Docket Nos. 50-334 50-412

Duquesne Light Company
ATTN: Mr. J. D. Sieber
Vice President
Nuclear Group
Post Office Box 4
Shippingport, Pennsylvania 15077

Gentlemen:

SUBJECT: REVISED NRC FORMS 396 AND 398

Enclosed is a copy of the revised NRC Form-398 (Enclosure 1), Personal Qualifications Statement - L'sensee and revised NRC Form-396 (Enclosure 2), Certification of Medical Examination By Facility Licensee.

All changes to the NRC Form-396 are detailed in Enclosure 3. Changes to NRC Form-398 are detailed in Enclosure 4.

All applications for licenses are to be submitted on these revised forms no later than February 1, 1990.

The enclosed applications are for your use. Additional copies can be obtained by contacting Beverly Martin, U.S. Nuclear Regulatory Commission, by telephone (301) 492-8138 or by writing to her, U.S. Nuclear Regulatory Commission, Information and Records Management Branch, Mail Stop NMBB 7714, Washington, D.C. 20555.

If you have any questions regarding these forms, please contact Richard J. Conte at (215) 337-5120 or Peter W. Eselgroth at (215) 337-5211.

Sincerely,

Or Iginal Signed By:

Robert M. Gallo, Chief Operations Branch Division of Reactor Safety

Enclosures: As stated

H005

cc w/o encl:

J. J. Carey, Executive Vice President, Operations

J. D. Crockett, General Manager, Corporate Nuclear Services

W. S. Lacey, General Manager, Nuclear Operations

N. R. Tonet, Manager, Nuclear Engineering T. P. Noonan, General Manager, Nuclear Operations

S. C. Fenner, QA Manager K. D. Grada, Manager, Nuclear Safety

H. R. Caldwell, General Superintendent, Nuclear Operations

T. Burns, Director, Operations Training (w/enclosures)

Public Document Room (PDR)

Local Public Document Room (LPDR)

Nuclear Safety Information Center (NSIC)

NRC Resident Inspector

Commonwealth of Pennsylvania

bcc w/o encl:

Region I Docket Room (with concurrences)

Management Assistant, DRMA (w/o enci)

C. Cowgill, DkP

P. Tam, NRR

J. Dyer, EDO

OL Facility File

DRS:RI Gallo/pb 86 01/02/190

OFFICIAL RECORD COPY

396 & 398 FORMS - 0014.0.0 12/14/89

INSTRUCTIONS FOR COMPLETING NRC FORM 388 PERSONAL QUALIFICATION STATEMENT—LICENSEE TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

TYPE OF APPLICATION

- 2.6 NEW "X" IF YOU ARE A NEW APPLICANT. COMPLET. EACH CATEGORY OF THE FORM COMPLETELY, FOLLOWING THE INSTRUCTIONS BELOW. THIS IS TO INCLUDE ALL EDUCATION, TRAINING AND EXPERIENCE THAT YOU HAVE RECEIVED UP TO THE DATE OF THIS APPLICATION. NOTE: SEE ITEM 14 THERE IS AN EXCEPTION, ALSO THIS BLOCK IS TO BE MARKED IF PREVIOUS NEW APPLICATION WAS WITHDRAWN. PLEASE WRITE "WITHDREW" NEXT TO "NEW."
- 2.6 thru 2.6 FOR 2.5 THRU 2.6, COMPLETE EACH CATEGORY COMPLETELY, BUT INDICATE ONLY THE EDUCATION, TRAINING, AND EXPERIENCE YOU HAVE RECEIVED SINCE YOUR LAST APPLICATION, NOTE: SEE ITEM 14 THERE IS AN EXCEPTION.
- 2.6 RENEWAL "X" IF YOU ARE RENEWING CURRENT LICENSE.
- 2.6 UPGRADE "X" IF YOU HOLD A RO LICENSE AND ARE NOW APPLYING TO UPGRADE YOUR LICENSE TO A SRO.
- 2.6 MULTI-UNIT "X" IF YOU CURRENTLY HOLD A LICENSE AT YOUR FACILITY AND ARE APPLYING TO AMEND YOUR CUR-
- 2.6 REAPPLICATION "X" IF YOU HAVE PREVIOUSLY BEEN DENIED A LICENSE AND ARE REAPPLYING.
- 2.1 WAIVER REQUESTED "X" THE APPLICABLE WAIVER REQUESTED AND JUSTIFY IN COMMENTS SECTION (ITEM 17).
- 2.0 DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (GFES).

