

NUREG/BR-0062
Vol. 1, No. 1



**United States
Nuclear Regulatory Commission**

NRC Forms Facsimile Handbook

Office of Administration

March 1983

B304270258 B30331
PDR NUREC
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NRC FORMS FACSIMILE HANDBOOK

INTRODUCTION

A. GENERAL. The NRC Forms Facsimile Handbook contains an alphabetic listing, the form numbers, and replicas of the NRC, Government-wide Standard and Optional, as well as other Agency forms that are used by NRC Headquarters.

B. RESPONSIBILITY. The Office of Administration, Division of Technical Information and Document Control, Document Management Branch, is responsible for preparing and periodically updating the NRC Forms Facsimile Handbook.

Direct any questions or suggestions for improving this handbook to the Document Management Branch.

C. ORDERING PRINTED FORMS. For forms available from the warehouse or the warehouse and supply rooms, complete an NRC Form 34, Requisition for Supplies, Equipment or Labor Services (Exhibit 1).

STOCK NUMBER NOTATIONS

ORDERING PROCEDURES

7540-00-XXX-XXXXX

Forms stocked by the Property and Supply Branch, FOS, ADM, available at the NRC Warehouse and Supply Units located in various Headquarters buildings. These forms may be obtained by submitting a properly executed NRC Form 34A at the counter of the supply unit.

W7540-00-XXX-XXXXX

Forms stocked by the Property and Supply Branch, FOS, ADM, available only at the NRC Warehouse. Submit properly executed NRC Form 34 to the Property and Supply Branch for delivery.

*W7540-00-XXX-XXXXX

The (*) asterisk preceding the W and stock number denotes a controlled issuance of a form, which is issued only to authorized organizations.

A blank column denotes that forms are stocked by the originating organization cited in the column "Promulgating Office." Other organizational units will normally have NO requirements for the use of these single organization forms. However, should other organizations require these forms, the Division of Technical Information and Document Control, Document Management Branch, shall be advised and will make arrangements to extend the use of such forms and provide stock for all authorized users.

Refer to the "NRC Stock List" for Standard and Optional Forms stocked by the Property and Supply Branch.

1. Regional Offices. Obtain Standard and Optional Forms from the GSA Stores Depot servicing their area in accordance with the GSA established procedures.

2. Other Agency Forms. Submit a letter of request to the appropriate Federal agency for other Federal agency forms not listed in the alphabetic index. Send one copy of the letter of request to W-548 for information.

D. UNIT OF ISSUE DEFINITIONS. The unit of issue codes identify the construction in which a form is available. The abbreviations used in this forms facsimile may be used to request forms available from the Warehouse or supply rooms or program offices.

UNIT OF ISSUE	DEFINITION
Bk (book)	Sheets of same form bound between covers.
Card	A form printed on heavy paper or card stock.
Cover	A form printed on heavy paper or card stock, usually standard government size.
CT (carton)	Tab paper forms are more readily accessible by box than per hundred, and are available per carton.

Each	Issued as a single item, i.e., envelopes, stickers, badges, etc.
HD (hundred)	Forms available from Warehouse stocks can only be provided per hundred.
Label	A form printed on paper with an adhesive backing.
MP (multiple page)	A single form composed of two or more pages.
PD/50*	Single sheets of the same form glued together on one side. (If requested from Warehouse or supply rooms, PD is sufficient for unit of issue.)
Pam (pamphlet)	Two or more dissimilar pages bound or fastened together.
PC	Postal card with business reply data and/or NRC return address.
Pkg (package)	Issued only in quantity specified after package.
PS 50/2*	A pad with sets of two or more sheets, which may or may not have carbon between the sheets that form a set.
Sheet	Form printed on a single sheet of paper.
TC (tab card)	Form printed on special card stock for use in Automated Data Processing.
TP (tab paper)	Form printed on continuous sheets or sets, perforated for use in Automated Data Processing.
US (unit set)	Original and one or more copies fastened together for completion in one operation.

* Numbers following the unit of issue designates the number of sheets to a Pad and sheets to a set.

E. UPDATING THE FORMS FACSIMILE HANDBOOK.

1. Monthly replacement pages of new or revised forms will be provided. A lag time of 30 days may occur due to unforeseeable processing problems.
2. Pen/ink changes to the Alphabetic Index are to be made by the copy holder until the Annual printed update is provided.

