

JAN 5 1990

Docket No. 50-29

Yankee Atomic Electric Company
ATTN: Dr. Andrew C. Kadak
President and Chief Operating Officer
580 Main Street
Bolton, Massachusetts 01740-1398

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

9002140282 900105
PDR ADDCK 05000029
V PDC

Hoos-
||

OFFICIAL RECORD COPY

396 & 398 FORMS - 0031.0.0
12/14/89

cc w/o encl:

N. St. Laurent, Plant Superintendent
G. Papanic, Jr., Senior Project Engineer - Licensing
R. Hallisey, Dept. of Public Health, Commonwealth of Massachusetts
C. Russell Clark, Training Manager (w/enclosures)
Public Document Room (PDR)
Local Public Document Room (LPDR)
Nuclear Safety Information Center (NSIC)
NRC Resident Inspector
Commonwealth of Massachusetts, SLO Designee
State of Vermont, SLO Designee

bcc w/o encl:

Region I Docket Room (with concurrences)
M. Perkins, DRMA (w/o encl)
R. Blough, DRP
H. Eichenholz, SRI - Yankee (w/concurrences)
G. Grant, SRI - Vermont Yankee
M. Fairtile, NRR
J. Johnson, DRP
OL Facility File

DRS:RI
Gallo/pb
01/02/90

*VE PRG
1/4/90*

**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 INPO ACCREDITED OPERATOR TRAINING PROGRAM; AND b. CERTIFIED (ON 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: INPO ACCREDITED MEANS ACCREDITATION BY THE NATIONAL NUCLEAR ACCREDITING BOARD AND MEANS THAT AT LEAST THE MINIMUM REQUIREMENTS OF REGULATORY GUIDE 1.8, KEV. 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-5-0), 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)

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

| | | |
|--|---|---|
| <input type="checkbox"/> 1 - HOT | <input type="checkbox"/> e. REAPPLICATION | <input type="checkbox"/> 1. WAIVER REQUESTED (Justify on Reverse) |
| <input type="checkbox"/> 2 - COLD | <input type="checkbox"/> 1 - FIRST | <input type="checkbox"/> 1. WRITTEN (Category) |
| <input type="checkbox"/> a. NEW | <input type="checkbox"/> 7 - SECOND | <input type="checkbox"/> 2. OPERATING (Category) |
| <input type="checkbox"/> b. RENEWAL | <input type="checkbox"/> 3 - THIRD | <input type="checkbox"/> 3. ELIGIBILITY |
| <input type="checkbox"/> c. UPGRADE | | <input type="checkbox"/> 4. MEDICAL |
| <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) | | <input type="checkbox"/> 5. OTHER |
| <input type="checkbox"/> g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) | MM YY | |

2. CITIZENSHIP

3. BIRTH DATE

| | | | |
|---|-------|-----|------|
| <input type="checkbox"/> a. UNITED STATES | MONTH | DAY | YEAR |
| <input type="checkbox"/> b. OTHER (Specify) | | | |

5. TYPE OF LICENSE APPLIED FOR

6. PREVIOUS LICENSE(S) HELD

| | | | | | | |
|--|---|----|-----|--|---|--|
| <input type="checkbox"/> a. OPERATOR | <input type="checkbox"/> a. DOCKET NUMBER | RO | SRO | <input type="checkbox"/> b. LICENSE NUMBER | <input type="checkbox"/> c. EXPIRATION DATE | <input type="checkbox"/> 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

| | |
|--|--|
| <input type="checkbox"/> a. PLANT SUPERINTENDENT | <input type="checkbox"/> i. AUXILIARY UNIT OPERATOR/TRAINEE/TURINE BUILDING/EQUIPMENT OPERATOR (NON LICENSED OPERATOR) |
| <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT | <input type="checkbox"/> j. 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 type="checkbox"/> h. CONTROL ROOM OPERATOR | |

8. NAME OF APPLICANT'S FACILITY

FACILITY DOCKET NUMBER

9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)

11. EDUCATION

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

12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)

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

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

14. FACILITY OPERATOR TRAINING PROGRAM

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

15. FOR RENEWALS ONLY

| | | | | |
|------------------------------------|---|------|--------|------|
| a. 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.

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 to 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 |
|---------------------|------|

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 50, and that the individual has a road 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. |
| <input type="checkbox"/> | a. 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 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 | | PRINTED OR TYPED NAME | |
| SIGNATURE | DATE | SIGNATURE | DATE |

FOR NRC USE

| REVIEWER (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 | | | | | | |

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST IS 25 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (F-530), 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 DOCKET 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 3.4-1983, 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

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 III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
811 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Maria Lane, Suite 310
Walnut Creek, CA 94596

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-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 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.

SUMMARY OF CHANGES TO NRC FORM 386

- 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 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 Recertification 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".