THIS IS NOT APPLICABLE TO RESEARCH REACTORS. ENTER THE MONTH AND YEAR THE GENERIC FUNDAMENTALS EXAMINATION SECTION OF THE WRITTEN EXAMINATION WAS PASSED. IF THE GFES WAS NOT TAKEN, YOU MUST HAVE PASSED AN NRC LICENSING EXAMINATION ON THE APPLICABLE REACTOR TYPE (PWR OR BWR) AFTER FEBRUARY 1, 1982, WHICH LED TO THE ISSUANCE OF A LICENSE. THIS DOES NOT INCLUDE INSTRUCTOR CERTIFICATION EXAMINATIONS OR REQUALIFICATION EXAMINATIONS.

- 11. EDUCATION INDICATE BOTH ACADEMIC AND VOCATIONAL/TECHNICAL POST HIGH SCHOOL EDUCATION. FOR MAJOR AREA(S) OF STUDY, INDICATE THE NUMBER OF YEARS SPENT IN EACH COLLEGE CURRICULUM AND THE HIGHEST DEGREE RECEIVED, USING THE DEGREE CODE PROVIDED, FOR VOCATIONAL/TECHNICAL EDUCATION, INCLUDE PROGRAMS SUCH AS NUCLEAR POWER SCHOOL, MILITARY TRAINING, AIR CONDITIONING/REFRIGERATION, DIESEL MECHANIC SCHOOL, EYO, INDICATE THE NUMBER OF MONTHS IN EACH PROGRAM AND WHETHER A CERTIFICATE OR DEGREE WAS AWARDED. IF ADDITIONAL SPACE IS NEEDED, CONTINUE UNDER COMMENTS (ITEM 17).
- 12. TRAINING INDICATE THE TRAINING YOU HAVE RECEIVED TO MEET THE REQUIREMENTS OF ANSI N18.1/ANS 3.1. THE BREAKDOWN OF TRAINING IN THIS CATEGORY PARALLELS THE ANS STANDARDS. REFER TO THE STANDARDS IF YOU NEED FURTHER CLARIFICATION, INCLUDE BOTH BEGINNING AND COMPLETION DATES AND THE TOTAL NUMBER OF WEEKS SPENT IN EACH TYPE OF TRAINING, THE NUMBER OF WEEKS IS PROVIDED, IN ADDITION TO BEGINNING AND COMPLETION DATES, TO ACCOUNT FOR INTERMITTENT TRAINING (FOR EXAMPLE, 4 WEEKS OF CLASSROOM TRAINING SPREAD OVER A 2-MONTH PERIOD). THEREFORE, THE DATE COLUMNS MAY INDICATE A LARGER TIME SPAN THAN THE ACTUAL NUMBER OF WEEKS SPENT IN FULL-TIME TRAINING. TIME IN TRAINING FOR THE LICENSE APPLIED FOR CANNOT BE DOUBLE COUNTED UNDER EXPERIENCE (ITEM 13).

ALL REQUALIFICATION TRAINING TIME IS TO BE ACCOUNTED FOR IN THE REQUALIFICATION ITEM. PLEASE DO NOT "DOUBLE LIST" THE TIME SPENT IN REQUALIFICATION TRAINING UNDER ITEM 12.6, REQUALIFICATION, EVEN THOUGH IT MAY INCLUDE CLASSROOM OR SIMULATOR TIME.