Exhibit 1

REQUISITION FOR SUPPLIES, EQUIPMENT OR LABOR SERVICES
(5-part carbon interleaved unit set)

NRC FORM 34 (10-82)		U. S. NUCLEAR REGULATORY COMMISSION		
REQUISITION FOR SUPPLIES, EQUIPMENT, OR LABOR SERVICES				
FOLLOW INSTRUCTIONS ON REVERSE OF FORM SET. Retain "Requester's Pending Copy" for record until a copy is returned. SUBMIT THE FORM SET TO: Property and Supply Branch, FOS.		Page _____ of _____		
A. REQUISITIONING ORGANIZATION		B. PROCESSING OFFICES		
1. PERSON TO CONTACT Ann Fleegate		2. PHONE NO. 492-8273	3. DATE OF REQ. 3-20-XX	
4. DELIVER TO (HQ - Building and Room No.; RO - Mailing Address) ADM:TIDC:DM, W-548		1. REQUISITION NUMBER		
		2. FUNCTIONAL CODE		
		3. REQUIREMENT APPROVED (Signature)		
		4. REQUISITIONING OFFICER (Signature)		
		TITLE		
5. APPROVALS (Items identified under groups 2 through 9 on the reverse of this form must be approved by the Property Custodian and the Office/Division Director or Designee.)		5. ACTION		
I certify that personal property assets within the Office/Division have been carefully screened for excess, are currently fully utilized, and the additional requested items are absolutely essential to work performance and will be used only for essential, official purposes.		SIGNATURE		
		DATE		
		a. POSTED		
		b. P. O. ENTRY		
		c. FILLED		
a. PROPERTY CUSTODIAN (Signature) J. Doe, Branch Specified in item 4 above		d. DELIVERED		
b. OFFICE/DIVISION DIRECTOR OR DESIGNEE (Signature) J. Smith, Director of the Division in item 4 above		e. COMPLETED		
PURCHASE ACTION (Leave blank)		6. SHIP TO (Consignee and Destination) Name and address of recipient if other than A4 above		
8. REQUESTED ITEMS (Please Type or Print and Double Space Between Items)				
a. ITEM OR STOCK NUMBER	b. DESCRIPTION <small>(INCLUDE JUSTIFICATION for items identified under Group 2 - 9)</small>	c. QUANTITY	d. UNIT	LEAVE COLUMN BLANK
7530-00-247-0325	Card, Index, unruled, white, 3 x 5"	1	PD	
7540-00-582-4196	Paper, graph, yellow, 4 x 4 to inch 8½ x 12"	2	PD	
7540-00-NRC-0064X	NRC Form 64, Travel Voucher, Part 1	2	HD	
7540-00-NRC-0064A	NRC Form 64A, Travel Voucher, Part 2	3	HD	
7540-00-NRC-0706X	NRC Form 706, Bond Input Transmittal	2	PD	
7540-00-634-4018	SF-63, Memorandum of Call	10	PD	
7540-00-935-5862	OF 41, Routing and Transmittal	10	PD	
<ol style="list-style-type: none"> 1. Forms stocked by the Property and Supply Branch, Division of Facilities and Operations Support, Office of Administration, may be requested directly from that Branch on the same requisition with general office supplies listed in the "NRC Stock List." 2. Use the stock number, form title, and unit of issue appearing in the "NRC Forms Facsimile Handbook." 3. Headquarters organizations requiring Standard or Optional Forms, NOT LISTED IN THE NRC Stock List or Forms Facsimile Handbook, should request such forms on a separate NRC Form 34, by routing it through the Paperwork Management Services Section, Document Management Branch, Division of Technical Information and Document Control, Office of Administration. 				
The material and/or services itemized above have been received in the quantity and quality specified, except as otherwise noted.		7. RECIPIENT (Signature)		DATE

PROPERTY AND SUPPLY

Exhibit 2

INSTRUCTIONS FOR COMPLETING THE NRC FORM 34,
REQUISITION FOR SUPPLIES, EQUIPMENT OR LABOR SERVICES

INSTRUCTIONS

PREPARE SEPARATE REQUISITIONS FOR EACH OF THE FOLLOWING GROUPS:

<u>GROUP</u>	<u>ITEM</u>
1	Stock Items: Office supplies listed in the NRC Stock List, and the NRC Forms Facsimile Handbook, State stock item number, description and quantity. Forms listed in the NRC Stock List and NRC Forms Facsimile Handbook as being available from Property and Supply Branch, State stock number, form number, title, and quantity. (ITEMS IN GROUPS 2 THRU 9 REQUIRE APPROVAL OF PROPERTY CUSTODIAN AND OFFICE/DIVISION DIRECTOR OR DESIGNEE IN BLOCK 5 AND JUSTIFICATION IN BLOCK 6.b., "DESCRIPTION.")
2	Supply Items Not Included in the NRC Stock List
3	Petty Cash
4	Office Furniture
5	Office Equipment
6	Specialized Equipment
7	File Cabinets, Special Filing Equipment, Bookcases, and Wall Shelving
8	Carpeting
9	Moving Services

RETAIN "REQUESTER'S PENDING COPY" FOR RECORD UNTIL FOURTH COPY "REQUESTER'S (NOTICE OF PROCESSING ACTION)" IS RETURNED.

NRC FORMS ALPHABETIC INDEX

TITLE OF FORM	FORM NUMBER	TITLE OF FORM	FORM NUMBER
Accession Changes	NRC-88B	Application for (Continued)	
Acknowledgment Card (NMSS:RLB)	NRC-46	Vacancy (Vacancy Application Status Notice)	NRC-115
Acknowledgment/Transmittal	NRC-210	Appointment Affidavits	SF-61
Action		Authority to	
Item Control Form	NRC-56	Hand-Carry Classified Matter	NRC-123
Slip	NRC-62	Release Information	NRC-259
Slip	NRC-62A		
Activity		Background and Signature Tab	NRC-88
Assignment Control Form (NMSS)	NRC-197B	Bibliographic Data Sheet	NRC-335
Report on Security Alarm Systems, NRC Buildings	NRC-182	Bidder's Mailing List Application	SF-129
ADP		Bill for Collection	NRC-399
Correction Card	NRC-332	Blue Bag Mail Service	NRC-234
Transcription Sheet (80 Col.)	NRC-53A	Bomb Threat	NRC-221
Work Request (Parts I, II, and III)	NRC-186	Bond Input Transmittal	NRC-706
Agreement Covering Discoveries, Inventions and Improvements	NRC-203	Budget Typing Guide - Unclassified	NRC-141
Allegation Data	NRC-307	Business Reply Postal Card (LPDR)	NRC-165A
Amendment to Personal Qualifications Statement	SF-172	"By Special Messenger" Label	NRC-421
Annual		Candidate	
Report of Records Holding and Disposition	NRC-317	Development Program, Senior Executive Service	NRC-357
Report of Utilization and Disposal of Excess and Surplus Personal Property	SF-121	Evaluation, Certification and Selection Record	NRC-178
Telephone Utilization Survey and Inventory	NRC-387		
Appendix C Statement of Costs	NRC-228	Car Rental Payment	NRC-239
Applicant Card	NRC-72	Career Opportunity Announcement (Continuation)	NRC-114 NRC-114A
Application for Byproduct Material License	NRC-313(I)	Casework Control NMSS (PPSAS)	NRC-197C
- Industrial (1 instruction sheet, 3 NRC Form 313I's)		Cash Receipt (Book)	NRC-346
- Medical (1 313M, 1 313M Supp. A, and 1 313M Supp. B)	NRC-313M	Category A and B Document Distribution	NRC-33
- Teletherapy (1 instruction sheet, 1 313T, 1 313T Supp. A, and 1 313T Supp. B)	NRC-313T	Central Personnel Security Clearance Index - Master List	NRC-700
- Use of Sealed Sources in Radiography (1 instruction sheet and 4 NRC Form 313R's)	NRC-313R	Certificate of	
Application for		Compliance	NRC-618
Leave	SF-71	Destruction	NRC-81
License to Export Byproduct, Source, or Special Nuclear Material	NRC-7	Disposition of Materials	NRC-314
Motor Vehicle Operator's Identification Card	NRC-97	Medical Examination	NRC-396A
Senior Executive Service Candidate Development Program	NRC-356	Transmittal and Report	
Source Material License (1-instruction sheet, 5 NRC Form 2's)	NRC-2	Medical History	NRC-396
		Proficiency in Typing and/or Shorthand	NRC-310
		Charge Out Record	NRC-22
		Claim for Reimbursement for Expenditures on Official Business	SF-1164

