | GRANTED BY | | DENIED BY | | | |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | | |
| WRITTEN | | | | | | |
| OPERATING | | | | | | |
| ELIGIBILITY | | | | | | |
| MEDICAL | | | | | | |
| OTHER | | | | | | |

SIGNATURE - REVIEWER _____ DATE _____

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 15 MIN. FORWARD DOCUMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MRS 774), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545, AND TO THE PAPERWORK REDUCTION PROJECT (2150004), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

| | |
|---------------------------------------|----------------------------------|
| NAME OF APPLICANT Foltz, George A. | |
| FACILITY SONGS, Unit 1 | FACILITY DOCKET NUMBER 50-206 |

A. MEDICAL EXAMINATION CERTIFICATION

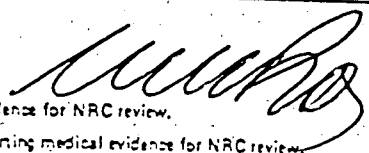
THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

| | | |
|---|--|-------------------------------------|
| PRINTED NAME (of Physician) <i>Michael J. Santiago</i> | STATE AND LICENSE NUMBER <i>CA G60318</i> | EXAMINATION DATE <i>11-12-91</i> |
|---|--|-------------------------------------|

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 3.4-1993, 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 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)

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) No Signature Required, Non-Certified H. E. Morgan | TITLE Application Vice President & Site Manager | DATE |
|---|---|------|

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 II U.S. Nuclear Regulatory Commission 101 Marietta Street, Suite 3100 Atlanta, GA 30323 | Regional Administrator, Region III U.S. Nuclear Regulatory Commission 799 Roosevelt Road Glen Ellyn, IL 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 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

Pursuant to 5 U.S.C. 552a(i)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-502), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 356. This information is maintained in a system of records designated as NRC-8 and described as Federal Register 32628 (April 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 entered 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 MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 2.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNB 7714) U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090) OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC, 20503

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

| | | | | | | | |
|--|--|---------------------------|--|--|--|---|--|
| 1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) | | | | 4. TYPE OF APPLICATION (Check applicable boxes) X HOT COLD | | | |
| FORD, DAVID BRUCE 4270 Casa Buena Way # 161 Oceanside, CA 92057 | | | | X a. NEW | | f. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category) | |
| | | | | b. RENEWAL | | 2-OPERATING (Category) | |
| | | | | c. UPGRADE | | 3-ELIGIBILITY | |
| | | | | d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) | | 4-MEDICAL | |
| | | | | e. REAPPLICATION | | 5-OTHER | |
| | | | | 1-FIRST | | | |
| | | | | 2-SECOND | | | |
| | | | | 3-THIRD | | X g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) MM YY 02 91 | |
| 2. CITIZENSHIP | | 3. BIRTH DATE | | | | | |
| X a. UNITED STATES | | MONTH DAY YEAR | | | | | |
| b. OTHER (Specify) | | 1 0 1 3 6 5 | | | | | |
| 5. TYPE OF LICENSE APPLIED FOR | | | | 6. PREVIOUS LICENSE(S) HELD | | | |
| X a. OPERATOR | | | | a. DOCKET NUMBER RO SRO | | c. EXPIRATION DATE | |
| b. SENIOR OPERATOR | | | | 55- | | MONTH DAY YEAR | |
| c. LIMITED SRO (e.g., Fuel Handler) | | | | | | d. FACILITY DOCKET NUMBER | |
| | | | | | | 50- | |
| 7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER | | | | 10. CURRENT POSITION AT FACILITY | | | |
| Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128 | | | | a. PLANT SUPERINTENDENT X | | 1. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) | |
| | | | | b. ASSISTANT PLANT SUPERINTENDENT | | | |
| | | | | c. SHIFT SUPERVISOR | | | |
| | | | | d. STAFF ENGINEER | | | |
| | | | | e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER | | j. OTHER (Specify) | |
| | | | | f. INSTRUCTOR | | | |
| | | | | g. SENIOR CONTROL ROOM OPERATOR | | | |
| | | | | h. CONTROL ROOM OPERATOR | | | |
| 8. NAME OF APPLICANT'S FACILITY | | | | 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) | | | |
| San Onofre Unit 1 | | | | FACILITY DOCKET NUMBER 50-206 | | | |
| 11. EDUCATION | | | | | | | |
| HIGH SCHOOL | | c. MAJOR AREA(S) OF STUDY | | NUMBER OF YEARS | | HIGHEST DEGREE | |
| X GRADUATE | | ENGINEERING (FIELDS) | | | | (Use Codes) | |
| GED EQUIVALENCY | | OTHER | | 1 | | 0 | |
| NO | | Gen Education | | | | | |
| b. NUMBER OF YEARS OF COLLEGE 1 | | | | | | | |
| DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | | | | d. VOCATIONAL / TECHNICAL / TYPE OF TRAINING | | | |
| 0 - NONE | | | | Nuclear Power School 6 X | | | |
| 1 - CERTIFICATE | | | | Nuclear Prototype 6 X | | | |
| 2 - ASSOCIATE | | | | | | | |
| 3 - BACHELOR | | | | | | | |
| 4 - MASTER | | | | | | | |
| 5 - DOCTORAL | | | | | | | |
| 12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) | | | | 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) | | | |
| 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) | | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | | NAVVY | |
| | | FROM TO | | | | 1 - RO | |
| 2-PLANT SYSTEMS CLASSROOM | | | | | | 2 - EOOW/PPWO | |
| OBSERVATION | | | | | | 3 - EWS/PPWS | |
| 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT | | | | | | 4 - ERS/CRW | |
| SIMULATOR OPERATING (Includes Classroom) | | | | | | 5 - OTHER (Specify) | |
| SIMULATOR NAMES a. Unit 1 | | | | | | FOSSIL | |
| b. | | | | | | 6 - OPERATOR | |
| CERTIFIED STARTUP PROGRAM COMPLETED X YES NO | | | | | | 7 - SUPERVISOR | |
| NO. OF REACTIVITY MANIPULATIONS | | | | | | 8 - PLANT STAFF | |
| PLANT SIMULATOR | | | | | | 9 - OTHER (Specify) | |
| 6 | | | | | | COMMERCIAL NUCLEAR (Including Research/ Test Reactor) | |
| 4-SRO INSTRUCTION | | | | | | 10 - REACTOR OPERATOR (Licensed) | |
| 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) | | | | | | 11 - SENIOR OPERATOR (Licensed) | |
| a. TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) | | | | | | 12 - SHIFT SUPERVISOR (Licensed) | |
| QUALIFICATION | | | | | | 13 - STAFF/SHIFT ENGINEER (Licensed) | |
| OTHER (Specify) | | | | | | 14 - AUX./EQUIP. OPER. (Nonlicensed) | |
| | | | | | | 15 - PLANT STAFF | |
| | | | | | | 16 - OTHER (Specify) | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|--|---|-----|--|----|---|---|-----|--|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | X | YES | | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | X | YES | | NO |
|--|---|-----|--|----|---|---|-----|--|----|

15. FOR RENEWALS ONLY

| | | | | |
|-------------------------|--|------|--------|------|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT | |
| | | | PASS | FAIL |

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT Dan Bruce Ford DATE MAR 9, 1992

CHECK APPLICABLE BOX

- b. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.
- c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

| | | | |
|-----------------------|-----------------------|--|--|
| TRAINING COORDINATOR | | SENIOR MANAGEMENT REPRESENTATIVE ON SITE | |
| PRINTED OR TYPED NAME | Robert Clement | PRINTED OR TYPED NAME | H. E. MORGAN |
| SIGNATURE | <u>Robert Clement</u> | DATE | 3-17-92 |
| | | SIGNATURE | NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION |

| | |
|---|---|
| FOR NRC USE | |
| WAIVER (Check or complete items, as applicable) | MEETS REQUIREMENTS DOES NOT MEET REQUIREMENTS (Explain below) |

| CATEGORY | GRANTED BY | | DENIED BY | |
|-------------|--------------|--------|--------------|--------|
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION |
| WRITTEN | | | | |
| OPERATING | | | | |
| ELIGIBILITY | | | | |
| MEDICAL | | | | |
| OTHER | | | | |

SIGNATURE - REVIEWER _____ DATE _____

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 (MNB 7714), U.S.
NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555,
AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024),
OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

| | |
|--|---|
| NAME OF APPLICANT DAVID BRUCE FORD | |
| 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) Michael Santiago MD | STATE AND LICENSE NUMBER CA G60318 | 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 supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

John D. ... 11/5/91

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) No Signature Required, Non-Certified | TITLE Application Vice President & Site Manager | DATE |
| 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 U.S. Nuclear Regulatory Commission 475 Allendale Road King of Prussia, PA 19406 | Regional Administrator, Region II U.S. Nuclear Regulatory Commission 101 Marietta Street, Suite 3100 Atlanta, GA 30323 | Regional Administrator, Region III U.S. Nuclear Regulatory Commission 799 Roosevelt Road Glen Ellyn, IL 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 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

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-18 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 entered 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 MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 2.0 ERS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNB 7714) U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090) OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC, 20503

| | |
|---|---|
| 1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) | 4. TYPE OF APPLICATION (Check applicable boxes) X HOT <input type="checkbox"/> COLD <input type="checkbox"/> |
|---|---|

| 2. CITIZENSHIP <input checked="" type="checkbox"/> a. UNITED STATES <input type="checkbox"/> b. OTHER (Specify) | 3. BIRTH DATE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td style="text-align: center;">2 7 6 5</td> </tr> </table> | MONTH | DAY | YEAR | 1 | 0 | 2 7 6 5 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION <input type="checkbox"/> 1-FIRST <input type="checkbox"/> 2-SECOND <input type="checkbox"/> 3-THIRD </td> <td style="width:50%; vertical-align: top;"> f. WAIVER REQUESTED (Justify on Reverse) <input type="checkbox"/> 1-WRITTEN (Category) <input type="checkbox"/> 2-OPERATING (Category) <input type="checkbox"/> 3-ELIGIBILITY <input type="checkbox"/> 4-MEDICAL <input type="checkbox"/> 5-OTHER </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <input checked="" type="checkbox"/> g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) </td> </tr> <tr> <td style="text-align: right;">MM</td> <td style="text-align: right;">YY</td> </tr> <tr> <td style="text-align: right;">02</td> <td style="text-align: right;">91</td> </tr> </table> | a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION <input type="checkbox"/> 1-FIRST <input type="checkbox"/> 2-SECOND <input type="checkbox"/> 3-THIRD | f. WAIVER REQUESTED (Justify on Reverse) <input type="checkbox"/> 1-WRITTEN (Category) <input type="checkbox"/> 2-OPERATING (Category) <input type="checkbox"/> 3-ELIGIBILITY <input type="checkbox"/> 4-MEDICAL <input type="checkbox"/> 5-OTHER | <input checked="" type="checkbox"/> g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) | | MM | YY | 02 | 91 |
|--|---|---------|-----|------|---|---|---------|--|--|--|---|--|----|----|----|----|
| MONTH | DAY | YEAR | | | | | | | | | | | | | | |
| 1 | 0 | 2 7 6 5 | | | | | | | | | | | | | | |
| a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION <input type="checkbox"/> 1-FIRST <input type="checkbox"/> 2-SECOND <input type="checkbox"/> 3-THIRD | f. WAIVER REQUESTED (Justify on Reverse) <input type="checkbox"/> 1-WRITTEN (Category) <input type="checkbox"/> 2-OPERATING (Category) <input type="checkbox"/> 3-ELIGIBILITY <input type="checkbox"/> 4-MEDICAL <input type="checkbox"/> 5-OTHER | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) | | | | | | | | | | | | | | | | |
| MM | YY | | | | | | | | | | | | | | | |
| 02 | 91 | | | | | | | | | | | | | | | |

