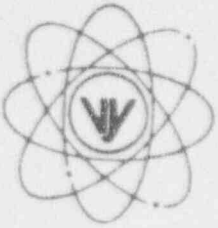


VERMONT YANKEE NUCLEAR POWER CORPORATION



Ferry Road, Brattleboro, VT 05301-7002

(802) 257-5271

December 23, 1993
BVY 93-144
TDL 93-38

United States Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555

References: (a) License No. DPR-28 (Docket No. 50-271)

Subject: Submittal of license renewals

Dear Sir:

In accordance with the provisions of section 55.57 of Title 10, Code of Federal Regulations, Chapter 1, Part 55, the enclosed application's and medical certificate's required for the renewal of the senior reactor operator license's for Lonnie J. Cantrell, SOP-4157-3 and Lawrence E. Doane, SOP-4158-3 are herewith enclosed for your consideration.

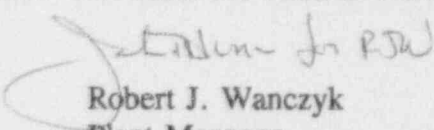
Mr. Cantrell and Doane were licensed effective 02/02/88 to supervise the manipulation of all controls at the Vermont Yankee Nuclear Power Station.

During the effective term of their current licenses, Mr. Cantrell and Doane have satisfactorily completed Vermont Yankee's requalification program and have discharged their license responsibilities in a competent and safe manner.

If you have any questions, please contact Mr. Edward L. Harms, Operations Training Supervisor, in our Brattleboro office at (802) 257-5271, ext. 334.

Very truly yours,
VERMONT YANKEE NUCLEAR POWER CORPORATION

030017


Robert J. Wanczyk
Plant Manager

Attachment I
Attachment II - Withhold from Public Disclosure

c: USNRC Region I Administrator
USNRC Resident Inspector - VYNPS (Without Attachment II)
USNRC Project Manager - VYNPS (Without Attachment II)
USNRC Virgil Curley - Region I

WITHHOLD ATTACHMENT II FROM PUBLIC DISCLOSURE

9401060336 931223
PDR ADOCK 05000271
V PDR

Note: NRC
PDR, NSIC
N.P.R.S. ONLY

m003
111

ATTACHMENT I

**LICENSE APPLICATIONS
(398)**

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 (MNB 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

PERSONAL QUALIFICATION STATEMENT-LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) Doane, Lawrence E. 20 Atwood Street Brattleboro, VT 05301		4. TYPE OF APPLICATION (Check applicable boxes) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><input checked="" type="checkbox"/> NEW</td> <td style="width:50%;"><input type="checkbox"/> HOT</td> </tr> <tr> <td><input checked="" type="checkbox"/> RENEWAL</td> <td><input type="checkbox"/> COLD</td> </tr> <tr> <td><input type="checkbox"/> UPGRADE</td> <td></td> </tr> <tr> <td><input type="checkbox"/> MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> REAPPLICATION</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> HOT	<input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> COLD	<input type="checkbox"/> UPGRADE		<input type="checkbox"/> MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)		<input type="checkbox"/> REAPPLICATION																																											
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<input type="checkbox"/> REAPPLICATION																																																							
2. CITIZENSHIP <input checked="" type="checkbox"/> a. UNITED STATES <input type="checkbox"/> b. OTHER (Specify)		3. BIRTH DATE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">MONTH</td> <td style="width:25%;">DAY</td> <td style="width:25%;">YEAR</td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">10</td> <td style="text-align: center;">44</td> <td></td> </tr> </table>		MONTH	DAY	YEAR		01	10	44																																													
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5. TYPE OF LICENSE APPLIED FOR <input checked="" type="checkbox"/> a. OPERATOR <input type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED SRO (e.g., Fuel Handler)		6. PREVIOUS LICENSE(S) HELD <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. DOCKET NUMBER</td> <td style="width:10%;">RO</td> <td style="width:10%;">SRD</td> <td style="width:30%;">b. LICENSE NUMBER</td> <td style="width:10%;">c. EXPIRATION DATE</td> <td style="width:10%;">d. FACILITY DOCKET NUMBER</td> </tr> <tr> <td>55-6481</td> <td></td> <td>X</td> <td>SOP-4158-3</td> <td>02/29/94</td> <td>50-271</td> </tr> </table>		a. DOCKET NUMBER	RO	SRD	b. LICENSE NUMBER	c. EXPIRATION DATE	d. FACILITY DOCKET NUMBER	55-6481		X	SOP-4158-3	02/29/94	50-271																																								
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55-6481		X	SOP-4158-3	02/29/94	50-271																																																		
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8. NAME OF APPLICANT'S FACILITY Vermont Yankee		9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licensees) FACILITY DOCKET NUMBER 50-271																																																					
11. EDUCATION																																																							
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PERSONAL QUALIFICATION STATEMENT-LICENSEE