NRC FORMS ALPHABETIC INDEX

TITLE OF FORM	FORM NUMBER	TITLE OF FORM	FORM NUMBER
Classification/Declassification Record	NRC-790	Data (Continued)	
Classification Document Control Register	NRC-159	File Exterior Label Worksheet	NRC-150
Classified		for Nonsensitive or Noncritical - Sensitive Position, National Agency Check	SF-85A
Document Receipt	NRC-126	Input for General Master/Ext/Date Records	NRC-376
Repository - Monitor Record	NRC-184	Input for Material/Component Records	NRC-377
Commission Staff Paper File System	NRC-281	Report on Spouse	NRC-354
Committee		Declaration of Appointee	SF-61B
Correspondence	NRC-158	Delinquent Travel Advances Transfer/ Log of Funds Payable to NRC Travelers	NRC-360
to Review Generic Requirements Correspondence (Envelope)	NRC-278	Deposit Ticket	SF-215
Communications Acknowledgment and Referral Notice	NRC-42	Discrepancy in Shipment Report	SF-361
Regarding a Commission Public Notice	NRC-41	Disposal, Report of Records/Nonrecords	NRC-355
Concise Note	NRC-740M	Distribution	
Concurrence and Signature Tab	NRC-8A	Category A & B Recommendation Sheet	NRC-33 NRC-6
Confidential Statement of Employment and Financial Interests		Document	
Consultants, below GG 16, or less than 60 days per year	NRC-443	Control System (DCS) Data Input	NRC-435
Full-Time Federal Government Employees	NRC-269	Control System (Chain Envelope)	NRC-283
Confirmatory Measures Data Sheet	NRC-767	Duplication Request	NRC-171
Contract Payment Record	NRC-147	Record	NRC-156
Control		Request/Control	NRC-122
Card	NRC-206	Documentation Report on Draft Performance Elements and Standards	NRC-413
Form - Official Personnel File	NRC-40	Continuation	NRC-413A
Conversation Record	OF-271	DOE Source Selection Justification	NRC-367
Copy Machine Monthly Production Report	NRC-409	Earnings and Leave Statement	NRC-709
Correspondence		Employee	
Cover Sheet	NRC-8C	Application for Reimbursement of Expenses Incurred Upon Sale or Purchase (or both) of Residence Upon Change of Official Duty Station	NRC-264
Tracking	NRC-422	Career Record	NRC-369
Courier Assignment Record	NRC-128	Claim for Loss or Damage to Personal Property	NRC-600
Current Occupational External Radiation Exposure	NRC-5	Locator Notification	NRC-15
Custodial Receipt for Sensitive Personal Property	NRC-119	Performance Appraisal (Non-SES Employees)	NRC-412
Daily		Performance Appraisal (Non-SES Employees) (Continuation)	NRC-412A
Record of Remittances	NRC-139	Request for NRC Document	NRC-180
Vehicle Usage Report	SF-108	Suggestion	NRC-363
Data		Employee's Withholding	
Control and Computer Operations Documentation Checklist	NRC-96	Allowance Certificate (D.C.)	D-4
Control Set-Up Instructions	NRC-100	Allowance Certificate (Federal)	W-4
File Exterior Label	NRC-150A		

