

REQUEST FOR OMB REVIEW

(Under the Paperwork Reduction Act and Executive Order 12291)

Important — Read instructions (SF-83A) before completing this form. Submit the required number of copies of SF-83, together with the material for which review is requested to:

Office of Information and Regulatory Affairs
Office of Management and Budget
Washington, D.C. 20503

| | |
|---|---|
| <p>1. Department/Agency and Bureau/Office originating request <u>U. S. Nuclear Regulatory Commission</u></p> <p>2. 6-digit Agency/Bureau number (first part of 11-digit Treasury Account No.) <u>3 1 5 0</u></p> <p>5. Title of Information Collection or Rulemaking <u>NRC Form 398, Personal Qualifications Statement--Licensee</u></p> <p>6. A. Is any information collection (reporting or recordkeeping) involved? (Check one) <input checked="" type="checkbox"/> Yes and proposal is attached for review <input type="checkbox"/> Yes but proposal is not attached — skip to question D. <input type="checkbox"/> No — skip to question D.</p> <p>B. Are the respondents primarily educational agencies or institutions or is the purpose related to Federal education programs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>3. Name(s) and telephone number(s) of person(s) who can best answer questions regarding request <u>Pat LaGrange (301) 492-7661</u></p> <p>4. 3-digit functional code (last part of 11-digit Treasury Account No.) <u>2 7 6</u></p> <p>C. Is this a rulemaking submission under Section 3504(h) of P.L. 96-511? (Check one) <input checked="" type="checkbox"/> No (Section 3507 submission) <input type="checkbox"/> Yes, NPRM. Expected date of publication: _____ <input type="checkbox"/> Yes, final rule. Expected date of publication: _____ Effective date: _____</p> <p>D. At what phase of rulemaking is this submission made? (Check one) <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Major rule, at NPRM stage <input type="checkbox"/> Major Final rule for which no NPRM was published <input type="checkbox"/> Major Final rule, after publication of NPRM <input type="checkbox"/> Nonmajor rule, at NPRM stage <input type="checkbox"/> Nonmajor rule, at Final stage</p> |
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COMPLETE SHADED PORTION IF INFORMATION COLLECTION PROPOSAL IS ATTACHED

| <p>7. Current (or former) OMB Number <u>N/A</u></p> <p>Expiration Date <u>N/A</u></p> | <p>8. Requested Expiration Date <u>08/30/85</u></p> | <p>12. Agency report form number(s) <u>NRC Form 398</u></p> <p>13. Are respondents only Federal agencies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Type of request (Check one) <input type="checkbox"/> preliminary plan <input checked="" type="checkbox"/> new (not previously approved or expired more than 6 months ago) <input type="checkbox"/> revision <input type="checkbox"/> extension (adjustment to burden only) <input type="checkbox"/> extension (no change) <input type="checkbox"/> reinstatement (expired within 6 months)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--------------------|------------------------|--------------------|-----------------|--|--|----|----------------|------|-----|----------|---------------------|--|--|----|---|--|--|--|-------------|--|--|--|---------------------|---|---|------|--------------------------|---|---|------|------------------|---|---|------|-----------------|--|--|--|-------------|---|---|------|-------------|---|---|------|
| <p>9. Is proposed information collection listed in the information collection budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Will this proposed information collection cause the agency to exceed its information collection budget allowance? (If yes, attach amendment request from agency head) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>11. Number of report forms submitted for approval <u>One (1)</u></p> | <p>16. Classification of Change in Burden (explain in supporting statement)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>No. of Responses</th> <th>No. of Reporting Hours</th> <th>Cost to the Public</th> </tr> </thead> <tbody> <tr> <td>a. In inventory</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>b. As proposed</td> <td align="center">1800</td> <td align="center">450</td> <td align="right">\$ 9,000</td> </tr> <tr> <td>c. Difference (b-a)</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td colspan="4">Explanation of difference (indicate as many as apply)</td> </tr> <tr> <td colspan="4">Adjustments</td> </tr> <tr> <td>d. Correction-error</td> <td align="center">+</td> <td align="center">+</td> <td align="right">+ \$</td> </tr> <tr> <td>e. Correction-reestimate</td> <td align="center">+</td> <td align="center">+</td> <td align="right">+ \$</td> </tr> <tr> <td>f. Change in use</td> <td align="center">+</td> <td align="center">+</td> <td align="right">+ \$</td> </tr> <tr> <td colspan="4">Program changes</td> </tr> <tr> <td>g. Increase</td> <td align="center">+</td> <td align="center">+</td> <td align="right">+ \$</td> </tr> <tr> <td>h. Decrease</td> <td align="center">-</td> <td align="center">-</td> <td align="right">- \$</td> </tr> </tbody> </table> | | No. of Responses | No. of Reporting Hours | Cost to the Public | a. In inventory | | | \$ | b. As proposed | 1800 | 450 | \$ 9,000 | c. Difference (b-a) | | | \$ | Explanation of difference (indicate as many as apply) | | | | Adjustments | | | | d. Correction-error | + | + | + \$ | e. Correction-reestimate | + | + | + \$ | f. Change in use | + | + | + \$ | Program changes | | | | g. Increase | + | + | + \$ | h. Decrease | - | - | - \$ |
| | No. of Responses | No. of Reporting Hours | Cost to the Public | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Explanation of difference (indicate as many as apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adjustments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Correction-error | + | + | + \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| h. Decrease | - | - | - \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| a. Approximate size of universe (if sample) | N/A |
| b. Size of sample | N/A |
| c. Estimated number of respondents or record keepers per year | 1800 |
| d. Reports annually by each respondent (item 25) | 1 |
| e. Total annual responses (item 15c x 15d) | 1800 |
| f. Estimated average number of hours per response | 15 min. |
| g. Estimated total hours of annual burden in Fiscal Year (item 15e x 15f) | 450 |

