

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

1. Department/Agency and Bureau/Office originating request U.S. Nuclear Regulatory Commission	3. Name(s) and telephone number(s) of person(s) who can best answer questions regarding request William Pearson (301) 443-5910
2. 6-digit Agency/Bureau number (first part of 11-digit Treasury Account No.) 3 1 5 0	4. 3-digit functional code (last part of 11-digit Treasury Account No.) 2 7 6
5. Title of Information Collection or Rulemaking 10 CFR 40, Domestic Licensing of Source Material	C. Is this a rulemaking submission under Section 3504(h) of P.L. 96-511? (Check one) 1 <input checked="" type="checkbox"/> No (Section 3507 submission) 2 <input type="checkbox"/> Yes, NPRM. Expected date of publication: _____ 3 <input type="checkbox"/> Yes, final rule. Expected date of publication: _____ Effective date: _____
6. A. Is any information collection (reporting or recordkeeping) involved? (Check one) 1 <input checked="" type="checkbox"/> Yes and proposal is attached for review 2 <input type="checkbox"/> Yes but proposal is not attached — skip to question D. 3 <input type="checkbox"/> No — skip to question D. 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	D. At what phase of rulemaking is this submission made? (Check one) 1 <input type="checkbox"/> Not applicable 2 <input type="checkbox"/> Major rule, at NPRM stage 3 <input type="checkbox"/> Major Final rule for which no NPRM was published 4 <input type="checkbox"/> Major Final rule, after publication of NPRM 5 <input checked="" type="checkbox"/> Nonmajor rule, at NPRM stage 6 <input type="checkbox"/> Nonmajor rule, at Final stage

COMPLETE SHADED PORTION IF INFORMATION COLLECTION PROPOSAL IS ATTACHED

7. Current (or former) OMB Number 3150-0020 Expiration Date 8/30/83	8. Requested Expiration Date 8/30/83	12. Agency report form number(s) N/A 13. Are respondents only Federal agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is proposed information collection listed in the information collection budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. Type of request (Check one) 1 <input type="checkbox"/> preliminary plan 2 <input type="checkbox"/> new (not previously approved or expired more than 6 months ago) 3 <input checked="" type="checkbox"/> revision 4 <input type="checkbox"/> extension (adjustment to burden only) 5 <input type="checkbox"/> extension (no change) 6 <input type="checkbox"/> reinstatement (expired within 6 months)	
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	11. Number of report forms submitted for approval None	

15. <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Approximate size of universe (if sample)</td><td align="center">15</td></tr> <tr><td>b. Size of sample</td><td align="center">15</td></tr> <tr><td>c. Estimated number of respondents or record keepers per year</td><td align="center">15</td></tr> <tr><td>d. Reports annually by each respondent (item 25)</td><td align="center">1</td></tr> <tr><td>e. Total annual responses (item 15c x 15d)</td><td align="center">15</td></tr> <tr><td>f. Estimated average number of hours per response</td><td align="center">7.86</td></tr> <tr><td>g. Estimated total hours of annual burden in Fiscal Year (item 15e x 15f)</td><td align="center">118</td></tr> </table>	a. Approximate size of universe (if sample)	15	b. Size of sample	15	c. Estimated number of respondents or record keepers per year	15	d. Reports annually by each respondent (item 25)	1	e. Total annual responses (item 15c x 15d)	15	f. Estimated average number of hours per response	7.86	g. Estimated total hours of annual burden in Fiscal Year (item 15e x 15f)	118	16. Classification of Change in Burden (explain in supporting statement) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">No of Responses</th> <th align="center">No of Reporting Hours</th> <th align="center">Cost to the Public</th> </tr> </thead> <tbody> <tr> <td>a. In inventory</td> <td align="center">8,400</td> <td align="center">11,905</td> <td align="center">\$</td> </tr> <tr> <td>b. As proposed</td> <td align="center">8,415</td> <td align="center">12,023</td> <td align="center">\$</td> </tr> <tr> <td>c. Difference (b-a)</td> <td align="center">15</td> <td align="center">118</td> <td align="center">\$</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="center">+\$</td> </tr> <tr> <td>e. Correction-reestimate</td> <td align="center">+</td> <td align="center">+</td> <td align="center">+\$</td> </tr> <tr> <td>f. Change in use</td> <td align="center">+</td> <td align="center">+</td> <td align="center">+\$</td> </tr> <tr> <td colspan="4">Program changes</td> </tr> <tr> <td>g. Increase</td> <td align="center">+ 15</td> <td align="center">+ 118</td> <td align="center">+ \$</td> </tr> <tr> <td>h. Decrease</td> <td align="center">-</td> <td align="center">-</td> <td align="center">-\$</td> </tr> </tbody> </table>		No of Responses	No of Reporting Hours	Cost to the Public	a. In inventory	8,400	11,905	\$	b. As proposed	8,415	12,023	\$	c. Difference (b-a)	15	118	\$	Explanation of difference (indicate as many as apply)				Adjustments				d. Correction-error	+	+	+\$	e. Correction-reestimate	+	+	+\$	f. Change in use	+	+	+\$	Program changes				g. Increase	+ 15	+ 118	+ \$	h. Decrease	-	-	-\$
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17. Abstract—Needs and Uses (50 words or less)

Proposed rule specifies licensee responsibility for nuclear materials and procedures for termination of license.

