## UNITED STATES



## NUCLEAR REGULATORY COMMISSION

REGIONIV

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

IDR I D III

Docket: STN 50-482 License: NPF-42

Wolf Creek Nuclear Operating Corporation ATTN: Neil S. Carns, President and Chief Executive Officer P.O. Box 411 Burlington, KS 66839

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

150010

9404180038 940408 PDR ADOCK 05000482 V PDR

Wolf Creek Nuclear Operating Operating Corporation

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,

Joulan a middlel fa

Thomas P. Gwynn, Director Division of Reactor Safety

Enclosure: As stated

cc w/enclosure: WCNOC ATTN: Gary Boyer, Manager Nuclear Training P.O. Box 411 Burlington, KS 66839 Wolf Creek Nuclear Operating Corporation

bcc to DCB (IE42)

bcc distribution by RIV: DRP Section Chief Resident Inspector W. Reckley, NRR (MS 13-H-15) 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:0S:LA-19 | to:os M      | DD:DRS fam | D:DRS dam |
|--------------|--------------|------------|-----------|
| LAHurley     | JLPellet For | JAMitchell | TPGwynn   |
| 417/94       | 4/7/94       | 418194     | 418194    |

Wolf Creek Nuclear Operating Corporation

bcc to DCB (IE42)

bcc distribution by RIV: DRP Section Chief Resident Inspector W. Reckley, NRR (MS 13-H-15) 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:0S:LA | tc:os M       | DD:DRS from | D:DRS form |
|-----------|---------------|-------------|------------|
| LAHurley  | JLPellet For- | JAMitchell  | TPGwynn    |
| 417194    | 4/7/94        | Y18/94      | 418194     |

## Enclosure

## Sample Registration Letter

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

Dear Mr. (Insert Name):

(Facility Name) requests 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.

| Candidate's Name   | Date of Birth | Previous 55 Docket No.<br>if applicable |
|--------------------|---------------|---|
| (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)