REQUEST FOR OMB REVIEW

(Under the Paperwork Reduction Act and Executive Order 12291)

Important - Read instr form. Submit the require with the material for whi	ed number of co			nation and Regulat gement and Budge C 20503		
Department/Agency	and Bureau/Off	ice originating request	Name(s) and telephone number(s) of person(s) who can best answer questions regarding request			
U. S. Nuclear R 2.6-digit Agency/Bures Account No.)	egulatory (au number (first	ommission part of 11-digit Treasury	Pat LaGrange (301) 492-7661 4. 3-digit functional code (last part of 11-digit Treasury Account No.) 2 7 6			
3 1	_5_0					
5. Title of Information Co		making	C. Is this a rulemaki P.L. 96-511? (Cr		der Section 3504(h) of	
NRC Form 398, P StatementLice		lifications	1 No (Section 3507 submission) 2 Yes, NPRM. Expected date of publication: 3 Yes, final rule. Expected date of publication: Effective date: D. At what phase of rulemaking is this submission made? (Check one)			
6. A. Is any information of involved? (Check of		rting or recordkeeping)				
1 ☎ Yes and proposal 2 ☐ Yes but proposal						
3 □ No - skip to ques			1 & Not applicable			
B. Are the respondent institutions or is the programs?		cational agencies or ed to Federal education	2 Major rule, at NPRM stage 3 Major Final rule for which no NPRM was published 4 Major Final rule, after publication of NPRM			
□ Yes ⊅ No			5 ☐ Nonmajor rule, at NPRM stage 6 ☐ Nonmajor rule, at Final stage			
	COMPLETE SH	ADED PORTION IF INFORMA				
7.6					:0	
7. Current (or former) O	MB Number	8. Requested Expiration Date	12. Agency report form number(s) NRC Form 398			
Expiration Date					ins?	
Expiration Date	Programme and the second second	08/30/85	13. Are respondents only Federal agencies?			
N/A	!!!! !!-	and in	14. Type of request (Check one)			
 Is proposed information the information collection 		ĭed in				
10. Will this proposed in cause the agency to collection budget all mendment request	exceed its info lowance? (If ye	rmation s, attach Yes 🗷 No	ago)		oired more than 6 months	
1 Jmber of report for	rms submitted for	or approval	5 □ extension (no c	hange)		
One (1)		16 Classification of Chas				
		16. Classification of Chan	ige in Burden (explain il	supporting state	ment)	
Approximate size of universe (if sample)	N/A		No of Responses	No of Reporting	Hours Cost to the Public	
b Size of sample	N/A	a. In inventory			s	
c Estimated number of respondents or	1800	b. As proposed	1800	450	\$ 9,000	
record keepers per year		c. Difference (b-a)			\$	
d. Reports annually by each respondent (item 25)	1	Explanation of diffe Adjustments	rence (indicate as many	as apply)		
e. Total annual responses		d Correction-error	+	1+	<u>+</u> \$	
(item 15c x 15d)	1800	e. Correction-reestim	ate +	+	+ \$	
f Estimated average number of hours	15 min.	f. Change in use	+	+	± \$	
per response		Program changes				
g Estimated total hours of annual burden in	450	g. Increase	+	+	l+ \$	
Fiscal Year (item 15e x 15f)		h Decrease		ania	- s	
L						

7. Abstract—Needs and Uses (50 words or less) The Nuclear Regulatory Commission, under its Rule	es and Regulations, specifically, Title 10,			
Chapter 1, Part 55 entitled "Operators' Licenses' submitted by a licensing candidate when applying controls at a nuclear facility. This information actions and for providing statistical analyses or	for a new or renewal license to operate the n, once collected, would be used for licensing n the Operator Licensing Program.			
8 Related report form(s) (give OMB number(s), IRCN(s), internal agency report form number(s) or symbol(s))	20. Catalog of Federal Domestic Assistance Program Number N/A			
	21. Small business or organization Yes X No			
N/A	22. Type of activity of affected public - indicate 3-digit Standard			
9. Type of affected public (Check as many as apply)	Industrial Classification (SIC) code(s) (up to 10) — if over			
1 Individuals or households	10, check Multiple or All			
2 state or local governments				
3 ☐ farms 4 ② businesses or other institutions (except farms)	8 8 1			
23. Brief description of affected public (e.g., "retail grocery stores," "Sta				
Individuals requiring a license to operate the c				
24 Furpose (Check as many as apply, If more than one, indicate predominant by an asterisk)	26. Collection method (Check as many as apply) 1/2 mail self-administered			
1 application for benefits	2□ other self-administered			
2 program evaluation	3□ telephone interview			
3 peneral purpose statistics	4 personal interview			
4 X regulatory or compliance	5 □ recordkeeping requirement:			
5 program planning or management.	Required retention period:years			
6 🗆 research	6:□ other—describe: 27. Collection agent (Check one)			
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:	1 Ø requesting Department/Agency 2 other Federal Department/Agency 3 private contractor 4 recordkeeping requirement 5 other—describe:			
 Authority for agency for information collection or rulemaking – indicate statute, regulation, judicial decree, etc. 	30. Do you promise confidentiality? (If yes, explain basis for pledge in supporting statement.) □ Yes □ No			
10 CFR Pt. 55, Chapter 1	31. Will the proposed information collection create a new or become part of an existing Privacy Act system of records?			
29. Respondent's obligation to reply (Check as many as apply) 1 ₺ voluntary	(If yes, attach Federal Register notice or proposed draft of notice.) ☐ Yes ☐ No			
2 required to obtain or retain benefit	32. Cost to Federal Government of			
3 mandatory—cite statute, not CFR (attach copy of	information collection or rulemaking \$10,000			
statutory authority)				
COMPLETE ITEMS 33 THRU 35 C	NLY IF RULEMAKING SUBMISSION			
33. Compliance costs to the public 34. Is there a regulatory analysis attached?	impact 35 is there a statutory or judicial deadline affecting issuance?			
S Pes D No	□ Yes. Enter date □ No			
CERTIFICATION BY AUTHORIZED OFFICIALS SUBMITTING REQUEST—We review is necessary for the proper performance of the agency's functions, that consistent with need and is consistent with applicable OMB and agency policy	the proposal represents the minimum public burden and Federal cost			
Patricia G. Norry 19 hong 8-10-82	R. Stephen Scott 8/1/82			

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 Ouestions

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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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/hers Training Coordinator's signature and the signature of his/hers 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.