| 5. TYPE OF LICENSE APPLIED FOR <input checked="" type="checkbox"/> a. OPERATOR <input type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED SRO (e.g., Fuel Handler) | 6. PREVIOUS LICENSE(S) HELD <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>a. DOCKET NUMBER</th> <th>RO</th> <th>SRO</th> <th>b. LICENSE NUMBER</th> <th colspan="3">c. EXPIRATION DATE</th> <th>d. FACILITY DOCKET NUMBER</th> </tr> <tr> <td>55-</td> <td></td> <td></td> <td></td> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> <td>50-</td> </tr> </table> | a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | | | d. FACILITY DOCKET NUMBER | 55- | | | | MONTH | DAY | YEAR | 50- |
|---|---|------------------|-------------------|--------------------|-------------------|--------------------|---------------------------|--|---------------------------|-----|--|--|--|-------|-----|------|-----|
| a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | | | d. FACILITY DOCKET NUMBER | | | | | | | | | | |
| 55- | | | | MONTH | DAY | YEAR | 50- | | | | | | | | | | |

| | |
|---|---|
| 7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128 | 10. CURRENT POSITION AT FACILITY <input checked="" type="checkbox"/> a. PLANT SUPERINTENDENT <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> c. SHIFT SUPERVISOR <input type="checkbox"/> d. STAFF ENGINEER <input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> f. INSTRUCTOR <input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> h. CONTROL ROOM OPERATOR |
|---|---|

| | | |
|---|---|---|
| 8. NAME OF APPLICANT'S FACILITY San Onofre Unit 1 | FACILITY DOCKET NUMBER 50-206 | 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) |
|---|---|---|

| 11. EDUCATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>HIGH SCHOOL</th> <th>c. MAJOR AREA(S) OF STUDY</th> <th>NUMBER OF YEARS</th> <th>HIGHEST DEGREE</th> <th>DEGREE CODES (To be used for "HIGHEST DEGREE" obtained)</th> <th>d. VOCATIONAL / TECHNICAL</th> <th>NUMBER OF MONTHS</th> <th colspan="2">CERTIFICATE RECEIVED</th> </tr> <tr> <td><input checked="" type="checkbox"/> GRADUATE</td> <td>ENGINEERING (FIELDS)</td> <td></td> <td>(Use Codes)</td> <td>0 - NONE 1 - CERTIFICATE 2 - ASSOCIATE 3 - BACHELOR 4 - MASTER 5 - DOCTORAL</td> <td>TYPE OF TRAINING</td> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/> GED EQUIVALENCY</td> <td></td> <td></td> <td></td> <td></td> <td>Nuclear Power School</td> <td>6</td> <td>X</td> <td></td> </tr> <tr> <td><input type="checkbox"/> NO</td> <td>OTHER</td> <td></td> <td></td> <td></td> <td>Prototype</td> <td>6</td> <td>X</td> <td></td> </tr> <tr> <td colspan="2">b. NUMBER OF YEARS OF COLLEGE</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | HIGH SCHOOL | c. MAJOR AREA(S) OF STUDY | NUMBER OF YEARS | HIGHEST DEGREE | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | d. VOCATIONAL / TECHNICAL | NUMBER OF MONTHS | CERTIFICATE RECEIVED | | <input checked="" type="checkbox"/> GRADUATE | ENGINEERING (FIELDS) | | (Use Codes) | 0 - NONE 1 - CERTIFICATE 2 - ASSOCIATE 3 - BACHELOR 4 - MASTER 5 - DOCTORAL | TYPE OF TRAINING | | YES | NO | <input type="checkbox"/> GED EQUIVALENCY | | | | | Nuclear Power School | 6 | X | | <input type="checkbox"/> NO | OTHER | | | | Prototype | 6 | X | | b. NUMBER OF YEARS OF COLLEGE | | 0 | | | | | | | 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>a. MONTH AND YEAR</th> <th>b. NUMBER OF MONTHS</th> </tr> <tr> <td></td> <td>FROM</td> <td>TO</td> </tr> <tr> <td colspan="3">NAVY</td> </tr> <tr> <td>1 - RO</td> <td></td> <td></td> </tr> <tr> <td>2 - ECOW/PPWO</td> <td></td> <td></td> </tr> <tr> <td>3 - EWS/PPWS</td> <td></td> <td></td> </tr> <tr> <td>4 - ERS/CRW</td> <td></td> <td></td> </tr> <tr> <td>5 - OTHER (Specify)</td> <td></td> <td></td> </tr> <tr> <td colspan="3">FOSSIL</td> </tr> <tr> <td>6 - OPERATOR</td> <td></td> <td></td> </tr> <tr> <td>7 - SUPERVISOR</td> <td></td> <td></td> </tr> <tr> <td>8 - PLANT STAFF</td> <td></td> <td></td> </tr> <tr> <td>9 - OTHER (Specify)</td> <td></td> <td></td> </tr> <tr> <td colspan="3">COMMERCIAL NUCLEAR (Including Research/ Test Reactor)</td> </tr> <tr> <td>10 - REACTOR OPERATOR (Licensed)</td> <td></td> <td></td> </tr> <tr> <td>11 - SENIOR OPERATOR (Licensed)</td> <td></td> <td></td> </tr> <tr> <td>12 - SHIFT SUPERVISOR (Licensed)</td> <td></td> <td></td> </tr> <tr> <td>13 - STAFF/SHIFT ENGINEER (Licensed)</td> <td></td> <td></td> </tr> <tr> <td>14 - AUX./EQUIP. OPER. (Nonlicensed)</td> <td></td> <td></td> </tr> <tr> <td>15 - PLANT STAFF</td> <td></td> <td></td> </tr> <tr> <td>16 - OTHER (Specify)</td> <td></td> <td></td> </tr> </table> | | a. MONTH AND YEAR | b. NUMBER OF MONTHS | | FROM | TO | NAVY | | | 1 - RO | | | 2 - ECOW/PPWO | | | 3 - EWS/PPWS | | | 4 - ERS/CRW | | | 5 - OTHER (Specify) | | | FOSSIL | | | 6 - OPERATOR | | | 7 - SUPERVISOR | | | 8 - PLANT STAFF | | | 9 - 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) | | |
|--|---------------------------|---------------------------|-----------------|--|---|---------------------------|----------------------|----------------------|--|--|----------------------|--|-------------|--|------------------|--|-----|----|--|--|--|--|--|----------------------|---|---|--|-----------------------------|-------|--|--|--|-----------|---|---|--|-------------------------------|--|---|--|--|--|--|--|--|---|--|-------------------|---------------------|--|------|----|-------------|--|--|--------|--|--|---------------|--|--|--------------|--|--|-------------|--|--|---------------------|--|--|---------------|--|--|--------------|--|--|----------------|--|--|-----------------|--|--|---------------------|--|--|--|--|--|----------------------------------|--|--|---------------------------------|--|--|----------------------------------|--|--|--------------------------------------|--|--|--------------------------------------|--|--|------------------|--|--|----------------------|--|--|
| HIGH SCHOOL | c. MAJOR AREA(S) OF STUDY | NUMBER OF YEARS | HIGHEST DEGREE | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | d. VOCATIONAL / TECHNICAL | NUMBER OF MONTHS | CERTIFICATE RECEIVED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRADUATE | ENGINEERING (FIELDS) | | (Use Codes) | 0 - NONE 1 - CERTIFICATE 2 - ASSOCIATE 3 - BACHELOR 4 - MASTER 5 - DOCTORAL | TYPE OF TRAINING | | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GED EQUIVALENCY | | | | | Nuclear Power School | 6 | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> NO | OTHER | | | | Prototype | 6 | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. NUMBER OF YEARS OF COLLEGE | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a. MONTH AND YEAR | b. NUMBER OF MONTHS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FROM | TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAVY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - RO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - ECOW/PPWO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - EWS/PPWS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - ERS/CRW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOSSIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 - OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 - SUPERVISOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 - PLANT STAFF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 - 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|--|---|-----|--|----|---|---|-----|--|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | X | YES | | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | X | YES | | NO |
|--|---|-----|--|----|---|---|-----|--|----|

15. FOR RENEWALS ONLY

| | | | |
|-------------------------|--|------|--------------------------|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT PASS FAIL |
|-------------------------|--|------|--------------------------|

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT Robert C. Clement DATE 3/13/92

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

| TRAINING COORDINATOR | SENIOR MANAGEMENT REPRESENTATIVE ON SITE |
|--|--|
| PRINTED OR TYPED NAME Robert Clement | PRINTED OR TYPED NAME H. E. MORGAN |
| SIGNATURE <u>Robert Clement</u> DATE <u>3-17-92</u> | SIGNATURE NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION DATE |

FOR NRC USE

| WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS (Explain below) |
|---|--------------|--------|--------------|--------------------|--|
| CATEGORY | GRANTED BY | | DENIED BY | | SIGNATURE - REVIEWER DATE |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | |
| WRITTEN | | | | | |
| OPERATING | | | | | |
| ELIGIBILITY | | | | | |
| MEDICAL | | | | | |
| OTHER | | | | | |

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST. IS MIN. FORWARDED COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (UNSB 7741), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

NAME OF APPLICANT
Guerrero, August C.