<p>18. Related report form(s) (give OMB number(s), IRCN(s), internal agency report form number(s) or symbol(s))</p> <p>OMB Clearance No. 3150-0028</p>	<p>20. Catalog of Federal Domestic Assistance Program Number</p> <p>N/A</p> <p>21. Small business or organization <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19. Type of affected public (Check as many as apply)</p> <p>1 <input type="checkbox"/> individuals or households</p> <p>2 <input type="checkbox"/> state or local governments</p> <p>3 <input type="checkbox"/> farms</p> <p>4 <input checked="" type="checkbox"/> businesses or other institutions (except farms)</p>	<p>22. Type of activity of affected public—indicate 3-digit Standard Industrial Classification (SIC) code(s) (up to 10) — if over 10, check <input type="checkbox"/> Multiple or <input type="checkbox"/> All</p> <p>8 1 9</p>
<p>23. Brief description of affected public (e.g., "retail grocery stores," "State education agencies," "households in 50 largest SMSAs")</p> <p>Nuclear materials licensees</p>	
<p>24. Purpose (Check as many as apply. If more than one, indicate predominant by an asterisk)</p> <p>1 <input type="checkbox"/> application for benefits</p> <p>2 <input type="checkbox"/> program evaluation</p> <p>3 <input type="checkbox"/> general purpose statistics</p> <p>4 <input checked="" type="checkbox"/> regulatory or compliance</p> <p>5 <input type="checkbox"/> program planning or management</p> <p>6 <input type="checkbox"/> research</p>	<p>26. Collection method (Check as many as apply)</p> <p>1 <input checked="" type="checkbox"/> mail self-administered</p> <p>2 <input type="checkbox"/> other self-administered</p> <p>3 <input type="checkbox"/> telephone interview</p> <p>4 <input type="checkbox"/> personal interview</p> <p>5 <input type="checkbox"/> recordkeeping requirement: Required retention period: _____ years</p> <p>6 <input type="checkbox"/> other—describe:</p>
<p>25. Frequency of Use</p> <p>1 <input checked="" type="checkbox"/> Nonrecurring</p> <p>Recurring (check as many as apply)</p> <p>2 <input type="checkbox"/> on occasion 6 <input type="checkbox"/> semiannually</p> <p>3 <input type="checkbox"/> weekly 7 <input type="checkbox"/> annually</p> <p>4 <input type="checkbox"/> monthly 8 <input type="checkbox"/> biennially</p> <p>5 <input type="checkbox"/> quarterly 9 <input type="checkbox"/> other—describe:</p>	<p>27. Collection agent (Check one)</p> <p>1 <input checked="" type="checkbox"/> requesting Department/Agency</p> <p>2 <input type="checkbox"/> other Federal Department/Agency</p> <p>3 <input type="checkbox"/> private contractor</p> <p>4 <input type="checkbox"/> recordkeeping requirement</p> <p>5 <input type="checkbox"/> other—describe:</p>
<p>28. Authority for agency for information collection or rulemaking—indicate statute, regulation, judicial decree, etc. Atomic Energy Act of 1954 as amended Energy Reorganization Act of 1974 as amended</p>	<p>30. Do you promise confidentiality? (If yes, explain basis for pledge in supporting statement.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>29. Respondent's obligation to reply (Check as many as apply)</p> <p>1 <input type="checkbox"/> voluntary</p> <p>2 <input checked="" type="checkbox"/> required to obtain or retain benefit</p> <p>3 <input type="checkbox"/> mandatory—cite statute, not CFR (attach copy of statutory authority)</p>	<p>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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>32. Cost to Federal Government of information collection or rulemaking \$ 3,000.00</p>

COMPLETE ITEMS 33 THRU 35 ONLY IF RULEMAKING SUPERVISION

<p>33. Compliance costs to the public</p> <p>\$ _____</p>	<p>34. Is there a regulatory impact analysis attached?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>35. Is there a statutory or judicial deadline affecting issuance?</p> <p><input type="checkbox"/> Yes. Enter date _____</p> <p><input type="checkbox"/> No</p>
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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:

<p>APPROVING POLICY OFFICIAL FOR AGENCY</p> <p>Patricia G. Horry</p>	<p>DATE</p> <p>10-21-82</p>	<p>SUBMITTING OFFICIAL</p> <p>R. Stephen Scott</p>	<p>DATE</p> <p>10/22/82</p>
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