



UNITED STATES  
NUCLEAR REGULATORY COMMISSION

REGION IV

611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TEXAS 76011-8064

APR 8 1994

Docket: 50-285  
License: DPR-40

Omaha Public Power District  
ATTN: T. L. Patterson, Division Manager  
Nuclear Operations  
Fort Calhoun Station FC-2-4 Adm.  
P.O. Box 399, Hwy. 75 - North of Fort Calhoun  
Fort Calhoun, NE 68023-0399

SUBJECT: GENERIC FUNDAMENTALS SECTION OF THE WRITTEN OPERATOR LICENSING  
EXAMINATION

The NRC plans to administer a Generic Fundamentals Examination Section (GFES) of the written operator licensing examination at your facility on Wednesday, June 8, 1994. The GFES will consist of 100 questions. The maximum time allowed to complete the examination is 2-1/2 hours and the passing score will be 80 percent.

In order to nominate candidates, an authorized representative from your facility must submit a letter listing the names of candidates for the examination to the appropriate NRC Regional Administrator and to the Chief, Operator Licensing Branch. The letter must be received both in the Region and at NRC Headquarters by May 6, 1994, in order to allow us to assign docket numbers to the candidates and to make preparations for shipping the examinations to you for administration. The letter must certify that the candidates will have completed their fundamentals training by the date of the examination and are enrolled in your training program leading to an NRC operator or senior operator license. The letter must also list the names of personnel you will be using to proctor the examination and the address to which the examinations should be sent. A sample registration letter is enclosed.

The address for the Operator Licensing Branch Chief is as follows:

Robert M. Gallo, Chief  
Operator Licensing Branch  
U.S. Nuclear Regulatory Commission  
MS OWFN 10-D-22  
Washington, DC 20555

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9404180030 940408  
PDR ADOCK 05000285  
V PDR

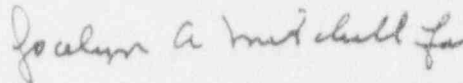
JE42

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Approximately 2 weeks prior to the examination administration date, your designated facility contact will be sent a letter delineating examination particulars (i.e., proctor responsibilities, student I.D. numbers, etc.)

Sincerely,



Thomas P. Gwynn, Director  
Division of Reactor Safety

Enclosure: As stated

cc w/enclosure:  
Omaha Public Power District  
ATTN: Del Trausch, Training Manager  
P.O. Box 399  
Fort Calhoun, NE 68023

Omaha Public Power District

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bcc to DCB (IE42)

bcc distribution by RIV:

DRP Section Chief

Resident Inspector

S. Bloom, NRR (MS 13-H-3)

Leah Tremper, OC:LFDCB (4503 MNBB)

RIV file

L. Miller, TTC

L. J. Callan, RA

L. A. Hurley, GFES file

J. L. Pellet, Rdg file

RIV:OS:LA <i>JLH</i>	C:OS <i>N</i>	DD:DRS <i>Jam</i>	D:DRS <i>Jam</i>
LAHurley	JLPellet <i>per</i>	JAMitchell	TPGwynn
4/7/94	4/7/94	4/8/94	4/8/94

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RIV:OS:LA <i>JLH</i>	C:OS <i>N</i>	DD:DRS <i>Jam</i>	D:DRS <i>Jam</i>
LAHurley	JLPellet <i>PL</i>	JAMitchell	TPGwynn
4/7/94	4/7/94	4/8/94	4/8/94

Enclosure

Sample Registration Letter

(Insert Name)

Region Administrator  
U.S. Nuclear Regulatory Commission  
Region (I, II, III, IV, V)  
Street Address  
City, State Zip Code

Dear Mr. (Insert Name):

(Facility Name) re to have the (number) candidates listed below take the (specify BWR or PWR, Generic Fundamentals Examination Section of the operator licensing examination (GFES) to be administered (Date). All candidates are enrolled in the (Facility Name) [operator licensing training program name (i.e., Hot License Class)] and will have completed the Generic Fundamentals portion of the program by the examination administration date.

<u>Candidate's Name</u>	<u>Date of Birth</u>	<u>Previous 55 Docket No. if applicable</u>
(Candidate 1 Name)	date	Docket No.
(Candidate 2 Name)	date	Docket No.
(Candidate 3 Name)	date	Docket No.
(Candidate ... Name)	date	Docket No.
(Candidate ... Name)	date	Docket No.

The examination will be proctored by:

Name 1, title  
Name ... title  
Name ... title

The examinations should be sent to the following address:

Name, Title  
Address  
City, State, Zip Code

The individual named above will be responsible for the security of the examination.

If you have any questions, please contact (Facility Contact Name) at (Telephone Number).

Sincerely,

(Name), (Title)  
(Facility)