FACILITY
San Onofre Nuclear Generating Station, 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) | STATE AND LICENSE NUMBER | EXAMINATION DATE |
| Steven Rosen, MD | CA G24823 | 11/19/91 |

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 3.4-1993, 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)

Steven Rosen 11/20/91

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, H. E. Morgan | Vice President & Site Manager Application | |

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

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 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 Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94598

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. 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 398. This information is maintained in a system of records designated as NRC-18 and described at 55 Federal Register 32978 (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 entered 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 MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

APPROVED BY OMB: NO. 3150-0090
 EXPIRES: 1-31-92
 ESTIMATED BURDEN PER RESPONSE TO COMPLY
 WITH THIS INFORMATION COLLECTION
 REQUEST: 2.0 HRS. FORWARD COMMENTS
 REGARDING BURDEN ESTIMATE TO THE INFOR-
 MATION AND RECORDS MANAGEMENT BRANCH
 (MNB 7714) U.S. NUCLEAR REGULATORY COM-
 MISSION WASHINGTON, DC 20555 AND TO
 THE PAPERWORK REDUCTION PROJECT (3150-
 0090) OFFICE OF MANAGEMENT AND BUDGET,
 WASHINGTON, DC, 20503

DATE RECEIVED
 (To be completed by NRC)

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

| | |
|--|--|
| 1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) | 4. TYPE OF APPLICATION (Check applicable boxes) X HOT <input type="checkbox"/> COLD <input type="checkbox"/> |
|--|--|

HOWARD, ROBERT PERNELL
 341-D N. Melrose Dr.
 Vista, CA 92083

| | |
|--|--|
| <input checked="" type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION 1-FIRST 2-SECOND 3-THIRD | <input type="checkbox"/> f. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category) _____ 2-OPERATING (Category) _____ 3-ELIGIBILITY _____ 4-MEDICAL _____ 5-OTHER _____ <input checked="" type="checkbox"/> g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) MM YY 02 91 |
|--|--|

| | | | |
|--|---------------|-----|------|
| 2. CITIZENSHIP | 3. BIRTH DATE | | |
| <input checked="" type="checkbox"/> a. UNITED STATES | MONTH | DAY | YEAR |
| <input type="checkbox"/> b. OTHER (Specify) | 1 0 | 1 1 | 6 2 |

| | | | | |
|--|-----------------------------|----|-----|---------------------------|
| 5. TYPE OF LICENSE APPLIED FOR | 6. PREVIOUS LICENSE(S) HELD | | | |
| <input checked="" type="checkbox"/> a. OPERATOR | a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER |
| <input type="checkbox"/> b. SENIOR OPERATOR | 55- | | | c. EXPIRATION DATE |
| <input type="checkbox"/> c. LIMITED SRO (e.g., Fuel Handler) | | | | MONTH DAY YEAR |
| | | | | d. FACILITY DOCKET NUMBER |
| | | | | 50- |

7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER
 Southern California Edison
 P. O. Box 128
 San Clemente, CA 92674-0128

| | |
|--|---|
| 10. CURRENT POSITION AT FACILITY | |
| <input type="checkbox"/> a. PLANT SUPERINTENDENT | <input checked="" type="checkbox"/> i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) |
| <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT | |
| <input type="checkbox"/> c. SHIFT SUPERVISOR | |
| <input type="checkbox"/> d. STAFF ENGINEER | |
| <input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER | <input type="checkbox"/> j. OTHER (Specify) _____ |
| <input type="checkbox"/> f. INSTRUCTOR | |
| <input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR | |
| <input type="checkbox"/> h. CONTROL ROOM OPERATOR | |

| | |
|--|----------------------------------|
| 8. NAME OF APPLICANT'S FACILITY San Onofre Unit 1 | FACILITY DOCKET NUMBER 50-206 |
| 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) | |

| | | | | | | | |
|--|---------------------------|-----------------|----------------|---|---------------------------|------------------|----------------------|
| 11. EDUCATION | | | | | | | |
| HIGH SCHOOL | c. MAJOR AREA(S) OF STUDY | NUMBER OF YEARS | HIGHEST DEGREE | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | d. VOCATIONAL / TECHNICAL | NUMBER OF MONTHS | CERTIFICATE RECEIVED |
| <input checked="" type="checkbox"/> GRADUATE | ENGINEERING (FIELDS) | | (Use Codes) | 0 - NONE | TYPE OF TRAINING | YES | NO |
| <input type="checkbox"/> GED EQUIVALENCY | Chemical | 2 | 0 | 1 - CERTIFICATE | Nuclear Power School | 6 | X |
| <input type="checkbox"/> NO | OTHER | | | 2 - ASSOCIATE | Nuclear Prototype | 6 | X |
| b. NUMBER OF YEARS OF COLLEGE | | | | 3 - BACHELOR | | | |
| 2 | | | | 4 - MASTER | | | |
| | | | | 5 - DOCTORAL | | | |

| | | | |
|---|---|-----------------------------|--|
| 12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) | | | |
| 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) | a. MONTH AND YEAR | b. NUMBER OF WEEKS | |
| | FROM TO | | |
| 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: | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 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 20% POWER (6-WEEK MINIMUM) | | | |
| QUALIFICATION | | | |
| 7-OTHER (Specify) | | | |

| | | | |
|---|-------------------|---------------------|--|
| 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) | | | |
| NAVY | a. MONTH AND YEAR | b. NUMBER OF MONTHS | |
| | FROM TO | | |
| 1 - RO | | | |
| 2 - EOOW/PPWO | | | |
| 3 - EWS/PPWS | | | |
| 4 - ERS/CRW | | | |
| 5 - OTHER (Specify) | | | |
| FOSSIL | | | |
| 6 - OPERATOR | | | |
| 7 - SUPERVISOR | | | |
| 8 - PLANT STAFF | | | |
| 9 - 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) | | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|--|---|-----|--|----|---|---|-----|--|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | X | YES | | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | X | YES | | NO |
|--|---|-----|--|----|---|---|-----|--|----|

15. FOR RENEWALS ONLY

| | | | |
|-------------------------|--|------|--------------------------|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT PASS FAIL |
|-------------------------|--|------|--------------------------|

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED
 ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory of a licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility, I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT *Robert Clement* DATE 3-10-92

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

| | |
|---|---|
| TRAINING COORDINATOR PRINTED OR TYPED NAME Robert Clement SIGNATURE <i>Robert Clement</i> DATE 3-17-92 | SENIOR MANAGEMENT REPRESENTATIVE ON SITE PRINTED OR TYPED NAME H. E. MORGAN SIGNATURE NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION DATE |
|---|---|

FOR NRC USE

| WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS (Explain below) |
|---|--------------|--------|--------------|--------------------|--|
| CATEGORY | GRANTED BY | | DENIED BY | | |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | |
| WRITTEN | | | | | |
| OPERATING | | | | | |
| ELIGIBILITY | | | | | |
| MEDICAL | | | | | |
| OTHER | | | | | SIGNATURE - REVIEWER _____ DATE _____ |

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BUDGET PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST. IS MIN. FORWARD COMMENTS REGARDING BUDGET ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (IN58774), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20543, AND TO THE PAPERWORK REDUCTION PROJECT (21360004), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

NAME OF APPLICANT
Howard, Robert

FACILITY
San Onofre Nuclear Generating Station, 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) Michael Santiago, MD | STATE AND LICENSE NUMBER CA G60318 | EXAMINATION DATE Nov. 12, 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 3.4-1993, 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 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)

Michael Santiago MD 11/15/91

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) No Signature Required, Non-Certified H. E. Morgan | TITLE Application Vice President & Site Manager | DATE |
|---|--|------|

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

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 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 Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

Director, Division of License 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. 552a(i)(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 286. This information is maintained in a system of records designated as NRC-18 and covered by 55 Federal Register 22578 (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 entered 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 MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) 4. TYPE OF APPLICATION (Check applicable boxes) X HOT COLD

HUFFMAN, GARY BERNARD JR.
 8222 Teresa Dr.
 San Diego, CA 92126

X a. NEW f. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category) 2-OPERATING (Category) 3-ELIGIBILITY 4-MEDICAL 5-OTHER

b. RENEWAL
 c. UPGRADE
 d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)
 e. REAPPLICATION

2. CITIZENSHIP 3. BIRTH DATE

X a. UNITED STATES MONTH DAY YEAR b. OTHER (Specify) 0 6 1 7 6 3

X g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) MM YY 02 91

5. TYPE OF LICENSE APPLIED FOR 6. PREVIOUS LICENSE(S) HELD

X a. OPERATOR a. DOCKET NUMBER RO SRO b. LICENSE NUMBER c. EXPIRATION DATE MONTH DAY YEAR d. FACILITY DOCKET NUMBER

b. SENIOR OPERATOR 55- 50-

c. LIMITED SRO (e.g., Fuel Handler)

7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER 10. CURRENT POSITION AT FACILITY

Southern California Edison
 P. O. Box 128
 San Clemente, CA 92674-0128

a. PLANT SUPERINTENDENT X 1. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR)

b. ASSISTANT PLANT SUPERINTENDENT
 c. SHIFT SUPERVISOR
 d. STAFF ENGINEER
 e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER j. OTHER (Specify)
 f. INSTRUCTOR
 g. SENIOR CONTROL ROOM OPERATOR
 h. CONTROL ROOM OPERATOR

8. NAME OF APPLICANT'S FACILITY FACILITY DOCKET NUMBER
 San Onofre Unit 1 50-206

9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)

11. EDUCATION

| HIGH SCHOOL | c. MAJOR AREA(S) OF STUDY | NUMBER OF YEARS | HIGHEST DEGREE | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | d. VOCATIONAL / TECHNICAL TYPE OF TRAINING | NUMBER OF MONTHS | CERTIFICATE RECEIVED |
|-------------------------------|---------------------------|-----------------|----------------|---|--|------------------|----------------------|
| X GRADUATE | ENGINEERING (FIELDS) | | (Use Codes) | 0 - NONE | Nuclear Power School | 6 | YES X NO |
| GED EQUIVALENCY | Mechanical Eng | 2 | 0 | 1 - CERTIFICATE | Nuclear Prototype | 6 | X |
| NO | OTHER | | | 2 - ASSOCIATE | | | |
| b. NUMBER OF YEARS OF COLLEGE | | 2 | | 3 - BACHELOR | | | |
| | | | | 4 - MASTER | | | |
| | | | | 5 - DOCTORAL | | | |