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

Cantrell, Lonnie J.
P.O. Box 21
East Dover, VT 05341

4. TYPE OF APPLICATION (Check applicable boxes)

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

2. CITIZENSHIP

3. BIRTH DATE

<input checked="" type="checkbox"/>	a. UNITED STATES	MONTH	DAY	YEAR
<input type="checkbox"/>	b. OTHER (Specify)	0	2	03 4 9

5. TYPE OF LICENSE APPLIED FOR

6. PREVIOUS LICENSE(S) HELD

<input checked="" type="checkbox"/>	a. OPERATOR	a. DOCKET NUMBER	RD	SRO	b. LICENSE NUMBER	c. EXPIRATION DATE	d. FACILITY DOCKET NUMBER
<input checked="" type="checkbox"/>	b. SENIOR OPERATOR	55- 6482		X	SOP-4157-3	0 2 0 2 9 4	50- 271
<input type="checkbox"/>	c. LIMITED SRO (e.g., Fuel Handler)						

7. NAME AND ADDRESS OF APPLICANT'S EMPLOYER (include ZIP Code)

Vermont Yankee Nuclear Power Corp
Ferry Road
Brattleboro, VT 05301

10. CURRENT POSITION AT FACILITY

<input type="checkbox"/>	a. PLANT SUPERINTENDENT	<input type="checkbox"/>	i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NON LICENSED OPERATOR)
<input type="checkbox"/>	b. ASSISTANT PLANT SUPERINTENDENT	<input checked="" type="checkbox"/>	c. SHIFT SUPERVISOR
<input type="checkbox"/>	d. STAFF ENGINEER	<input type="checkbox"/>	j. OTHER (Specify)
<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

Vermont Yankee 50-271

9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licensees)

11. EDUCATION

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

12. FACILITY OPERATOR TRAINING PROGRAM

<input type="checkbox"/>	a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING	YES	<input checked="" type="checkbox"/>	NO	b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM	<input checked="" type="checkbox"/>	YES	NO
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13. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)

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

1 - NUCLEAR POWER PLANT FUNDAMENTALS	a. MONTH AND YEAR	b. NUMBER OF WEEKS	NAVY	a. MONTH AND YEAR	b. NUMBER OF WEEKS
	FROM TO		1 - RO	FROM TO	
2 - PLANT SYSTEMS CLASSROOM OBSERVATION			2 - EOOV/PPWO		
3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT			3 - EWS/PPWS		
SIMULATOR OPERATING (Includes Classroom)			4 - ERS/CRW		
SIMULATOR NAMES			5 - OTHER (Specify)		
a.			COMMERCIAL NUCLEAR (Including Research/Test Reactor)		
b.			10 - REACTOR OPERATOR (Licensed)		
c. CERTIFIED STARTUP PROGRAM COMPLETED	YES	NO	11 - SENIOR OPERATOR (Licensed)		
d. NUMBER OF SIGNIFICANT CONTROL MANIPULATIONS			12 - SHIFT SUPERVISOR (Licensed)		
PLANT			13 - STAFF/SHIFT ENGINEER (Licensed)		
SIMULATOR			14 - AUX./EQUIP. OPERATOR (Nonlicensed)		
			15 - PLANT STAFF		
4 - SRO INSTRUCTION			16 - OTHER (Specify)		
5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (12-WEEK MINIMUM)			FOSSIL		
a. TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)			6 - OPERATOR		
6 - REQUALIFICATION	02/88	01/94	7 - SUPERVISOR		
7 - OTHER (Specify)		34	8 - PLANT STAFF		
			9 - OTHER (Specify)		

15. EXPERIENCE DETAILS

a. POSITION TITLE	FROM	TO	b. FACILITY	c. DUTIES
Shift Supervisor	05/88	Pres	Vermont Yankee	Supervise plant Operations
Ops Trng Inst	01/87	05/88	Vermont Yankee	Operator Training

18. FOR RENEWALS ONLY

a. HOURS OPERATED FACILITY: <p align="center">5007</p>	b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION	DATE	RESULT	
		03/25/91	X	PASS

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets if necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACH

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 employers for use in preparing retraining programs, as necessary.

SIGNATURE-APPLICANT *Lennie J. Conter* DATE *12/29/93*

CHECK APPLICABLE BOX

- b. 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 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.
- c. 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 Mark L. Mervine	DATE <i>12/29/93</i>	PRINTED OR TYPED NAME Robert J. Wanczyk	DATE <i>12-29-93</i>
<i>[Signature]</i>		<i>[Signature]</i>	

FOR NRC USE

WAIVER (Check or Complete items, as applicable)

MEETS REQUIREMENTS

DOES NOT MEET REQUIREMENTS (Explain below)

CATEGORY	GRANTED BY		DEFIED BY	
	HEADQUARTERS	REGION	HEADQUARTERS	REGION
WRITTEN				
OPERATING				
ELIJBILITY				
MEDICAL				
OTHER				

SIGNATURE-REVIEWER _____ DATE _____