

JAN 5 1990

Docket No. 50-333

Power Authority of the State of New York  
James A. FitzPatrick Nuclear Power Plant  
ATTN: Mr. William Fernandez  
Resident Manager  
P. O. Box 41  
Lycoming, New York 13093

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 By:

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

Enclosures: As stated

cc w/encls:

J. Phillip Bayne, President  
J. Brons, Executive Vice President  
A. Klausmann, Senior Vice President - Appraisal and Compliance Services  
R. Patch, Quality Assurance Superintendent  
G. Wilverding, Manager Nuclear Safety Evaluation  
R. Goldstein, Assistant General Counsel

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R. Beedle, Vice President Nuclear Support  
S. Zulla, Vice President Nuclear Engineering  
R. Burns, Vice President Nuclear Operation  
Dept. of Public Service, State of New York  
State of New York, Department of Law  
Public Document Room (PDR)  
Local Public Document Room (LPDR)  
Nuclear Safety Information Center (NSIC)  
NRC Resident Inspector  
State of New York

bcc w/encl:  
Region I Docket Room (with concurrences)  
Management Assistant, DRMA (w/o encl)  
J. Wiggins, DRP  
D. Limroth, DRP  
R. Barkley, DRP  
D. LaBarge, NRR  
J. Dyer, EDO

RI:DRS  
w/ F/RG  
1/4/96

**INSTRUCTIONS FOR COMPLETING NRC FORM 398  
PERSONAL QUALIFICATION STATEMENT—LICENSEE  
TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED**

**4. TYPE OF APPLICATION**

**2.a 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 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.b thru 2.e** — FOR 2.b THRU 2.e. 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.b RENEWAL** — "X" IF YOU ARE RENEWING CURRENT LICENSE.

**2.c UPGRADE** — "X" IF YOU HOLD A RO LICENSE AND ARE NOW APPLYING TO UPGRADE YOUR LICENSE TO A SRO.

**2.d MULTI-UNIT** — "X" IF YOU CURRENTLY HOLD A LICENSE AT YOUR FACILITY AND ARE APPLYING TO AMEND YOUR CURRENT LICENSE TO ADD AN ADDITIONAL UNIT.

**2.e REAPPLICATION** — "X" IF YOU HAVE PREVIOUSLY BEEN DENIED A LICENSE AND ARE REAPPLYING.

**2.f WAIVER REQUESTED** — "X" THE APPLICABLE WAIVER REQUESTED AND JUSTIFY IN COMMENTS SECTION (ITEM 17).

**2.g 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, ETC. 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 OPERATOR TRAINING PROGRAM** — INDICATE a. GRADUATE OF INPC ACCREDITED OPERATOR TRAINING PROGRAM; AND b. CERTIFICATION NRC FORM 474) OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM. IF "YES" IS CHECKED IN BOTH ITEMS 14.a AND 14.b, 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: INPC 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 APPLICATION FORM. IF THE SPACE PROVIDED IS NOT SUFFICIENT, YOU MAY ATTACH EXTRA INFORMATION WITH YOUR APPLICATION.

**18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE** — MUST ACCOMPANY THIS APPLICATION.

**19. SIGNATURES** — SIGN AND DATE ITEM 19.a. 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 APPROPRIATE REGIONAL ADMINISTRATOR.



**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 (P-830), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555. SEND TO THE PAPERWORK REDUCTION PROJECT (3150-0090), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

<b>1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)</b>  		<b>4. TYPE OF APPLICATION (Check applicable boxes)</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> 1 - HOT  <input type="checkbox"/> 2 - COLD  <input 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. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE)             </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> f. REAPPLICATION  <table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">1 - FIRST</td><td style="width:50%;"></td></tr> <tr><td>2 - SECOND</td><td></td></tr> <tr><td>3 - THIRD</td><td></td></tr> </table> </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> g. 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"/> 6 - OTHER             </td> </tr> </table>		<input type="checkbox"/> 1 - HOT <input type="checkbox"/> 2 - COLD <input 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. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE)	<input type="checkbox"/> f. REAPPLICATION <table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">1 - FIRST</td><td style="width:50%;"></td></tr> <tr><td>2 - SECOND</td><td></td></tr> <tr><td>3 - THIRD</td><td></td></tr> </table>	1 - FIRST		2 - SECOND		3 - THIRD		<input type="checkbox"/> g. 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"/> 6 - OTHER																																																																		
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12 - SHIFT SUPERVISOR (Licensed)																																																																														
13 - STAFF/SHIFT ENGINEER (Licensed)																																																																														
14 - AUX./EQUIP. OPERATOR (Nonlicensed)																																																																														
15 - PLANT STAFF																																																																														
16 - OTHER (Specify)																																																																														
<b>4 - SRO INSTRUCTION</b> <b>5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM)</b> a. TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM) <b>6 - REQUALIFICATION</b> <b>7 - OTHER (Specify)</b>																																																																														

**14. FACILITY OPERATOR TRAINING PROGRAM**

<b>a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING</b>	YES	NO	<b>b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM</b>	YES	NO
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**15. FOR RENEWALS ONLY**

<b>a. HOURS OPERATED FACILITY</b>	<b>b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION</b>	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 395, 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.

**18a.** 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 employer for use in preparing retraining programs, as necessary.

SIGNATURE—APPLICANT	DATE
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**CHECK APPLICABLE BOX**

<input type="checkbox"/>	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 licensee 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.
<input type="checkbox"/>	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)-(j) of 10 CFR 50, and that he/she has discharged his/her licensed responsibility, 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		PRINTED OR TYPED NAME	
SIGNATURE	DATE	SIGNATURE	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—FELICIEWER	DATE		

### CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST IS 26 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (F-30), 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

FACILITY

FACILITY CHECK NUMBER

#### 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

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 3.4-1963, 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

POWER REACTORS

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

NON-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 OR CONTROLLED SUBSTANCES AS ESTABLISHED PURSUANT TO 10 CFR 26.

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

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 II,  
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

#### 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 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(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 35 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.



SUMMARY OF CHANGES TO NRC FORM 398

- 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 NRC 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 "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".