

**REQUEST FOR PRINTING AND COPYING SERVICES**

NOTE: DO NOT USE THIS FORM FOR ADMINISTRATIVE SERVICES (USE NRC FORM 30), FOR AUDIOVISUAL AND PHOTOGRAPHIC SERVICES (USE NRC FORM 459), OR FOR GRAPHIC SERVICES (USE NRC FORM 460).

REQUESTER	OFFICE	TELEPHONE	MAIL STOP	E-MAIL I.D.	DATE OF REQUEST
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TITLE OF DOCUMENT	NUREG NO./FORM NO.	<input type="checkbox"/> CALL FOR PICKUP	DATE AND TIME REQUIRED <i>(not ASAP)</i>
		<input type="checkbox"/> RETURN BY MAIL	
		<input type="checkbox"/> DELIVER TO DISTRIBUTION	
<b>6. SENSITIVITY</b>			
<input type="checkbox"/> <b>CLASSIFIED</b> <input type="checkbox"/> <b>SENSITIVE UNCLASSIFIED</b> <input type="checkbox"/> <b>COPYRIGHT MATERIAL</b> <input type="checkbox"/> <b>PROPRIETARY</b>		For copyrighted material, sign below to indicate that you have received permission from the copyright owner to use the material. SIGNATURE -- ADMINISTRATIVE OFFICER	

**REPRODUCTION SPECIFICATIONS**

NUMBER OF		SIZE OF REPRODUCED COPY(IES)		REPRODUCE COPY(IES)		PAPER COLOR		INK
PAGES	COPIES	<input type="checkbox"/> 11 X 17"	<input type="checkbox"/> 8 ½ X 14"	<input type="checkbox"/> SAME AS ORIGINAL	COVER (CARD STOCK)			
		<input type="checkbox"/> 8 ½ X 11"	<input type="checkbox"/> OTHER	<input type="checkbox"/> ONE SIDE				
		<input type="checkbox"/> ENGINEERING	(Specify)	<input type="checkbox"/> HEAD-TO-HEAD				
		<input type="checkbox"/> PRINT ON DEMAND		<input type="checkbox"/> HEAD-TO-FOOT				
					TEXT (PAPER)			

**BINDERY SPECIFICATIONS**

FOLD TO:	<input type="checkbox"/> ASSEMBLE (As original)	<input type="checkbox"/> STAPLE	PAD		HOLE PUNCH	
	<input type="checkbox"/> TAPE BIND <input type="checkbox"/> GBC BIND <input type="checkbox"/> PERFECT BIND <input type="checkbox"/> LOOSE-LEAF	<input type="checkbox"/> 1 -- TOP LEFT <input type="checkbox"/> 2 -- LEFT SIDE <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> SADDLESTITCH	NUMBER OF PADS	SHEETS PER PAD	<input type="checkbox"/> 2 HOLES	<input type="checkbox"/> 1/4"
					<input type="checkbox"/> 3 HOLES	<input type="checkbox"/> 3/8"

**DISTRIBUTION CODES (Check and complete all applicable data)**

<input type="checkbox"/> DIVISION DIRECTOR & ABOVE	<input type="checkbox"/> AGENCY REPORTS A	<input type="checkbox"/> MGMT/ADM M	<input type="checkbox"/> MGMT/ADM N	<input type="checkbox"/> WASTE MGMT W
<input type="checkbox"/> BRANCH CHIEF & ABOVE	<input type="checkbox"/> RULES AND REGS B	<input type="checkbox"/> RESEARCH R		SPECIALTY X
<input type="checkbox"/> TECH ONLY	<input type="checkbox"/> STATE C	<input type="checkbox"/> REG GUIDES S		<input type="checkbox"/> OTHER CODES
<input type="checkbox"/> SUPT. DOC. AVAILABILITY	<input type="checkbox"/> COMM. ACTION F	<input type="checkbox"/> EXTERNAL 1		
<input type="checkbox"/> NTIS AVAILABILITY				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> AN				

**ADDITIONAL INSTRUCTIONS**

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DOCUMENT SUBMITTED BY	DATE	REQUEST FOR EXPEDITED SERVICE <i>(Branch Chief or above)</i>	DATE
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