JAN 5 1990

Docket No: 50-57

State University of New York at Buffalo ATTN: Dr. D. W. Rennie Vice Provost for Research and Graduate Studies Capen Hall Amherst, New York 14260

Gentlemen:

SUBJECT: REVISED NRC FORMS 396 AND 398

Enclosed is a copy of the revised NRC Form-398 (Enclosure 1), Personal Qualifications Statement - Licensee 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,

Original Signed Bys

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

Enclosures: As stated

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396 & 398 FORMS - 0053.0.0 12/14/89

### State University of New York at Buffalo

cc w/encl: L. G. Henry, Director P. M. Orlosky, Operations Manager M. A. Pierro, Radiation Safety Officer Dr. William Vernetson, Director of Nuclear Facilities, University of Florida Public Document Room (PDR) Local Public Document Room (LPDR) Nuclear Safety Information Center (NSIC) State of New York bcc w/o encl:

Region I Docket Room (with concurrences) Management Assistant, DRMA (w/o encl) C. Cowgill, DRP C. Marschall, SRI - Ginna W. Baunack, DRP D. Haverkamp, DRP OL Facility File

DRS:RI Gallo/pb 01/02/90 RG VC F 1490

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#### INSTRUCTIONS FOR COMPLETING NRC FORM 300 PERSONAL QUALIFICATION STATEMENT-LICENSEE TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

#### . TYPE OF APPLICATION

- 2.0 NEW "X" IF YOU ARE A NEW APPLICANT. COMPLETE EACH CATEGORY OF THE FORM COMPLETELY, FOLLOWING THE INSTRUCTIONS BELOW. THIS IS TO INCLUDE ALL EDUCATION, TRAINING AND EXPERIENCE THAY 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 ALSO, THIS BLOCK IS TO BE MARKED IF PREVIOUS NEW APPLICATION WAS WITHDRAWN.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 2.8, 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.¢ UPGRADE "X" IF YOU HOLD A RO LICENSE AND ARE NOW APPLYING TO UPGRADE YOUR LICENSE TO A SRO.
- 2.4 MULTI-UNIT "X" IF YOU CURRENTLY HOLD A LICENSE AT YOUR FACILITY AND ARE APPLYING TO AMEND YOUR CUR-RENT LICENSE TO ADD AN ADDITIONAL UNIT.
- 2.4 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 EXAMINA-TION SECTION OF THE WRITTEN EXAMINATION WAS PASSED. IF THE GEES 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 REQUALIFICATIONS 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 PROV. JED. FOR VOCATIONAL/TECHNICAL EDUCATION, INCLUDE PROGRAMS SUCH AS NUCLEAR POWER SCHOOL, MILITARY TRAINING, AIR CONDITIONING/REFRIGERATION, DIESEL MECHANIC SCHOOL, ETC. INDICATE THE NUMBER OF MONTHS IN EACH PROGRAM AND WHETHER A CERTIFICATE OR DEGREE WAS AWARDED, IF ADDI-TIONAL 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 OPERATOR TRAINING PROGRAM -- INDICATE &. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM; AND b. CERTIFIED (ON NRC FORM 474) OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PRO-GRAM. IF "YES" IS CHECKED IN BOTH ITEMS 14.# AND 14.b. THEN ITEMS 11 (EDUCATION), 12 (TRAINING), 13 (EXPERIENCE), AND 16 (EXPERIENCE DETAILS) DO NOT HAVE TO BE DOCUMENTED. I'EW 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.
- 15. FOR 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 TITLE, 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 INCLUDE 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 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE MUST ACCOMPANY THIS APPLICATION.
- 19. SIGNATURES SIGN AND DATE ITEM 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-PRIATE REGIONAL ADMINISTRATOR.

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DE PORN 300 U.S. NUCLEAR REGULATORY COMMISSION 10 000 B6.31, 56.36, 56.47, and 56.87 PERSONAL QUALIFICATION STATEMENT-LICENSEE				APPROVED BY D	DATE RECEIVED (To be completed by NRC)	
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ENCLOSURE 3

## 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: Fower 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 slochol or controlled substances as established pursuant to 10 CFR 26.

# ENCLOSURE 4

# SUMMARY OF CHANGES TO NEC FORM 398

10400 4.0	- 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	- Channed 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 Regualification Examination".
Itan 19.a	- Added the wording "I further certify that I have notified my current employer of: (1) all previous employers; (2) and 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 "Medica)".