- 13. EXPERIENCE A MINIMUM OF 6 MONTHS AT THE SITE FOR WHICH THE LICENSE IS SOUGHT IS REQUIRED. FOR EACH POSITION HELD, COMPLETE ITEM 16. DO NOT DOUBLE COUNT TIME, IF YOU HAD OVERLAPPING DUTIES, THE MONTHS SHOULD REFLECT THE PROPORTIONATE AMOUNT OF TIME YOU WERE ASSIGNED TO THOSE PARTICULAR DUTIES. IN NO CASE SHOULD THE NUMBER OF MONTHS REPORTED FOR A PARTICULAR TIME PERIOD EXCEED THE NUMBER OF MONTHS THAT ARE IN THAT TIME PERIOD.
- 14. FACILITY OF FRATOR TRAIDING PROGRAM INDICATE 8. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM; AND 8. CERVIPIED ION NIRC FORM 474) OR NIRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM, IF "YES" IS CHECKED IN BOTH ITEMS 14.6 AND 14.6, THEN ITEMS 11 (EDUCATION), 12 (TRAINING), 13 (EXPERIENCE), AND 16 (EXPERIENCE DETAILS) DO NOT HAVE TO BE DOCUMENTED. NEW APPLICATIONS MUST STILL INCLUDE THE NUMBER OF SIGNIFICANT CONTROL MANIPULATIONS UNDER ITEM 12.3. NOTE: INPO ACCREDITED MEANS ACCREDITATION BY THE NATIONAL NUCLEAR ACCREDITING BOARD AND MEANS THAT AT LEAST THE MINIMUM REQUIREMENTS OF REGULATORY GUIDE 1.8, REV. 2, ARE MET.
- 16. FUR RENEWALS ONLY (1) ENTER THE APPROXIMATE NUMBER OF HOURS SINCE PREVIOUS RENEWAL OR ISSUANCE OF LICENSE IF FIRST RENEWAL. (2) ENTER DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION.
- 16. EXPERIENCE DETAILS INCLUDE POSITION FOLE, TIME PERIOD-FROM/TO, FACILITY, AND A BRIEF DESCRIPTION OF DUTIES PERFORMED WHILE SERVING IN THAT POSITION. IF MORE SPACE IS NEEDED, USE COMMENTS (ITEM 17), OR IF NECESSARY, ATTACH ADDITIONAL INFORMATION.
- 17. COMMENTS USE THIS SPACE TO INCLUSE ANY EXTRA INFORMATION OR CLARIFICATION FOR OTHER ITEMS ON THE APPLI-CATION FORM. IF THE SPACE PROVIDED IS NOT SUFFICIENT, YOU MAY ATTACH EXTRA INFORMATION WITH YOUR APPLICA-TION.
- 18. NRC FORM 398, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE -- MUST ACCOMPANY THIS APPLICATION.
- 19. SIGNATURES SIGN AND DATE TEM 19.8. OBTAIN YOUR TRAINING COORDINATOR'S SIGNATURE AND THAT OF YOUR SENIOR MANAGEMENT REPRESENTATIVE ON SITE.