NRC FORMS ALPHABETIC INDEX

TITLE OF FORM	FORM NUMBER	TITLE OF FORM	FORM NUMBER
Employee's Withholding (Continued)		Form Record	NRC-164
Allowance Certificate (Md.)	MW-507	Form Status Notice	NRC-161
Exemption Certificate (Va.)	VA-4	FPDS - Individual Contract Action Report (\$10,000 or less)	NRC-330
Envelope		Guard Repository Checklist	NRC-185
Committee to Review Generic Requirements Correspondence	NRC-278	Health Benefits Registration	SF-2809
Document Control System	NRC-283		
Executive Controlled Correspondence for Personnel Security Questionnaire (Part 2)	NRC-231		
for T. S. Transaction/Receipt Record "To Be Opened By Addressee Only"	NRC-E-1		
"To Be Opened By Addressee Only" (Window)	NRC-247e	Holdings, Comments, and Publisher/Vendor Changes	NRC-88
Evaluation		Hours of Work Request	NRC-707
for Violations Involving Elevated Enforcement Action	NRC-149	Identification Badge	NRC-490
of Suggestion	NRC-364	Imprest Fund Balance Verification Quarterly Report	NRC-229
of Training	NRC-368A	Incoming	
Examination Report	NRC-157	and Signature Tab	NRC-8
Export License	NRC-250	Facsimile/Data Control Log	NRC-388
Export License Conditions	NRC-250A	Indemnity Agreement Record	NRC-273
Facility Data Card	NRC-170	Individual	
Facility Data Report	NRC-169	Development Plan (IDP)	NRC-321
Facsimile Transmittal Request	NRC-386	Toll Call Certification	NRC-230
File		Information Cover, 10 CFR 2.790	NRC-415
Inventory	NRC-61	Input Files Required from Data Library	NRC-151
Summary Sheet	NRC-225	Inspector's Report and Supplement	NRC-766&A
Transfer Record	NRC-405	Intelligence Cover Sheet	
Files Maintenance and Disposition Plan (Continuation)	NRC-306	Confidential	NRC-274
Final Certification of Acceptable Costs for Negotiated Contracts	NRC-306A	Secret	NRC-275
Financial		Interlibrary Loan Request	SF-162
Data Code Sheet	NRC-433	Investigations Status Record	NRC-305
Plan	NRC-289	Invoice for Inspection Fees for Facilities and Materials Licenses	NRC-288
Plan Changes, Request for	NRC-289A	Issuance Clearance and Approval Sheet	NRC-486
Fingerprint Card (Dept. of Justice)	FD-258	Job Control Language Card	NRC-1218A
Flexitime Work Schedule	NRC-708	Green	
Flow Charting Worksheet	NRC-107	Pink	
Foreign Residence Addendum to the Personnel Security Questionnaire (NRC Form 1)	NRC-1A	Salmon	
		Yellow	
		Journal Entry	NRC-88C
		Justification to Enter Into A Consultant Contract	NRC-400A

NRC FORMS ALPHABETIC INDEX

TITLE OF FORM	FORM NUMBER	TITLE OF FORM	FORM NUMBER
Key punch and Key Verifying Services Request	NRC-117	Magnetic File Requirements	NRC-151
Key punch Instruction	NRC-95	Magnetic Tape Use History	NRC-325
Labels for Distribution Boxes	NRC-9401	Mail Control Form	NRC-326
Law Library - Charge-Out Card	NRC-73	Mail Control Form	NRC-326S
Layout Sheet		Mailing Label (with Headquarters Return Address)	
2-up, Scaled at 61.5%	NRC-111	Business Reply	NRC-18B
NRC News Release	NRC-262	Without Postal Indicia	NRC-18A
		With Postal Indicia	NRC-18
Leave		Management by Objectives - Milestone Plan	NRC-403
Application for	SF-71	Manpower System	
Chart for ____ Leave Year	NRC-204	(MPS)	NRC-721A
		I&E (MPS)	NRC-721B
Letter		Manual Transmittal Notice	NRC-489
of Credit Monthly Statement of Transactions	NRC-265	Materials Data Input	NRC-782
Request and Authorization for Employee Training Services	NRC-74	Materials License	
to ACRS Transmitting Category A Documents	NRC-19	Byproduct	NRC-374
Transmitting Documents Concerning NRC Review of Subject Facility	NRC-21	Supplementary Sheet	NRC-374A
		Teletherapy, p. 1	NRC-374T
Letterhead Sets (six-part & two-part)	NRC-318A NRC-318C	Teletherapy, p. 2	NRC-374TA
		Teletherapy, p. 3	NRC-374TB
Library		Materials Status Report (NRC/DOE Form)	NRC-742
Accession Changes	NRC-88B	Medical Advisory Committee Appraisal	NRC-272
Borrower's Card	NRC-172 NRC-172A NRC-172B		
Journal Entry	NRC-88C	Memo Transmitting	
Location Entry	NRC-88D	Federal Register Notices (to SECY from NRR)	NRC-102
Publication Form	NRC-109	Voucher for Services Rendered	NRC-370
Routing Entry	NRC-88E	Memorandum of Call	SF-63
Serial Information Control System	NRC-88	Memorandum Order and Supplementary Specifications	GPO-2511
Holdings, Comments and Publisher/Vendor Changes		Messenger/Courier Receipt	NRC-253
Services Request	NRC-76	Messenger Envelope	
Specific Copy Entry	NRC-88F	Committee to Review Generic Requirements Correspondence	NRC-278
License Application/Amendment/Renewal Log	NRC-397	Document Control System	NRC-283
License to Export Byproduct, Source or Special Nuclear Material, Application for	NRC-7	Executive Controlled Correspondence	NRC-231
Licensee Event Report	NRC-366	U. S. Government	
List of College Courses & Certificate of Scholastic Achievement	NRC-371	9-1/2 x 12	SF-65B
		12 x 16	SF-65C
Log of			
Clips Purchased from Press International	NRC-99		
Monies Received	NRC-359		
Monies Received by Offices Other than Division of Accounting	NRC-359A		
Lost Badge Report	NRC-217		