12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)

| | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | | a. MONTH AND YEAR | | b. NUMBER OF MONTHS |
|---|-------------------|-----|--------------------|--|-------------------|----|---------------------|
| | FROM | TO | | | FROM | TO | |
| 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) | | | | NNAVY | | | |
| 2-PLANT SYSTEMS CLASSROOM | | | | 1 - RO | | | |
| OBSERVATION | | | | 2 - EOOW/PFWO | | | |
| 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT | | | | 3 - EWS/PFWS | | | |
| SIMULATOR OPERATING (Includes Classroom) | | | | 4 - ERS/CRW | | | |
| SIMULATOR NAMES | | | | 5 - OTHER (Specify) | | | |
| a. Unit 1 | | | | FOSSIL | | | |
| b. | | | | 6 - OPERATOR | | | |
| CERTIFIED STARTUP PROGRAM COMPLETED | X | YES | NO | 7 - SUPERVISOR | | | |
| NO. OF REACTIVITY MANIPULATIONS | | | | 8 - PLANT STAFF | | | |
| PLANT SIMULATOR | | | | 9 - OTHER (Specify) | | | |
| 12 | | | | COMMERCIAL NUCLEAR (Including Research/Test Reactor) | | | |
| 4-SRO INSTRUCTION | | | | 10 - REACTOR OPERATOR (Licensed) | | | |
| 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) | | | | 11 - SENIOR OPERATOR (Licensed) | | | |
| TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) | | | | 12 - SHIFT SUPERVISOR (Licensed) | | | |
| QUALIFICATION | | | | 13 - STAFF/SHIFT ENGINEER (Licensed) | | | |
| 7-OTHER (Specify) | | | | 14 - AUX./EQUIP. OPER. (Nonlicensed) | | | |
| | | | | 15 - PLANT STAFF | | | |
| | | | | 16 - OTHER (Specify) | | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | |
|--|---|-----|----|---|---|-----|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | X | YES | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | X | YES | NO |
|--|---|-----|----|---|---|-----|----|

15. FOR RENEWALS ONLY

| | | | |
|-------------------------|--|------|--------------------------|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT PASS FAIL |
|-------------------------|--|------|--------------------------|

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT *Gay B. [Signature]* DATE 3-9-92

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee's requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

| | |
|--|--|
| TRAINING COORDINATOR PRINTED OR TYPED NAME: Robert Clement SIGNATURE: <i>Robert Clement</i> DATE: 3-17-92 | SENIOR MANAGEMENT REPRESENTATIVE ON SITE PRINTED OR TYPED NAME: H. E. MORGAN SIGNATURE: NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION DATE: |
|--|--|

FOR NRC USE

| WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS (Explain below) |
|---|--------------|--------|--------------|--------------------|--|
| CATEGORY | GRANTED BY | | DENIED BY | | SIGNATURE - REVIEWER _____ DATE _____ |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | |
| ATTEN | | | | | |
| OPERATING | | | | | |
| ELIGIBILITY | | | | | |
| MEDICAL | | | | | |
| OTHER | | | | | |

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 15 MIN. FORWARD DOCUMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH, NRCB, 1141 U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545, AND TO THE PAPERWORK REDUCTION PROJECT (1530-0024), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

NAME OF APPLICANT
Huffman, Gary

FACILITY
San Onofre Nuclear Generating Station, 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)

STATE AND LICENSE NUMBER

EXAMINATION DATE

S. Rosen, MD

CA G24823

Nov. 26, 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 supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

Handwritten signature and date: 11/27/91

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

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

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 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 Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94598

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. 552(a)(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 356. This information is maintained in a system of records designated as NRC-8 and described as 55 Federal Register 32518 (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 entered 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 MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) 4. TYPE OF APPLICATION (Check applicable boxes) X HOT COLD

JOHNSON, MICHAEL ALVAH
 727 Calle Camisa
 San Clemente, CA 92672

2. CITIZENSHIP 3. BIRTH DATE
 X a. UNITED STATES MONTH DAY YEAR
 b. OTHER (Specify) 1 0 2 8 5 8

5. TYPE OF LICENSE APPLIED FOR 6. PREVIOUS LICENSE(S) HELD
 X a. OPERATOR a. DOCKET NUMBER RO SRO b. LICENSE NUMBER c. EXPIRATION DATE d. FACILITY DOCKET NUMBER
 b. SENIOR OPERATOR
 c. LIMITED SRO (e.g., Fuel Handler) 55- 50-

7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER 10. CURRENT POSITION AT FACILITY
 Southern California Edison
 P. O. Box 128
 San Clemente, CA 92674-0128
 a. PLANT SUPERINTENDENT X
 b. ASSISTANT PLANT SUPERINTENDENT
 c. SHIFT SUPERVISOR
 d. STAFF ENGINEER
 e. SHIFT TECHNICAL ADVISOR/
 SHIFT ENGINEER
 f. INSTRUCTOR
 g. SENIOR CONTROL ROOM OPERATOR
 h. CONTROL ROOM OPERATOR
 i. AUXILIARY UNIT OPERATOR/
 TRAINEE/TURBINE BUILD-
 ING/EQUIPMENT OPERATOR
 (NONLICENSED OPERATOR)
 j. OTHER (Specify)

8. NAME OF APPLICANT'S FACILITY FACILITY DOCKET NUMBER
 San Onofre Unit 1 50-206

9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)

g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) MM YY
 02 91

11. EDUCATION
 a. HIGH SCHOOL b. MAJOR AREA(S) OF STUDY c. NUMBER OF YEARS d. HIGHEST DEGREE e. DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) f. VOCATIONAL / TECHNICAL g. NUMBER OF MONTHS h. CERTIFICATE RECEIVED
 X GRADUATE ENGINEERING (FIELDS) 2 0 0 - NONE
 GED EQUIVALENCY OTHER General 2 0 1 - CERTIFICATE
 NO 2 0 2 - ASSOCIATE
 b. NUMBER OF YEARS OF COLLEGE 2 3 - BACHELOR
 4 - MASTER
 5 - DOCTORAL
 d. TYPE OF TRAINING e. YES NO
 Nuclear Power School 6 X
 Nuclear Prototype 6 X

12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)

| | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | a. MONTH AND YEAR | | b. NUMBER OF MONTHS |
|---|-------------------|-----|--------------------|-------------------|----|---------------------|
| | FROM | TO | | FROM | TO | |
| 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 | [REDACTED] | | | | | |
| b. | [REDACTED] | | | | | |
| CERTIFIED STARTUP PROGRAM COMPLETED | X | YES | | NO | | |
| NO. OF REACTIVITY MANIPULATIONS | [REDACTED] | | | | | |
| PLANT SIMULATOR | [REDACTED] | | | | | |
| 7 | [REDACTED] | | | | | |
| 4-SRO INSTRUCTION | | | | | | |
| 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) | | | | | | |
| 6-TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) | | | | | | |
| 7-QUALIFICATION | | | | | | |
| 8-OTHER (Specify) | | | | | | |

NAVY
 1 - RO
 2 - EOOH/PPWO
 3 - EWS/PPWS
 4 - ERS/CRW
 5 - OTHER (Specify)

FOSSIL
 6 - OPERATOR
 7 - SUPERVISOR
 8 - PLANT STAFF
 9 - 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)

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|--|---|-----|--|----|---|---|-----|--|----|
| a. GRADUATE OF INFO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | X | YES | | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | X | YES | | NO |
|--|---|-----|--|----|---|---|-----|--|----|

15. FOR RENEWALS ONLY

| | | | |
|-------------------------|--|------|---|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT |
| | | | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |
| | | | | |
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT *Robert Clement* DATE 3-14-92

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (i-1) of 10 CFR 50; and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

| | |
|--|--|
| TRAINING COORDINATOR | SENIOR MANAGEMENT REPRESENTATIVE ON SITE |
| PRINTED OR TYPED NAME Robert Clement | PRINTED OR TYPED NAME H. E. MORGAN |
| SIGNATURE <i>Robert Clement</i> DATE 3-17-92 | SIGNATURE NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION DATE |

FOR NRC USE

| | | | | | | |
|---|--------------|--------|--------------|--------------------|---|------|
| WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS(Explain below) | |
| CATEGORY | GRANTED BY | | DENIED BY | | | |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | | |
| WRITTEN | | | | | | |
| OPERATING | | | | | | |
| ELIGIBILITY | | | | | | |
| MEDICAL | | | | | | |
| OTHER | | | | | SIGNATURE - REVIEWER | DATE |

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST. IS NOW FORWARDED DOCUMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH UNDER THE U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545, AND TO THE PAPERWORK REDUCTION PROJECT (16-0004), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

NAME OF APPLICANT

Johnson, Michael A.

FACILITY

San Onofre Nuclear Generating Station, 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)

Steven Rosen, MD

STATE AND LICENSE NUMBER

CA G24823

EXAMINATION DATE

Nov. 18, 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 3.4-1953, 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 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)

Steven Rosen 11/19/91

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

No Signature Required, Non-Certified
Application

H. E. Morgan

Vice President & Site Manager

DATE

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

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 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 Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

Director, Division of License 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. 552(a)(2), 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 356. This information is maintained in a system of records designated as NRC-18 and described as Federal Register 32518 (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 entered 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.

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

APPROVED BY OMB NO. 3150-0090
EXPIRES: 1-31-92
ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 2.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNB 7714) U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090) OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC, 20503

DATE RECEIVED
(To be completed by NRC)