DETACH THESE INSTRUCTIONS AND SUBMIT THE COMPLETED NRC FORMS 398 (ORIGINAL AND TWO COPIES EACH) TO THE APPRO-

NRC FORM 388 U.S. NUCLEAR REGULATORY COMMISSION (10-88) 15 CFR 56.31, 56.35,	APPROVED BY OMB: NO. 3150-0080 EXPIRES: 1-31-82	To be completed by NRCI		
56.47, end 56.67	ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 28 HRS.			
PERSONAL QUALIFICATION STATEMENT-LICENSEE	FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (PSB) U.S. NUCLEAR REGULATORY COMMIS-			
	BRANCH (F-530), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 2055, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0080), OFFICE OF MANAGE.			
TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED	MENT AND BUDGET, WASHINGTON, DC 20803.			
1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)	4. TYPE OF APPLICATION (C) ack applica	ble boxes)		
	1 - HOT . REAPPLICATION	(Justify on Reverse)		
	a NEW 2-SECOND			
	b. RENEWAL 3 THIRD	2 - OPERATING /Cate-		
	c. UPGRADE	3 - ELIGIBILITY		
2. CITIZENSHIP 3. BIRTH DATE	B. MULTI-UNIT IAMEND TO INCLUDE ADDITIONAL	4 - MEDICAL		
& UNITED STATES MONTH DAY YEAR	G. DATE PASSED GENERIC FUNDA. MM YY	D. Oline		
b. OTHER (Specify)	MENTALS EXAMINATION SECTION			
5. TYPE OF LIC JUSE APPLIED FOR	6. PREVIOUS LICENSE(S) HELD			
DOCKET NUMBER RO SRO SENIOR OPERATOR	B. LICENSE NUMBER MONTH DAY YEAR	. FACILITY DOCKET NUMBER		
s. LIMITED SRO (e.g. Fuel Handler) 55-		50-		
7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER	10. CURRENT POSITION AT FACIL	ITY		
	. PLANT SUPERINTENDENT	LAUXILIARY UNIT OPER.		
	b. ASSISTANT PLANT SUPERINTENDENT	BUILDING/EQUIPMENT OPERATOR (NON LICENS		
	c. SHIFT SUPERVISOR	ED OPERATOR)		
B. NAME OF APPLICANT'S FACILITY FACILITY DOCKET NUMBER	& STAFF ENGINEER	LOTHER (Specify)		
	I. INSTRUCTOR			
9. ADDITIONAL FACILITY DOCKETS (Mutti-unit Licenses)	& SENIOR CONTROL ROOM OPERATOR			
	h. CONTROL ROOM OPERATOR			
	CATION	NUMBER CERTIFICATE		
GRADUATE ENGINEERING (FIELDS) C. MAJOR AREA(S) OF STUDY OF YEARS OF YEARS (Mar Caree)	DEGREE CODES 8. VOCATIONAL/TECHNICAL (To be used for "HIGHEST DEGREE" obtained) TYPE OF TRAINING	OF RECEIVED		
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NO OTHER	2 - ASSOCIATE 3 - BACHELOR			
b. NUMBER OF YEARS OF COLLEGE	4 MASTER 6 DOCTORAL			
12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTION SI	13. EXPERIENCE IDO NOT DOUBLE COUNT - SEE INSTR	UCTIONS)		
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2 PLANT SYSTEMS CLASSROOM	2 - EOOW/PPWO			
ORSERVATION	3 · EWS/PPWS 4 · ERS/CRW			
3- OPERATING PRACTICE	5 - OTHER (Specify)			
CONTROL ROOM OPERATIONS ON SHIFT				
SIMULATOR OPERATING (Includes Classroom)	FOSSIL			
SIMULATOR NAMES	6 OPERATOR			
•	7 - SUPERVISOR 8 - PLANT STAFF			
CERTIFIED STARTUP PROGRAM COMPLETED YES NO	9 - OTHER (Specify)			
NUMBER OF REACTIVITY MANIPULATIONS				
	COMMERCIAL NUCLEAR (Including Research/Test Reactor)			
4 - SRO INSTRUCTION E EXTRA PERSON ON SHIFT IN CONTROL ROOM	10 - REACTOR OPERATOR (Licensed)			
B TIME UN SHIFT ABOVE 20% POWER	11 - SENIOR OPERATOR (Licensed) 12 - SHIFT SUPERVISOR (Licensed)			
6 - REQUALIFICATION	13 - STAFF/SHIFT ENGINEER /Licensed/			
7 – OTHER (Specify)	14 - AUX./EQUIP. OPERATOR (Nonlicensed)			
	15 - PLANT STAFF			
	16 - OTHER (Specify)			

- Observant Or				14 PACI	LITT UPERAT	OR TRAINING PROGRAM			
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HOURS OPERATED FACILITY:						B. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION	DAYE	PASS	FAIL
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APPROVED BY OME NO 3150-0024 EXPIRES 1-31-91

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 25 HAS FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (F-830). U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON DC 20555. AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024). OFFICE OF MANAGEMENT AND BUDGET WASHINGTON, DC 20503.