7. Abstract—Needs and Uses (50 words or less)

The Nuclear Regulatory Commission, under its Rules and Regulations, specifically, Title 10, Chapter 1, Part 55 entitled "Operators' Licenses" requests detailed information that should be submitted by a licensing candidate when applying for a new or renewal license to operate the controls at a nuclear facility. This information, once collected, would be used for licensing actions and for providing statistical analyses on the Operator Licensing Program.

8. Related report form(s) (give OMB number(s), IRCN(s), internal agency report form number(s) or symbol(s))

N/A

20. Catalog of Federal Domestic Assistance Program Number

N/A

21. Small business or organization Yes No

19. Type of affected public (Check as many as apply)

- 1 individuals or households
- 2 state or local governments
- 3 farms
- 4 businesses or other institutions (except farms)

22. Type of activity of affected public—indicate 3-digit Standard Industrial Classification (SIC) code(s) (up to 10) — if over 10, check Multiple or All

8 8 1

23. Brief description of affected public (e.g., "retail grocery stores," "State education agencies," "households in 50 largest SMSAs")

Individuals requiring a license to operate the controls at a nuclear facility.

24. Purpose (Check as many as apply. If more than one, indicate predominant by an asterisk)

- 1 application for benefits
- 2 program evaluation
- 3 general purpose statistics
- 4 regulatory or compliance
- 5 program planning or management
- 6 research

26. Collection method (Check as many as apply)

- 1 mail self-administered
- 2 other self-administered
- 3 telephone interview
- 4 personal interview
- 5 recordkeeping requirement:
Required retention period: _____ years
- 6 other—describe:

25. Frequency of Use

- 1 Nonrecurring
- Recurring (check as many as apply)
- 2 on occasion 6 semiannually
- 3 weekly 7 annually
- 4 monthly 8 biennially
- 5 quarterly 9 other—describe:

27. Collection agent (Check one)

- 1 requesting Department/Agency
- 2 other Federal Department/Agency
- 3 private contractor
- 4 recordkeeping requirement
- 5 other—describe:

28. Authority for agency for information collection or rulemaking—indicate statute, regulation, judicial decree, etc.

10 CFR Pt. 55, Chapter 1

30. Do you promise confidentiality?

(If yes, explain basis for pledge in supporting statement.) Yes No

29. Respondent's obligation to reply (Check as many as apply)

- 1 voluntary
- 2 required to obtain or retain benefit
- 3 mandatory—cite statute, not CFR (attach copy of statutory authority)

31. Will the proposed information collection create a new or become part of an existing Privacy Act system of records? (If yes, attach Federal Register notice or proposed draft of notice.) Yes No

32. Cost to Federal Government of information collection or rulemaking \$ 10,000

COMPLETE ITEMS 33 THRU 35 ONLY IF RULEMAKING SUBMISSION

33. Compliance costs to the public

\$ _____

34. Is there a regulatory impact analysis attached?

Yes No

35. Is there a statutory or judicial deadline affecting issuance?

Yes. Enter date _____
 No

CERTIFICATION BY AUTHORIZED OFFICIALS SUBMITTING REQUEST—We certify that the information collection or rulemaking submitted for review is necessary for the proper performance of the agency's functions, that the proposal represents the minimum public burden and Federal cost consistent with need, and is consistent with applicable OMB and agency policy directives. Signature and title of:

| | | | |
|---|-----------------|--|-----------------|
| APPROVING POLICY OFFICIAL FOR AGENCY <i>Patricia G. Norry</i> Patricia G. Norry | DATE 8-10-82 | SUBMITTING OFFICIAL <i>R. Stephen Scott</i> R. Stephen Scott | DATE 8/11/82 |
|---|-----------------|--|-----------------|