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

| <p>1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)</p> <p>JOHNSTON, MICHAEL ARTHUR 29711 Saint Andrews Court Murrieta, CA 92563</p> | | | | <p>4. TYPE OF APPLICATION (Check applicable boxes) X HOT COLD</p> <p>X a. NEW b. RENEWAL c. UPGRADE d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) e. REAPPLICATION</p> <p>f. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category) _____ 2-OPERATING (Category) _____ 3-ELIGIBILITY _____ 4-MEDICAL _____ 5-OTHER _____</p> <p>X g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) MM YY 02 91</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------|--|---------------------|--|-------------------|---|---------------------------|---|------------------|--|-------------------|----------------------|---|---------------------------------------|---------------------------|-------------------|---|--|--|-------|-----|-----------------|-----|--|--|-----------|--|--|--|----|--|--|--|--|--|--|--|---------------------------------|--|--|--|-------|--|-----------|--|---|--|--|--|-------------------|--|--|--|---|--|--|--|---|--|--|--|---------------|--|--|--|-----------------|--|--|--|---|--|--|--|--|-------------------|--|---------------------|------|----|-------------|--|--|--|--------|--|--|--|---------------|--|--|--|--------------|--|--|--|-------------|--|--|--|---|--|--|--|---------------|--|--|--|--------------|--|--|--|----------------|--|--|--|-----------------|--|--|--|---------------------|--|--|--|---|--|--|--|----------------------------------|--|--|--|---------------------------------|--|--|--|----------------------------------|--|--|--|--------------------------------------|--|--|--|--------------------------------------|--|--|--|------------------|--|--|--|----------------------|--|--|--|
| <p>2. CITIZENSHIP</p> <p>X a. UNITED STATES b. OTHER (Specify) _____</p> | | <p>3. BIRTH DATE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>1</td> <td>1</td> <td>1 2 5 5</td> </tr> </table> | | MONTH | DAY | YEAR | 1 | 1 | 1 2 5 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH | DAY | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | 1 2 5 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. TYPE OF LICENSE APPLIED FOR</p> <p>X a. OPERATOR b. SENIOR OPERATOR c. LIMITED SRO (e.g., Fuel Handler)</p> | | | | <p>6. PREVIOUS LICENSE(S) HELD</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>a. DOCKET NUMBER</th> <th>RO</th> <th>SRO</th> <th>b. LICENSE NUMBER</th> <th colspan="3">c. EXPIRATION DATE</th> <th>d. FACILITY DOCKET NUMBER</th> </tr> <tr> <td>55-</td> <td></td> <td></td> <td></td> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> <td>50-</td> </tr> </table> | | | | a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | | | d. FACILITY DOCKET NUMBER | 55- | | | | MONTH | DAY | YEAR | 50- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | | | d. FACILITY DOCKET NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55- | | | | MONTH | DAY | YEAR | 50- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER</p> <p>Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128</p> | | | | <p>10. CURRENT POSITION AT FACILITY</p> <p>a. PLANT SUPERINTENDENT X b. ASSISTANT PLANT SUPERINTENDENT c. SHIFT SUPERVISOR d. STAFF ENGINEER e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER f. INSTRUCTOR g. SENIOR CONTROL ROOM OPERATOR h. CONTROL ROOM OPERATOR</p> <p>i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) j. OTHER (Specify) _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>8. NAME OF APPLICANT'S FACILITY</p> <p>San Onofre Unit 1</p> | | <p>FACILITY DOCKET NUMBER</p> <p>50-206</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. EDUCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>a. HIGH SCHOOL</p> <p>X GRADUATE GED EQUIVALENCY NO</p> | | <p>c. MAJOR AREA(S) OF STUDY</p> <p>ENGINEERING (FIELDS) OTHER General</p> | | <p>b. NUMBER OF YEARS</p> <p>1</p> | | <p>HIGHEST DEGREE</p> <p>(Use Codes) 0</p> | | <p>DEGREE CODES (To be used for "HIGHEST DEGREE" obtained)</p> <p>0 - NONE 1 - CERTIFICATE 2 - ASSOCIATE 3 - BACHELOR 4 - MASTER 5 - DOCTORAL</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | <p>d. VOCATIONAL / TECHNICAL</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>TYPE OF TRAINING</th> <th>NUMBER OF MONTHS</th> <th colspan="2">CERTIFICATE RECEIVED</th> </tr> <tr> <td>Nuclear Power School</td> <td>6</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Nuclear Prototype</td> <td>6</td> <td>X</td> <td></td> </tr> </table> | | TYPE OF TRAINING | NUMBER OF MONTHS | CERTIFICATE RECEIVED | | Nuclear Power School | 6 | YES | NO | Nuclear Prototype | 6 | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF TRAINING | NUMBER OF MONTHS | CERTIFICATE RECEIVED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nuclear Power School | 6 | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nuclear Prototype | 6 | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF WEEKS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2-PLANT SYSTEMS CLASSROOM OBSERVATION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">SIMULATOR NAMES</td> </tr> <tr> <td colspan="4">a. Unit 1</td> </tr> <tr> <td colspan="4">b.</td> </tr> <tr> <td colspan="4">CERTIFIED STARTUP PROGRAM COMPLETED X YES NO</td> </tr> <tr> <td colspan="4">NO. OF REACTIVITY MANIPULATIONS</td> </tr> <tr> <td colspan="2">PLANT</td> <td colspan="2">SIMULATOR</td> </tr> <tr> <td colspan="2">5</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">4-SRO INSTRUCTION</td> </tr> <tr> <td colspan="4">5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)</td> </tr> <tr> <td colspan="4">a. TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)</td> </tr> <tr> <td colspan="4">QUALIFICATION</td> </tr> <tr> <td colspan="4">OTHER (Specify)</td> </tr> </tbody> </table> | | | | | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | FROM | TO | 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 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 20% POWER (6-WEEK MINIMUM) | | | | QUALIFICATION | | | | OTHER (Specify) | | | | <p>13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF MONTHS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td colspan="4">NAVY</td> </tr> <tr> <td colspan="4">1 - RO</td> </tr> <tr> <td colspan="4">2 - EOOW/PPWO</td> </tr> <tr> <td colspan="4">3 - EWS/PPWS</td> </tr> <tr> <td colspan="4">4 - ERS/CRW</td> </tr> <tr> <td colspan="4">5 - OTHER (Specify) Electrical Operator</td> </tr> <tr> <td colspan="4">FOSSIL</td> </tr> <tr> <td colspan="4">6 - OPERATOR</td> </tr> <tr> <td colspan="4">7 - SUPERVISOR</td> </tr> <tr> <td colspan="4">8 - PLANT STAFF</td> </tr> <tr> <td colspan="4">9 - OTHER (Specify)</td> </tr> <tr> <td colspan="4">COMMERCIAL NUCLEAR (Including Research/Test Reactor)</td> </tr> <tr> <td colspan="4">10 - REACTOR OPERATOR (Licensed)</td> </tr> <tr> <td colspan="4">11 - SENIOR OPERATOR (Licensed)</td> </tr> <tr> <td colspan="4">12 - SHIFT SUPERVISOR (Licensed)</td> </tr> <tr> <td colspan="4">13 - STAFF/SHIFT ENGINEER (Licensed)</td> </tr> <tr> <td colspan="4">14 - AUX./EQUIP. OPER. (Nonlicensed)</td> </tr> <tr> <td colspan="4">15 - PLANT STAFF</td> </tr> <tr> <td colspan="4">16 - OTHER (Specify)</td> </tr> </tbody> </table> | | | | | a. MONTH AND YEAR | | b. NUMBER OF MONTHS | FROM | TO | NAVY | | | | 1 - RO | | | | 2 - EOOW/PPWO | | | | 3 - EWS/PPWS | | | | 4 - ERS/CRW | | | | 5 - OTHER (Specify) Electrical Operator | | | | FOSSIL | | | | 6 - OPERATOR | | | | 7 - SUPERVISOR | | | | 8 - PLANT STAFF | | | | 9 - 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) | | | |
| | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CERTIFIED STARTUP PROGRAM COMPLETED X YES NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO. OF REACTIVITY MANIPULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLANT | | SIMULATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4-SRO INSTRUCTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QUALIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a. MONTH AND YEAR | | b. NUMBER OF MONTHS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 - RO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - EOOW/PPWO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - EWS/PPWS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - ERS/CRW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - OTHER (Specify) Electrical Operator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6 - OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 - SUPERVISOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 - PLANT STAFF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 - 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|---|-------------------------------------|-----|--------------------------|----|--|-------------------------------------|-----|--------------------------|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | <input checked="" type="checkbox"/> | YES | <input type="checkbox"/> | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | <input checked="" type="checkbox"/> | YES | <input type="checkbox"/> | NO |
|---|-------------------------------------|-----|--------------------------|----|--|-------------------------------------|-----|--------------------------|----|

15. FOR RENEWALS ONLY

| | | | |
|--------------------------------|---|-------------|---|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT |
| | | | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |
| | | | | |
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT Mabel A. Jth DATE 13 MARCH 1992

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

| | |
|---|--|
| TRAINING COORDINATOR | SENIOR MANAGEMENT REPRESENTATIVE ON SITE |
| PRINTED OR TYPED NAME Robert Clement | PRINTED OR TYPED NAME H. E. MORGAN |
| SIGNATURE <u>Robert Clement</u> DATE <u>3-17-92</u> | SIGNATURE NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION DATE |

FOR NRC USE

| | | | | | | |
|--|---------------------|---------------|---------------------|---------------------------|--|-------------|
| WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS(Explain below) | |
| CATEGORY | GRANTED BY | | DENIED BY | | | |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | | |
| WRITTEN | | | | | | |
| OPERATING | | | | | | |
| ELIGIBILITY | | | | | | |
| MEDICAL | | | | | | |
| OTHER | | | | | | |
| | | | | | SIGNATURE - REVIEWER | DATE |

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 5 MIN. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNBB 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

| | |
|---|---|
| NAME OF APPLICANT Michael Arthur Johnston | |
| 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) Steven Rosen, M.D. | STATE AND LICENSE NUMBER Calif. G24823 | EXAMINATION DATE 10-29-91 |
|--|--|-------------------------------------|

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)

Johnston
11/11/91

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) No Signature Required, Non-Certified | TITLE Application | DATE |
| H. E. Morgan | 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 II U.S. Nuclear Regulatory Commission 101 Marietta Street, Suite 3100 Atlanta, GA 30323 | Regional Administrator, Region III U.S. Nuclear Regulatory Commission 799 Roosevelt Road Glen Ellyn, IL 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 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

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-18 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 entered 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 MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

EXPIRES: 1-31-92
ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 2.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNRB 7714) U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090) OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC, 20503