NRC FORMS ALPHABETIC INDEX

TITLE OF FORM	FORM NUMBER	TITLE OF FORM	FORM NUMBER
Messenger Envelope (Continued)		Official	
Secret and Confidential		Bid/Proposal Receipt	NRC-417
9-1/2 x 12-1/2	NRC-188	Personnel Folder	SF-66
11 x 14	NRC-188A	Personnel Folder Tab Insert	SF-66A
13 x 16-1/2	NRC-188B	Record Copy	NRC-318
Microform		Use Only Information (Flag 8 1/2 x 14")	NRC-190B
Blowback Request	NRC-171B	OMB Reporting Requirements (Request for Review and or Notification of Approval)	NRC-406
Duplication Request	NRC-171A	Operator License	NRC-174
Micrographic Services, Request for	NRC-358	Oral Exam Audit	NRC-308
Milestone Data Card	NRC-65	Order (Invoice)	
Minicomputer Failure Log	NRC-276	Continuation Page	NRC-103a
Minicomputer Use/Error Message Log	NRC-276A	w/DC Address	NRC-103
Miscellaneous Input Data	NRC-88A	w/o DC Address	NRC-103c
Monthly		Organization and Personnel Activities Report for _____	NRC-216
Activity Schedule	SF-67		
Cost Report for Contracts Under Letter of Credit	NRC-266	Outgoing Facsimile/Data Control Log	NRC-389
Schedule (Calendar)	NRC-29	Overtime/Surcharge Authorization	NRC-350
Motor Vehicle Operator's Record	NRC-98	Overtime Work Report	NRC-130
National Agency Check Data for Nonsensitive or Noncritical-Sensitive Position	SF-85A	Payment Voucher on Letter of Credit	TSF-5401
News Release Computer Input	NRC-59	Payroll Change Form	
Nomination		Employee Earnings	NRC-705B
and Authorization for Cash Award for High Quality Increase	NRC-365	Employee One Field	NRC-705C
Notice		Performance	
of Confirmation	NRC-131	Evaluation (Carriers of Household Goods)	NRC-299
of Unsafe or Unhealthful Working Conditions	NRC-219	Planning and Appraisal, Senior Executive Service	NRC-351
of Within-Grade Increase to Employee (map showing regions)	NRC-714	Continuation	NRC-351A
Notification of Contract Execution	NRC-3	Personal	
Notification of Personnel Action	NRC-255	History and Employment Summary	NRC-702
NRC Announcement	SF-50B	Qualifications Statement	SF-171
Nuclear Material Transaction Report	NRC-9	Continuation	SF-171A
(Continuation Page)	NRC/DOE-741	Qualifications Statement - Licensee	NRC-398
741A		Personnel	
Obligation, Expenditure and Cost Record	NRC-133	Action Request	SF-52
Occupational External Radiation Exposure	NRC-4	Security Clearance Request and Notification	NRC-236
		Questionnaire (Envelope)	NRC-E-1
		Questionnaire, Parts I and II	NRC-1
		Photo Badge Request - Headquarters	NRC-89