CERTIFICATION OF MEDICAL EXAMINATION

NAME OF APPLICANT FACILITY DOCKET NUMBER FACILITY 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 EXAMINATION DATE STATE AND LICENSE NUMBER PRINTED NAME (of physician) 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 PEPFORMING 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 (Bic & & 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. POWER REACTORS THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS' REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS, AND I HAVE NO KNOWLEDGE OF THE APPLICANT EXCEEDING THE CUTOFF LEVELS FOR ALCOHOL NON-POWER REACTORS. OR CONTROLLED SUBSTANCES AS ESTABLISHED PURSUANT TO 10 CFR 26 ANY FALSE STATEMENT OF OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CHIMINAL SANCTIONS, I CERTIF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT. PRINTED NAME AND SIGNATURE (Senior Management Representative on Site) DATE In accordance with 10 CFR 56.6 Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO Regional Administrator, Region III Regional Administrator, Region I Regional Administrator, Region II. U.S. Nuclear Regulatory Commission U.S. Nuclear Regulatory Commission U.S. Nuclear Regulatory Commission 475 Allendale Road 101 Marietta Street, Suite 3100 199 Roosevett Road King of Prussia, PA 19406 Atlanta GA 30323 Gien Effyn. 1L 6013) Regional Administrator, Region IV Regional Administrator, Region V U.S. Nuclear Regulatory Commission U.S. Nuclear Regulatory Commission 611 Ryan Plaza Drive. Suite 1000 1450 Maria Lane, Suite 210 Walnut Creek, CA 94596 Arlington, TX 19011

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 51 Federal Register 33157 (September 18, 1986).

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

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 CPR 55 to take an examination or to be issued an operator's locate.

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 20565.

SUMMARY OF CHANGES TO NRC FORM 396

Medical Examination Certification - Added block "Restriction Change From Previous Submittal" plus Remarks section.

Non-Medical Certification

- Changed non-medical certification statement to: Power Reactors-This certifies that the applicant has been found to meet the safeguards' and fitness for duty requirements of this this facility for licensed operators. Nonpower-This certifies that the applicant has been found to meet the safeguards' requirements of this facility for licensed operators and I have no knowledge of the applicant exceeding the cutoff levels for alcohol or controlled substances as established pursuant to 10 CFR 26.

SUMMARY OF CHANGES TO NEC FORM 398

Item 4.d	- Added clarifying statement to indicate this is to be checked only if application is to amend license to add additional unit(s).
Item 4.f	- Added "(Category)" to Operating. Added "Medical".
Item 4.g	- Added a new item "Date Passed Generic Fundamentals Examination Section".
Item 12.3	- Changed wording to "Certified Startup Program Completed" for clarification.
Item 12.5	- Changed wording to "Extra Person On Shift In Control Room (13-week minimum)" for clarification.
Item 12.5a	- Added a new item "Time On Shift Above 20% Power (6-week minimum)".
Item 14.a	- Added the words "That Is Based Upon A Systems Approach to Training" for clarification.
Item 15	- Added "Date and Result of Most Recent NRC Administered Requalification Examination".
Item 19.a	- Added the wording "T durches counting then T have

Item 19.a - Added the wording "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".

Item 19.b and Item 19.c

 Moved 19.b and 19.c together. Applicable box must now be checked. Also added block for typed name of Training Coordinator and Senior Management Representative On Site.

FOR NRC USE - Under waiver category added "Medical".