SUPPORTING STATEMENT
PERSONAL QUALIFICATION STATEMENT - LICENSEE NRC FORM 398
10 CFR PART 55, SECTIONS 10 AND 33

Justification

The Nuclear Regulatory Commission, under its Rules and Regulations, specifically, Title 10, Chapter 1, Part 55 entitled "Operators' Licenses" requests detailed information that should be submitted by a licensing candidate when applying for a new or renewal license to operate the controls at a nuclear facility. The type of information that is required by Part 55 is:

- Candidates name & address
- Candidates citizenship
- Candidates date of birth
- Type of application applied for (new, renewal, reapplication)
- Type of license applied for (Operator, Sr. Operator, Instructor Cert.)
- Previous licenses held
- Name & address of employer
- Facility name and unit number
- Current position at facility
- Education
- Training and experience

The above information is currently approved under the clearance for 10 CFR 55, OMB clearance number 3150-0018. At present, the licensee is burdened with making 3 separate submittals for an application. In many instances, all of the required information is not included, and the Operator Licensing Branch (OLB) staff is forced to request additional information from the licensee. A consolidated format will decrease the burden currently imposed on the licensee and the OLB staff. This information will become part of a continuous data bank to recall for future reference and to develop monthly statistical reports on number of applications received, licenses issued, and for what facilities. The licensee/applicant is the only source for the data.

Once received, the information will be reviewed against the licensing criteria to ensure a candidate meets all the requirements to take an examination and receive an operator's license. The information will be computerized and made part of an application tracking system. Monthly reports will be generated regarding applications, licenses, pass/fail rates, number of current operators at specific facilities, number of exams given, etc.

Description of Information Collection

Applicants for licenses to operate the controls at nuclear power plant facilities will send this proposed form to the Operator Licensing Branch upon request of a new license (approximately 1300 per year) or once every two years for a renewal license (approximately 500 per year). Renewal applicants will submit only personal information that has changed since receipt of his license 2 years ago and additional training or experience received during these 2 years. All other information will be recalled from the data bank.

Time Schedule for Data Collection & Publications

The time an application is received to the time a license or denial letter is issued is approximately three months.

Consultation Outside the Agency

Public contact was made during the comment period on Part 55.

Estimate of Information Collection Burden

Currently, the Operator Licensing Branch receives approximately 1300 new and 500 renewal applications per year. After conversations with several utilities, to get a feel for the length of time to complete an application, it was determined that at present, it takes approximately 30 min. for an applicant to complete an application. The application is then typed, which takes around 20 minutes and then sent to the Corporate office for a competency statement to be typed and signed by the Corporate Vice President, (CVP). This process takes around 20 minutes also. The total time to process an application, i.e., completion to dispatch is about 1 hour per application.

With a standardized form the time could be significantly reduced to approximately 15 minutes. Most of the questions on the proposed form require check-off answers in response to 10 CFR 55 requirements, which keeps the application short and concise, instead of detailed typed paragraphs. The form eliminates the typing that would normally be done in the Vice President's Office after it is completed by the applicant. By using the form, the CVP only has to sign the certification as to the applicant's competency. This should not take more than 5 minutes. Therefore, the total time to complete and sign the form is approximately 20 minutes. The total respondent burden is 450 hours annually.

Sensitive Questions

Privacy Act statements included on form as justification for personal information.

Estimate of Cost to the Federal Government

it is estimated that it will cost \$4,000 to initially set up the system (software, programming). We estimate \$5,000 annually for the clerical staff to review applications and maintain the system. In addition to the cost indicated above, there will be the cost for the design, printing and mailing of the form. Total estimated cost is \$10,000.

Enclosure:
NRC Form 398

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Enclosure:
NRC Form 398

PERSONAL QUALIFICATIONS STATEMENT -- LICENSEE

Note: Contact the Operator Licensing Branch to obtain information previously submitted

1. APPLICANT'S FULL NAME (AB) _____ CITIZENSHIP (AG) NATURALIZED BORN IN U.S. DATE OF BIRTH (AH) _____

2. ADDRESS - (AC) _____
CITY (AD) _____ STATE (AE) _____ ZIP CODE (AF) _____
4. TYPE OF APPLICATION (AI) ("X" as applicable)
a. NEW b. RENEWAL c. UPGRADE d. REAPPLICATION-WAIVER REQUESTED
e. ORAL f. WRITTEN (Category)

5. TYPE OF LICENSE APPLIED FOR (AJ)
a. OPERATOR
b. SENIOR OPERATOR
c. INSTRUCTOR CERTIFICATION
d. SENIOR OPERATOR CERTIFICATION
6. PREVIOUS LICENSE(S) AND/OR DOCKET NUMBER HELD
DOCKET NUMBER: 55- _____ LICENSE NUMBER: _____ EXPIRATION DATE: _____ FACILITY: _____