NRC FORMS ALPHABETIC INDEX

TITLE OF FORM	FORM NUMBER	TITLE OF FORM	FORM NUMBER
Physical Inventory Listing (NRC/DOE Form)	NRC-742C	Qualifications Investigation	
Physical Inventory Record	NRC-137	Administrative Positions	NRC-212A
Plain Bond Sets (six-part and two-part)	NRC-318B NRC-318D	Technical Positions	NRC-212
Plant and Equipment Record	NRC-37	Quality Assurance Program for Radioactive Material Packages	NRC-311
Position Action and Evaluation		Realignment Change Coding for Automated Personnel System	NRC-53B
Grades 1-15 Ungraded, and Locality Rate	NRC-772A	Receipt	
Grades 16-18 STS and SR	NRC-772B	Cash (Book)	NRC-346
Postal Card		for Certified Mail	PS-3800
Business Reply w/LPDR Addressee	NRC-165A	for Transportation Request Book	NRC-193
Request for Miscellaneous Material	NRC-165B	Recommendation for Acquisition of Library Materials	NRC-246
Principal Correspondence Control		Recommended Distribution Sheet	NRC-6
control numbered	NRC-232	Record of	
unnumbered	NRC-232	Destruction	NRC-81
Prior Federal Service (Including Military)	NRC-45	Disclosure	NRC-286
Privacy Act Statement		Time Spent Preparing & Presenting Grievances & Cases at Arbitration (Sign-In/Sign-Out Sheet)	NRC-339
Instructions for Completion of Security Forms Packet	NRC-254	Records	
Request and Approval	NRC-163	Inventory Worksheet	NRC-317A
Probationary Period Appraisal	NRC-199	Retirement Identifier	NRC-120
Process Index Card	NRC-87	Transfer	NRC-35
Procurement Compliance Notice	NRC-280	Continuation Sheet	NRC-35A
Continuation	NRC-280A	Redemption of Unused Ticket (4-part)	SF-1170
Project		Registration Certificate	
and Budget Proposal for NRC Work	NRC-189	In Vitro Testing w/Byproduct Material Under NRC Travel Regulations General License	NRC-483
File Identification	NRC-385	Medical Use of Byproduct Material Under General License	NRC-482
Specifications	NRC-290	Use of Depleted Uranium Under General License	NRC-244
Property		Report Layout	NRC-763
Data Base Maintenance Report	NRC-138A	Report of	
Pass	OF-7	Property for Survey	NRC-395
Record	NRC-227	Proposed Activities in Non-Agreement States	NRC-241
Proprietary Information	NRC-190	Record/Nonrecords Disposal	NRC-355
Public		Safety or Health Hazards	NRC-14
Document Room - Request for Records	NRC-57	Security Infraction	NRC-183
Voucher for Purchases and Services	SF-1034	Request and Authorization	
Other than Personal		by Employee for Allotment of Pay for Credit to Savings Account with a Financial Organization	SF-1198
Publications		by Employee for Payment of Salaries or Wages by Credit to Account at a Financial Organization	SF-1189
Purge Card - General Use (Typing Guide)	NRC-235		
Release for Unclassified NRC			
Contractor & Consultant Reports	NRC-426A		
Staff Reports	NRC-426		
Punched Card Format	NRC-105		
Purchase Order Summary	NRC-167		

NRC FORMS ALPHABETIC INDEX

TITLE OF FORM	FORM NUMBER	TITLE OF FORM	FORM NUMBER
Request and Authorization (Continued)		Restart Instructions	NRC-153
for Expenditures of Official Entertainment Funds	NRC-468	Return Receipt, Registered, Insured, and Certified Mail	PS-3811
for Irregular or Occasional Overtime or Compensatory Time	NRC-145	Revenue Log	NRC-416
for Official Travel	NRC-279	Routing Entry	NRC-88E
for Change of Station	NRC-279A	Routing and Transmittal Slip	OF-41
Request for		Routing Slip	
Access Authorization	NRC-237	8½ x 11	NRC-17
Additional Information	NRC-271	5½ x 8½, two per 8½ x 11" sheet	NRC-17A
Annual Leave Restoration Based on Exigency of Public Business	NRC-328	EDO	NRC-414
Appointment of a Consultant, Expert or Member	NRC-448	Safety	
Approval of Official Foreign Travel	NRC-445	and Health Inspection	NRC-11
Building Alterations and Services	NRC-245	Hazard	NRC-14A
Certified and Registry Mailing	NRC-47	Inspection	NRC-591
Computer Printout	NRC-401	Salaries and Expenses Appropriation	
Copying Equipment	NRC-410	Advice of	
Financial Plan Changes	NRC-289A	Allotment	NRC-287
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Investigation	NRC-392	Savings Bond Authorization for Purchase and Request for Change, U.S.	SF-1192
Micrographic Services	NRC-358	Schedule by Month	NRC-29
Movement of Household Goods	NRC-267	Scheduling Chart (23 x 36")	
Name Check	NRC-70	General Use (Blank)	NRC-411A
Official Change of Station Order	NRC-211	Name, Destination, Time Out, Expected Time of Return	NRC-411
Information in Accordance with NRC Travel Regulations		Secretariat Action Slip, Yellow	
Official Time for Union Representational Function	NRC-338	Serially numbered	NRC-62
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Printing, Graphic, Audiovisual, and Photographic Services	NRC-20	Acknowledgment	NRC-176
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Part 2	NRC-400	Container Lock Report	NRC-146
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Telecommunication Services	NRC-238	Senior	
Translation of Foreign Document	NRC-430	Executive Service Candidate	NRC-357
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Request to		Operator License (Director, DHFS)	NRC-78
Remail Undeliverable Check and/or Bond	TD-1664R	Upgrade Examination Report	NRC-157A
Update Master Mailing List	NRC-293	Separation Clearance	NRC-270
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for Supplies	NRC-34A		
for Supplies, Equipment or Labor Services	NRC-34		
Log	NRC-31		
Log, Procurement	NRC-166		
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NRC FORMS ALPHABETIC INDEX