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

| | | | | | | | | |
|---|-------------------------------|----------------------------------|--------------------|---|-------------------|---|---------------------|----------------------|
| 1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) | | | | 4. TYPE OF APPLICATION (Check applicable boxes) X HOT COLD | | | | |
| JOZWIAK, CHET WAYNE 634 Quail Dr. Lake Elsinore, CA 92530 | | | | X a. NEW b. RENEWAL c. UPGRADE d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) e. REAPPLICATION | | f. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category) 2-OPERATING (Category) 3-ELIGIBILITY 4-MEDICAL 5-OTHER | | |
| 2. CITIZENSHIP | | 3. BIRTH DATE | | 1-FIRST 2-SECOND 3-THIRD | | X g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) MM YY 02 91 | | |
| X a. UNITED STATES b. OTHER (Specify) | | MONTH | DAY | YEAR | | | | |
| | | 0 | 1 | 0 | 7 | 6 | 4 | |
| 5. TYPE OF LICENSE APPLIED FOR | | | | 6. PREVIOUS LICENSE(S) HELD | | | | |
| X a. OPERATOR b. SENIOR OPERATOR c. LIMITED SRO (e.g., Fuel Handler) | | a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE MONTH DAY YEAR | | |
| | | 55- | | | | d. FACILITY DOCKET NUMBER 50- | | |
| 7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER | | | | 10. CURRENT POSITION AT FACILITY | | | | |
| Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128 | | | | a. PLANT SUPERINTENDENT X b. ASSISTANT PLANT SUPERINTENDENT c. SHIFT SUPERVISOR d. STAFF ENGINEER e. SHIFT TECHNICAL ADVISOR/ SHIFT ENGINEER f. INSTRUCTOR g. SENIOR CONTROL ROOM OPERATOR h. CONTROL ROOM OPERATOR | | i. AUXILIARY UNIT OPERATOR/ TRAINEE/TURBINE BUILDING/ EQUIPMENT OPERATOR (NONLICENSED OPERATOR) j. OTHER (Specify) | | |
| 8. NAME OF APPLICANT'S FACILITY San Onofre Unit 1 | | FACILITY DOCKET NUMBER 50-206 | | | | | | |
| 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) | | | | | | | | |
| 11. EDUCATION | | | | | | | | |
| HIGH SCHOOL | c. MAJOR AREA(S) OF STUDY | NUMBER OF YEARS | HIGHEST DEGREE | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | | d. VOCATIONAL / TECHNICAL | NUMBER OF MONTHS | CERTIFICATE RECEIVED |
| X GRADUATE GED EQUIVALENCY NO | ENGINEERING (FIELDS) OTHER | | (Use Codes) | 0 - NONE 1 - CERTIFICATE 2 - ASSOCIATE 3 - BACHELOR 4 - MASTER 5 - DOCTORAL | | TYPE OF TRAINING | YES | NO |
| b. NUMBER OF YEARS OF COLLEGE 0 | | | | | | Nuclear Power School | 6 | X |
| | | | | | | Nuclear Prototype | 6 | X |
| 12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) | | | | 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) | | | | |
| 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) | | a. MONTH AND YEAR FROM TO | b. NUMBER OF WEEKS | NAVY | | a. MONTH AND YEAR FROM TO | b. NUMBER OF MONTHS | |
| 2-PLANT SYSTEMS CLASSROOM OBSERVATION | | | | 1 - RO 2 - EOOH/PPWO 3 - EWS/PPWS 4 - ERS/CRW 5 - OTHER (Specify) | | | | |
| 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. Unit 1 b. CERTIFIED STARTUP PROGRAM COMPLETED X YES NO NO. OF REACTIVITY MANIPULATIONS PLANT SIMULATOR 10 | | | | FOSSIL 6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Specify) | | | | |
| 4-SRO INSTRUCTION | | | | COMMERCIAL NUCLEAR (Including Research/ Test Reactor) | | | | |
| 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) a. TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) EQUALIFICATION 7-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) | | | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|--|---|-----|--|----|---|---|-----|--|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | X | YES | | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | X | YES | | NO |
|--|---|-----|--|----|---|---|-----|--|----|

15. FOR RENEWALS ONLY

| | | | |
|-------------------------|--|------|--------------------------|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT PASS FAIL |
|-------------------------|--|------|--------------------------|

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT *Chet W. J. ...* DATE 3/17/92

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

| | |
|---|---|
| TRAINING COORDINATOR PRINTED OR TYPED NAME Robert Clement SIGNATURE <i>Robert Clement</i> DATE 3-17-92 | SENIOR MANAGEMENT REPRESENTATIVE ON SITE PRINTED OR TYPED NAME H. E. MORGAN SIGNATURE NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION DATE |
|---|---|

FOR NRC USE

| WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS (Explain below) |
|---|--------------|--------|--------------|--------------------|--|
| CATEGORY | GRANTED BY | | DENIED BY | | SIGNATURE - REVIEWER _____ DATE _____ |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | |
| ATTEN | | | | | |
| RATING | | | | | |
| ELIGIBILITY | | | | | |
| MEDICAL | | | | | |
| OTHER | | | | | |

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 (4458 TT4), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545, AND TO THE PAPERWORK REDUCTION PROJECT (3150-004), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

NAME OF APPLICANT
Jozwiak, Chet

FACILITY
San Onofre Nuclear Generating Station, 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) | STATE AND LICENSE NUMBER | EXAMINATION DATE
Michael T. Santiago | CA G60318 | Nov. 05, 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 3.4-1993, 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 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)
Michael Santiago, M.D. 11/12/91

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

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 II U.S. Nuclear Regulatory Commission 101 Marietta Street, Suite 3100 Atlanta, GA 30323 | Regional Administrator, Region III U.S. Nuclear Regulatory Commission 729 Roosevelt Road Glen Ellyn, IL 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 Commission 1450 Maria Lane, Suite 210 Walnut Creek, CA 94596 | Director, Division of License 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. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-578), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 256. This information is maintained in a system of records designated as NRC-18, and described as 15 Federal Register 32578 (April 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 entered 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 MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

EXPIRES: 1-31-92
ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 2.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNEB 7714) U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090) OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC, 20503

DATE RECEIVED
(To be completed by NRC)

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

| | | | | | |
|--|----------------------|---------------------------|---|---|---------------------------|
| 1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) | | | 4. TYPE OF APPLICATION (Check applicable boxes) X HOT COLD | | |
| MCGAULEY, MICHAEL GERALD 3545 Paseo De Francisco # 231 Oceanside, CA 92056 | | | <input checked="" type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION 1-FIRST 2-SECOND 3-THIRD <input type="checkbox"/> f. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category) 2-OPERATING (Category) 3-ELIGIBILITY 4-MEDICAL 5-OTHER <input checked="" type="checkbox"/> g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) | | |
| 2. CITIZENSHIP | | 3. BIRTH DATE | | MM YY | |
| <input checked="" type="checkbox"/> a. UNITED STATES | MONTH DAY YEAR | | 02 91 | | |
| <input type="checkbox"/> b. OTHER (Specify) | 0 9 1 7 6 2 | | | | |
| 5. TYPE OF LICENSE APPLIED FOR | | | 6. PREVIOUS LICENSE(S) HELD | | |
| <input checked="" type="checkbox"/> a. OPERATOR | a. DOCKET NUMBER | | RO | SRO | b. LICENSE NUMBER |
| <input type="checkbox"/> b. SENIOR OPERATOR | 55- | | | | c. EXPIRATION DATE |
| <input type="checkbox"/> c. LIMITED SRO (e.g., Fuel Handler) | | | | | MONTH DAY YEAR |
| | | | d. FACILITY DOCKET NUMBER | | |
| | | | 50- | | |
| 7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER | | | 10. CURRENT POSITION AT FACILITY | | |
| Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128 | | | <input checked="" type="checkbox"/> a. PLANT SUPERINTENDENT <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> c. SHIFT SUPERVISOR <input type="checkbox"/> d. STAFF ENGINEER <input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> f. INSTRUCTOR <input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> h. CONTROL ROOM OPERATOR <input type="checkbox"/> i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) <input type="checkbox"/> j. OTHER (Specify) | | |
| 8. NAME OF APPLICANT'S FACILITY | | FACILITY DOCKET NUMBER | | | |
| San Onofre Unit 1 | | 50-206 | | | |
| 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) | | | | | |
| 11. EDUCATION | | | | | |
| HIGH SCHOOL | | c. MAJOR AREA(S) OF STUDY | | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | |
| <input checked="" type="checkbox"/> GRADUATE | ENGINEERING (FIELDS) | | NUMBER OF YEARS | HIGHEST DEGREE | d. VOCATIONAL / TECHNICAL |
| <input type="checkbox"/> GED EQUIVALENCY | Computer | | 2 | (Use Codes) | TYPE OF TRAINING |
| <input type="checkbox"/> NO | OTHER | | 1 | 0 | Nuclear Power School |
| b. NUMBER OF YEARS OF COLLEGE | | General | | Nuclear Prototype | |
| 3 | | | | 6 X | |
| | | | | 6 X | |
| 12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) | | | 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) | | |
| 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) | | | NAVY | | |
| 2-PLANT SYSTEMS CLASSROOM | | | 1 - RO | | |
| OBSERVATION | | | 2 - EOW/PPWO | | |
| 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT | | | 3 - EWS/PPWS | | |
| SIMULATOR OPERATING (Includes Classroom) | | | 4 - ERS/CRW | | |
| SIMULATOR NAMES | | | 5 - OTHER (Specify) | | |
| a. Unit 1 | | | FOSSIL | | |
| b. | | | 6 - OPERATOR | | |
| CERTIFIED STARTUP PROGRAM COMPLETED | | | 7 - SUPERVISOR | | |
| X YES NO | | | 8 - PLANT STAFF | | |
| NO. OF REACTIVITY MANIPULATIONS | | | 9 - OTHER (Specify) | | |
| PLANT SIMULATOR | | | COMMERCIAL NUCLEAR (Including Research/ Test Reactor) | | |
| 6 | | | 10 - REACTOR OPERATOR (Licensed) | | |
| 4-SRO INSTRUCTION | | | 11 - SENIOR OPERATOR (Licensed) | | |
| 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) | | | 12 - SHIFT SUPERVISOR (Licensed) | | |
| TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) | | | 13 - STAFF/SHIFT ENGINEER (Licensed) | | |
| QUALIFICATION | | | 14 - AUX./EQUIP. OPER. (Nonlicensed) | | |
| 7-OTHER (Specify) | | | 15 - PLANT STAFF | | |
| | | | 16 - OTHER (Specify) | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|--|-------------------------------------|-----|--------------------------|----|---|-------------------------------------|-----|--------------------------|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | <input checked="" type="checkbox"/> | YES | <input type="checkbox"/> | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | <input checked="" type="checkbox"/> | YES | <input type="checkbox"/> | NO |
|--|-------------------------------------|-----|--------------------------|----|---|-------------------------------------|-----|--------------------------|----|

15. FOR RENEWALS ONLY

| | | | | |
|-------------------------|--|------|--------|------|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT | |
| | | | PASS | FAIL |

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED
 ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT *[Signature]* DATE 3/9/92

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

| | | | |
|-----------------------|--------------------|--|--|
| TRAINING COORDINATOR | | SENIOR MANAGEMENT REPRESENTATIVE ON SITE | |
| PRINTED OR TYPED NAME | Robert Clement | PRINTED OR TYPED NAME | H. E. MORGAN |
| SIGNATURE | <i>[Signature]</i> | SIGNATURE | NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION |
| DATE | 3-17-92 | DATE | |

FOR NRC USE

| | | | | | | |
|---|--------------|--------|--------------|--------------------|---|------|
| WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS(Explain below) | |
| CATEGORY | GRANTED BY | | DENIED BY | | | |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | | |
| ATTEN | | | | | | |
| OPERATING | | | | | | |
| ELIGIBILITY | | | | | | |
| MEDICAL | | | | | | |
| OTHER | | | | | SIGNATURE - REVIEWER | DATE |

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST. IS MIN. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MSB 774), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545, AND TO THE PAPERWORK REDUCTION PROJECT (2150-004), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

NAME OF APPLICANT

Mc Gauley, Michael

FACILITY

San Onofre Nuclear Generating Station, 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)

Steven Rosen, MD

STATE AND LICENSE NUMBER

CA G24823

EXAMINATION DATE

Nov. 18, 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 (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 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)

Steve Rosen 11/19/91

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)

No Signature Required, Non-Certified
Application

TITLE

Vice President & Site Manager

DATE

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
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