7. NAME AND ADDRESS OF APPLICANT'S EMPLOYER (AK)
ADDRESS (AL) _____
CITY (AM) _____ STATE (AN) _____ ZIP CODE (AO) _____
E. NAME OF APPLICANT'S FACILITY (AP) _____ UNIT NUMBER (AQ) _____
9. CURRENT POSITION AT FACILITY (AR)
a. CONTROL ROOM OPERATOR b. SENIOR CONTROL ROOM OPERATOR c. SHIFT SUPERVISOR d. STAFF ENGINEER
e. ASSISTANT PLANT SUPERINTENDENT f. PLANT SUPERINTENDENT g. AUXILIARY UNIT OPERATOR/TRAINEE h. OTHER (Specify) _____

10. EDUCATION (AS)
HIGHEST DEGREE: a. NONE b. BACHELOR c. MASTER d. DOCTORAL
e. CERTIFICATE f. ASSOCIATE
AREA OF STUDY (AT) _____

11. TRAINING (AU) NUMBER OF MONTHS
a. NUCLEAR POWER PLANT FUNDAMENTALS _____
b. PLANT SYSTEMS _____
c. CLASS ROOM INSTRUCTION _____
d. PLANT OBSERVATION _____
e. OPERATING/SIMULATOR PRACTICE _____
f. STARTUP PROGRAM OR PRE-OPERATION TESTING _____
g. REGUALIFICATION PROGRAM _____
h. SHUTDOWN PRACTICE _____
i. OTHER (AV) (Specify) _____
12. EXPERIENCE (AV) NUMBER OF MONTHS
a. NUCLEAR NAVY _____
b. FOSSIL PLANT _____
c. CIVILIAN: OPERATOR _____ SENIOR OPERATOR _____ ASSISTANT PLANT OPERATOR _____ SHIFT FOREMAN _____ EQUIPMENT OPERATOR _____ OTHER (AY) (Specify) _____
d. FUEL HANDLING _____

13. NRC FORM 375 "CERTIFICATION OF MEDICAL EXAMINATION" (AW) a. IS ATTACHED b. WILL BE FORWARDED

I certify that the information provided on this form is true and correct to the best of my knowledge.
I certify that the above named individual has completed all the required training and has the necessary qualifications for (a) Operator/Senior Operator license; pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for a license to perform his/her assigned duties. I also certify that the facility will be made available for examination.

TRAINING COORDINATOR'S SIGNATURE _____ DATE _____ SIGNATURE - HIGHEST LEVEL OF CORPORATE MANAGEMENT _____ DATE _____
RENEWAL ONLY: I certify that the above named individual has satisfactorily completed the approved requalification program as required by Section 50.54 (b)(3) of 10 CFR Part 55, and that s/he has discharged his/her licensed responsibilities completely and safely.

PRIVACY ACT STATEMENT

Pursuant to U.S.C. 552 a(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 312. This information is maintained in a system of records designated as NRC-10 and described at 46 Federal Register 40719 (September 21, 1981).

- AUTHORITY.** Sections 17 and 161 (f) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201 (f)).
- PRINCIPAL PURPOSES.** The information will be collected and evaluated for determining licensing eligibility and to generate statistical data and reports on licensing activities.
- ROUTINE USES.** Information entered on this form may be used to: (a) determine if the individual meets the requirements of 10 CFR Part 55 to be issued an operator's license; (b) provide researchers with information for statistical evaluations related to selections, training, and examination of facility operators; (c) provide facility management with sufficient information to enroll the individuals in the licensed operator requalification program; (d) provide for examination and testing material and obtain results from contractors.
- WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION.** Disclosure is voluntary. However, if the information requested is not provided, NRC will not be able to evaluate whether the applicant meets the requirements of 10 CFR Part 55.
- SYSTEM MANAGER AND ADDRESS.** Chief, Operator Licensing Branch, Division of Human Factors Safety, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

INSTRUCTIONS TO APPLICANT

Each applicant must complete a single application and submit it to the Director, Division of Human Factors Safety, ATTN: Branch Chief, OLB, located at 7920 Norfolk Ave., Bethesda, Md. or the appropriate Regional Administrator.

Each NEW applicant must answer each question completely or check the appropriate box. Each applicant must sign and date the application and obtain his/her Training Coordinator's signature and the signature of his/hers highest level of corporate management.

Each REAPPLICANT or RENEWAL applicant must fill in his/her name, the date and only that information that has changed since the previous application. The applicant must sign and date the application and obtain his/her Training Coordinator's signature and the signature of his/her highest level of corporate management.

NRC Form 396, "Certificate of Medical Examination" should accompany each application in order to limit delays in issuing licenses. If this is not possible, place an "x" in item 13b, and forward the form as soon as possible, making sure all items are completed.