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

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 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 Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94598

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. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-502), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 356. This information is maintained in a system of records designated as NRC-18 and described as 55 Federal Register 32578 (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 entered 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 MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 2.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNRB 7714) U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090) OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC, 20503

| | | | | | | | | |
|--|---------------------------|---|-----------------------------|--|-------------------|---|---------------------------|----------------------|
| 1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) | | | | 4. TYPE OF APPLICATION (Check applicable boxes) X HOT <input type="checkbox"/> COLD <input type="checkbox"/> | | | | |
| POORE, MARK ANDERSON 2926B Camino Capistrano San Clemente, CA 92672 | | | | <input checked="" type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION <input type="checkbox"/> 1-FIRST <input type="checkbox"/> 2-SECOND <input type="checkbox"/> 3-THIRD | | <input type="checkbox"/> f. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category) _____ 2-OPERATING (Category) _____ 3-ELIGIBILITY _____ 4-MEDICAL _____ 5-OTHER _____ | | |
| 2. CITIZENSHIP | | 3. BIRTH DATE | | | | | | |
| <input checked="" type="checkbox"/> a. UNITED STATES | | MONTH | DAY | YEAR | | | | |
| <input type="checkbox"/> b. OTHER (Specify) | | 0 | 8 | 2 | 9 | 5 | 8 | |
| 5. TYPE OF LICENSE APPLIED FOR | | 6. PREVIOUS LICENSE(S) HELD | | | | | | |
| <input checked="" type="checkbox"/> a. OPERATOR | | a. DOCKET NUMBER | RO | SRO | b. LICENSE NUMBER | c. EXPIRATION DATE | d. FACILITY DOCKET NUMBER | |
| <input type="checkbox"/> b. SENIOR OPERATOR | | 55- | | | | MONTH DAY YEAR | 50- | |
| <input type="checkbox"/> c. LIMITED SRO (e.g., Fuel Handler) | | | | | | | | |
| 7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER | | | | 10. CURRENT POSITION AT FACILITY | | | | |
| Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128 | | | | <input checked="" type="checkbox"/> a. PLANT SUPERINTENDENT <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> c. SHIFT SUPERVISOR <input type="checkbox"/> d. STAFF ENGINEER <input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/ SHIFT ENGINEER <input type="checkbox"/> f. INSTRUCTOR <input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> h. CONTROL ROOM OPERATOR | | | | |
| 8. NAME OF APPLICANT'S FACILITY | | FACILITY DOCKET NUMBER | | <input type="checkbox"/> i. AUXILIARY UNIT OPERATOR/ TRAINEE/TURBINE BUILD- ING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) <input type="checkbox"/> j. OTHER (Specify) _____ | | | | |
| San Onofre Unit 1 | | 50-206 | | | | | | |
| 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) | | | | | | | | |
| 11. EDUCATION | | | | | | | | |
| HIGH SCHOOL | c. MAJOR AREA(S) OF STUDY | NUMBER OF YEARS | HIGHEST DEGREE | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | | d. VOCATIONAL / TECHNICAL | NUMBER OF MONTHS | CERTIFICATE RECEIVED |
| <input checked="" type="checkbox"/> GRADUATE | ENGINEERING (FIELDS) | | (Use Codes) | 0 - NONE | | TYPE OF TRAINING | YES | NO |
| <input type="checkbox"/> GED EQUIVALENCY | | | | 1 - CERTIFICATE | | Nuclear Power School | 6 | X |
| <input type="checkbox"/> NO | OTHER Mathematics | 2 | 0 | 2 - ASSOCIATE | | Nuclear Prototype | 6 | X |
| b. NUMBER OF YEARS OF COLLEGE | | | | 3 - BACHELOR | | | | |
| 2 | | | | 4 - MASTER | | | | |
| | | | | 5 - DOCTORAL | | | | |
| 12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) | | | | 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) | | | | |
| | | a. MONTH AND YEAR | b. NUMBER OF WEEKS | | | a. MONTH AND YEAR | b. NUMBER OF MONTHS | |
| | | FROM | TO | | | FROM | TO | |
| 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) | | | | NAVY | | | | |
| 2-PLANT SYSTEMS CLASSROOM | | | | 1 - RO | | | | |
| OBSERVATION | | | | 2 - EOW/PPWO | | | | |
| 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT | | | | 3 - EWS/PPWS | | | | |
| SIMULATOR OPERATING (Includes Classroom) | | | | 4 - ERS/CRW | | | | |
| SIMULATOR NAMES | | | | 5 - OTHER (Specify) | | | | |
| a. Unit 1 | | | | FOSSIL | | | | |
| b. | | | | 6 - OPERATOR | | | | |
| CERTIFIED STARTUP PROGRAM COMPLETED | | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | 7 - SUPERVISOR | | | | |
| NO. OF REACTIVITY MANIPULATIONS | | | | 8 - PLANT STAFF | | | | |
| PLANT | | | | 9 - OTHER (Specify) | | | | |
| SIMULATOR | | | | COMMERCIAL NUCLEAR (Including Research/ Test Reactor) | | | | |
| 9 | | | | 10 - REACTOR OPERATOR (Licensed) | | | | |
| 4-SRO INSTRUCTION | | | | 11 - SENIOR OPERATOR (Licensed) | | | | |
| 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) | | | | 12 - SHIFT SUPERVISOR (Licensed) | | | | |
| a. TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) | | | | 13 - STAFF/SHIFT ENGINEER (Licensed) | | | | |
| EQUALIFICATION | | | | 14 - AUX./EQUIP. OPER. (Nonlicensed) | | | | |
| OTHER (Specify) | | | | 15 - PLANT STAFF | | | | |
| | | | | 16 - OTHER (Specify) | | | | |
| | | | | | | | | |
| | | | | | | | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|---|-------------------------------------|-----|--|----|--|-------------------------------------|-----|--|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | <input checked="" type="checkbox"/> | YES | | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | <input checked="" type="checkbox"/> | YES | | NO |
|---|-------------------------------------|-----|--|----|--|-------------------------------------|-----|--|----|

15. FOR RENEWALS ONLY

| | | | |
|--------------------------------|---|-------------|---|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT |
| | | | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT *Mark A. Poore*

DATE *3/13/92*

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

TRAINING COORDINATOR

SENIOR MANAGEMENT REPRESENTATIVE ON SITE

PRINTED OR TYPED NAME *Robert Clement*

SIGNATURE *Robert Clement* DATE *3-17-92*

PRINTED OR TYPED NAME *H. E. MORGAN*

SIGNATURE NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION DATE

FOR NRC USE

| WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS (Explain below) | |
|--|--------------|--------|--------------|---------------------------|---|------|
| CATEGORY | GRANTED BY | | DENIED BY | | | |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | | |
| ATTEN | | | | | | |
| OPERATING | | | | | | |
| ELIGIBILITY | | | | | | |
| MEDICAL | | | | | | |
| OTHER | | | | | SIGNATURE - REVIEWER | DATE |

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST. IS MIN. FORWARDED COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MAB) (MAIL ROOM) U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545. AND TO THE PAPERWORK REDUCTION PROJECT (D-100-0041), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

NAME OF APPLICANT
Poore, Mark

FACILITY
San Onofre Nuclear Generating Station, 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)
C. Robin, MD

STATE AND LICENSE NUMBER
CA A019523

EXAMINATION DATE
Nov. 21, 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 3.4-1993, 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 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 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

No Signature Required, Non-Certified

DATE

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

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

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-502), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 355. This information is maintained in a system of records designated as NRC-18 and described as 55 Federal Register 32572 (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 entered 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 MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)

SCANLON, PATRICK LOUIS EDWARD
 949 Penguin Circle
 Vista, CA 92083

4. TYPE OF APPLICATION (Check applicable boxes) HOT COLD

a. NEW
 b. RENEWAL
 c. UPGRADE
 d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)
 e. REAPPLICATION

2. WAIVER REQUESTED (Justify on Reverse)
 1-WRITTEN (Category) _____
 2-OPERATING (Category) _____
 3-ELIGIBILITY _____
 4-MEDICAL _____
 5-OTHER _____

2. CITIZENSHIP

a. UNITED STATES
 b. OTHER (Specify) _____

3. BIRTH DATE

| MONTH | DAY | YEAR |
|-------|-----|---------|
| 1 | 2 | 0 9 6 2 |

8. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE)

| MM | YY |
|----|----|
| 02 | 91 |

5. TYPE OF LICENSE APPLIED FOR

a. OPERATOR
 b. SENIOR OPERATOR
 c. LIMITED SRO (e.g., Fuel Handler)

a. DOCKET NUMBER RO SRO

55-

6. PREVIOUS LICENSE(S) HELD

b. LICENSE NUMBER c. EXPIRATION DATE d. FACILITY DOCKET NUMBER

| MONTH | DAY | YEAR |
|-------|-----|------|
| | | |

50-

7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER

Southern California Edison
 P. O. Box 128
 San Clemente, CA 92674-0128

10. CURRENT POSITION AT FACILITY

a. PLANT SUPERINTENDENT
 b. ASSISTANT PLANT SUPERINTENDENT
 c. SHIFT SUPERVISOR
 d. STAFF ENGINEER
 e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER
 f. INSTRUCTOR
 g. SENIOR CONTROL ROOM OPERATOR
 h. CONTROL ROOM OPERATOR

1. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR)

j. OTHER (Specify) _____

8. NAME OF APPLICANT'S FACILITY FACILITY DOCKET NUMBER

San Onofre Unit 1 50-206

9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)

11. EDUCATION

| HIGH SCHOOL | c. MAJOR AREA(S) OF STUDY | NUMBER OF YEARS | HIGHEST DEGREE | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | d. VOCATIONAL / TECHNICAL / TYPE OF TRAINING | NUMBER OF MONTHS | CERTIFICATE RECEIVED |
|--|---------------------------|-----------------|----------------|--|--|------------------|----------------------|
| <input checked="" type="checkbox"/> GRADUATE | ENGINEERING (FIELDS) | | (Use Codes) | 0 - NONE 1 - CERTIFICATE 2 - ASSOCIATE 3 - BACHELOR 4 - MASTER 5 - DOCTORAL | Nuclear Power School | 6 | YES NO X |
| <input type="checkbox"/> GED EQUIVALENCY | Mechanical | 2 | 0 | | Nuclear Prototype | 6 | X |
| <input type="checkbox"/> NO | OTHER | | | | | | |
| b. NUMBER OF YEARS OF COLLEGE | | 2 | | | | | |

12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)

| | a. MONTH AND YEAR | | b. NUMBER OF WEEKS |
|---|---|-----------------------------|--------------------|
| | FROM | TO | |
| 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 | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 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 20% POWER (6-WEEK MINIMUM) | | | |
| QUALIFICATION | | | |
| 7-OTHER (Specify) | | | |

13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)

| | a. MONTH AND YEAR | | b. NUMBER OF MONTHS |
|---|-------------------|----|---------------------|
| | FROM | TO | |
| NAVY | | | |
| 1 - RO | | | |
| 2 - EOOW/PFWO | | | |
| 3 - EWS/PWS | | | |
| 4 - ERS/CRW | | | |
| 5 - OTHER (Specify) | | | |
| FOSSIL | | | |
| 6 - OPERATOR | | | |
| 7 - SUPERVISOR | | | |
| 8 - PLANT STAFF | | | |
| 9 - 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) | | | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | | | |
|--|---|-----|--|----|---|---|-----|--|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | X | YES | | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | X | YES | | NO |
|--|---|-----|--|----|---|---|-----|--|----|

15. FOR RENEWALS ONLY

| | | | |
|-------------------------|--|------|---|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT |
| | | | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> |

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT *Robert J. Clement* DATE *3/8/92*

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee's requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

TRAINING COORDINATOR

SENIOR MANAGEMENT REPRESENTATIVE ON SITE

| | |
|---|--|
| PRINTED OR TYPED NAME Robert Clement | PRINTED OR TYPED NAME H. E. MORGAN |
| SIGNATURE <i>Robert Clement</i> DATE <i>3-17-92</i> | SIGNATURE NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION DATE |

FOR NRC USE

| WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS (Explain below) |
|---|--------------|--------|--------------|--------------------|--|
| CATEGORY | GRANTED BY | | DENIED BY | | SIGNATURE - REVIEWER _____ DATE _____ |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | |
| TEN | | | | | |
| OPERATING | | | | | |
| ELIGIBILITY | | | | | |
| MEDICAL | | | | | |
| OTHER | | | | | |

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST. 15 MIN. FORWARD DOCUMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (INRMB) (774), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545, AND TO THE FRAMEWORK REDUCTION PROJECT (150-0004), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

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 ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

PRINTED NAME (of physician)
Cecil Roblin, M.D.

STATE AND LICENSE NUMBER
Calif. A019523

EXAMINATION DATE
Nov. 13, 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 3.4-1993, 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 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)
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

H. E. Morgan
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 II U.S. Nuclear Regulatory Commission 101 Marietta Street, Suite 3100 Atlanta, GA 30323 | Regional Administrator, Region III U.S. Nuclear Regulatory Commission 795 Roosevelt Road Glen Ellyn, IL 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 Commission 1450 Maria Lane, Suite 210 Walnut Creek, CA 94598 | 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. 552a(i)(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 398. This information is maintained in a system of records designated as NRC-18 and controlled as 55 Federal Register 22878 (April 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 entered 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 MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

EXPIRES: 1-31-92
 ESTIMATED BURDEN PER RESPONSE TO COMPLY
 WITH THIS INFORMATION COLLECTION
 REQUEST: 2.0 HRS. FORWARD COMMENTS
 REGARDING BURDEN ESTIMATE TO THE INFOR-
 MATION AND RECORDS MANAGEMENT BRANCH
 (MREB 7714) U.S. NUCLEAR REGULATORY COM-
 MISSION WASHINGTON DC 20555 AND TO
 THE PAPERWORK REDUCTION PROJECT (3150-
 0090) OFFICE OF MANAGEMENT AND BUDGET,
 WASHINGTON, DC, 20503

PERSONAL QUALIFICATION STATEMENT - LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

| | | | | | | | |
|--|--|---------------------------|-----|---|----------------|---|---|
| 1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) | | | | 4. TYPE OF APPLICATION (Check applicable boxes) X HOT COLD | | | |
| SCHOTT, STEVEN JEROME 1006 Shorecrest Rd. Carlsbad, CA 92009 | | | | <input checked="" type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION 1-FIRST 2-SECOND 3-THIRD | | <input type="checkbox"/> f. WAIVER REQUESTED (Justify on Reverse) 1-WRITTEN (Category) 2-OPERATING (Category) 3-ELIGIBILITY 4-MEDICAL 5-OTHER <input checked="" type="checkbox"/> g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) | |
| 2. CITIZENSHIP | | 3. BIRTH DATE | | | | | |
| <input checked="" type="checkbox"/> a. UNITED STATES <input type="checkbox"/> b. OTHER (Specify) | | MONTH | DAY | YEAR | | | |
| | | 0 | 5 | 3 | 0 | 6 | 3 |
| 5. TYPE OF LICENSE APPLIED FOR | | | | 6. PREVIOUS LICENSE(S) HELD | | | |
| <input checked="" type="checkbox"/> a. OPERATOR <input type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED SRO (e.g., Fuel Handler) | | a. DOCKET NUMBER | | RO | SRO | b. LICENSE NUMBER | |
| | | 55- | | | | c. EXPIRATION DATE | |
| | | | | | | MONTH DAY YEAR | |
| | | | | | | d. FACILITY DOCKET NUMBER | |
| | | | | | | 50- | |
| 7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER | | | | 10. CURRENT POSITION AT FACILITY | | | |
| Southern California Edison P. O. Box 128 San Clemente, CA 92674-0128 | | | | <input type="checkbox"/> a. PLANT SUPERINTENDENT <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> c. SHIFT SUPERVISOR <input type="checkbox"/> d. STAFF ENGINEER <input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/ SHIFT ENGINEER <input type="checkbox"/> f. INSTRUCTOR <input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> h. CONTROL ROOM OPERATOR | | <input checked="" type="checkbox"/> i. AUXILIARY UNIT OPERATOR/ TRAINEE/TURBINE BUILD- ING/EQUIPMENT OPERATOR (NONLICENSED OPERATOR) <input type="checkbox"/> j. OTHER (Specify) | |
| 8. NAME OF APPLICANT'S FACILITY | | FACILITY DOCKET NUMBER | | | | | |
| San Onofre Unit 1 | | 50-206 | | | | | |
| 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) | | | | | | | |
| 11. EDUCATION | | | | | | | |
| HIGH SCHOOL | | c. MAJOR AREA(S) OF STUDY | | NUMBER OF YEARS | HIGHEST DEGREE | DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | |
| <input checked="" type="checkbox"/> GRADUATE <input type="checkbox"/> GED EQUIVALENCY <input type="checkbox"/> NO | | ENGINEERING (FIELDS) | | | (Use Codes) | 0 - NONE 1 - CERTIFICATE 2 - ASSOCIATE 3 - BACHELOR 4 - MASTER 5 - DOCTORAL | |
| | | OTHER | | | | d. VOCATIONAL / TECHNICAL | |
| b. NUMBER OF YEARS OF COLLEGE | | | | | | TYPE OF TRAINING | |
| 0 | | | | | | Nuclear Power School 6 X Nuclear Prototype 6 X | |
| 12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) | | | | 13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) | | | |
| | | a. MONTH AND YEAR | | b. NUMBER OF WEEKS | | | |
| | | FROM | TO | | | | |
| 1-NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) | | | | | | NAVY | |
| 2-PLANT SYSTEMS CLASSROOM | | | | | | 1 - RO | |
| OBSERVATION | | | | | | 2 - ECOW/PPWO | |
| 3-OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT | | | | | | 3 - EWS/PPWS | |
| SIMULATOR OPERATING (Includes Classroom) | | | | | | 4 - ERS/CRW | |
| SIMULATOR NAMES a. Unit 1 | | | | | | 5 - OTHER (Specify) | |
| b. | | | | | | FOSSIL | |
| CERTIFIED STARTUP PROGRAM COMPLETED | | X | YES | | | 6 - OPERATOR | |
| NO. OF REACTIVITY MANIPULATIONS | | | | | | 7 - SUPERVISOR | |
| PLANT SIMULATOR | | | | | | 8 - PLANT STAFF | |
| 5 | | | | | | 9 - OTHER (Specify) | |
| 4-SRO INSTRUCTION | | | | | | COMMERCIAL NUCLEAR (Including Research/ Test Reactor) | |
| 5-EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) | | | | | | 10 - REACTOR OPERATOR (Licensed) | |
| TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) | | | | | | 11 - SENIOR OPERATOR (Licensed) | |
| QUALIFICATION | | | | | | 12 - SHIFT SUPERVISOR (Licensed) | |
| 7-OTHER (Specify) | | | | | | 13 - STAFF/SHIFT ENGINEER (Licensed) | |
| | | | | | | 14 - AUX./EQUIP. OPER. (Nonlicensed) | |
| | | | | | | 15 - PLANT STAFF | |
| | | | | | | 16 - OTHER (Specify) | |

14. FACILITY OPERATOR TRAINING PROGRAM

| | | | | | | | |
|--|---|-----|----|---|---|-----|----|
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING | X | YES | NO | b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | X | YES | NO |
|--|---|-----|----|---|---|-----|----|

15. FOR RENEWALS ONLY

| | | | | |
|-------------------------|--|------|--------|------|
| HOURS OPERATED FACILITY | b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION | DATE | RESULT | |
| | | | PASS | FAIL |

16. EXPERIENCE DETAILS

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES |
|-------------------|------|----|-------------|-----------|
| | | | | |

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE - APPLICANT *DJ/ct* DATE 3/9/92

CHECK APPLICABLE BOX

b. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

| | | | |
|-----------------------|-----------------------|--|--|
| TRAINING COORDINATOR | | SENIOR MANAGEMENT REPRESENTATIVE ON SITE | |
| PRINTED OR TYPED NAME | Robert Clement | PRINTED OR TYPED NAME | H. E. MORGAN |
| SIGNATURE | <i>Robert Clement</i> | SIGNATURE | NO SIGNATURE REQUIRED NON-CERTIFIED APPLICATION |
| DATE | 3-17-92 | DATE | |

FOR NRC USE

| | | | | | |
|---|--------------|--------|--------------|--------------------|--|
| WAIVER (Check or complete items, as applicable) | | | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS (Explain below) |
| CATEGORY | GRANTED BY | | DENIED BY | | SIGNATURE - REVIEWER |
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | |
| TIEN | | | | | |
| ATING | | | | | |
| ELIGIBILITY | | | | | |
| MEDICAL | | | | | |
| OTHER | | | | | DATE |

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST. IS UN. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (M58 T14), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0064), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON DC 20503

NAME OF APPLICANT
Schott, Steven

FACILITY
San Onofre Nuclear Generating Station, 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

A 19523 CALIF

EXAMINATION DATE
10-31-91

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 (N360) 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)

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

No Signature Required, Non-Certified

DATE

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

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 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 Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94598

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. 552(a)(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 18 and described as 55 Federal Register 32978 (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 entered 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 MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555