TITLE OF FORM	FORM NUMBER	TITLE OF FORM	FORM NUMBER
Shuttle Bus Pass	NRC-242	Telephone Utilization Survey and Inventory	NRC-387
Sig. In/Out Log For Flexitime	NRC-703	Teletype Ticket Listing	NRC-249
Signature Card for Authorizing Official to Approve Withdrawal of Imprest Funds	NRC-345	Teletype Traffic Log	NRC-90
Simulator Exam Audit	NRC-309	Temporary Badge Request/Receipt (Due to Lost or Forgotten Badge)	NRC-80
		Time Allocation File Update	NRC-301
Sketch Sheet	NRC-179	Time and Attendance	
Special		Control Card	NRC-751
Authorization for Overnight Storage of Government Vehicle	NRC-257	Corrected Card	NRC-704B
Messenger Service Request	NRC-207	New Employee Report	NRC-704A
Nuclear Material Inventory Balance Report, Part 1	NRC-327	Terminating Employee	NRC-704
Part 2 (Region Review and Evaluation)	NRC-327		NRC-704C
Specific Copy Record Entry	NRC-88F	Top Secret	
Standard Order for DOE Work	NRC-173	Document Inventory Statement Folder	NRC-261
Standard 80-Column Tab Card	NECC-5081	Transaction/Receipt Record Envelope	NRC-260
Confidential When Punched, Formerly Restricted Data	NRC-333A		NRC-247
Secret When Punched, National Security Information	NRC-333B	Training	NRC-247e
Confidential When Punched, Restricted Data	NRC-333C	Control and Input Evaluation	NRC-121
Secret When Punched, Formerly Restricted Data	NRC-334A	Request and Authorization	NRC-368A
Confidential When Punched, National Security Information	NRC-334B	Transfer	NRC-368
Secret When Punched, Restricted Data	NRC-334C	of Cash Among Principal, Alternate and Sub-Cashiers	NRC-294
Status of Allotments	NRC-101	Order Surplus Personal Property Continuation	SF-123
Sticker for Safe, "Unclassified"	NRC-63		SF-123A
Stock		Translation Evaluation	NRC-431
Record	NRC-85	Transmittal of Invoice for Goods/ Services Rendered	NRC-370
Replenishment Request	NRC-91	Transportation Request, U.S. Government (4-part)	SF-1169
Summary Data Sheet	NRC-312	Travel Reservation Request	NRC-116
Task Control, Office of Nuclear Reactor Research	NRC-197D	Travel Reservations Request (Includes travel, lodging and rental car)	NRC-209
Tax Exemption Certificates, U.S.	SF-1094	Travel Voucher	
Technical Assignment Control	NRC-197	Part 1	NRC-64
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Telegraphic Message	SF-14	Two Up Lay-Out Sheet (Scaled at 61.5%)	NRC-111
Telephone Request for Information	NRC-316	Two-Way Memo	OF-27
		Typing Guide (Scaled at 77%)	NRC-110
		Typing Service Work Order, CRESS	NRC-302

NRC FORMS ALPHABETIC INDEX

TITLE OF FORM	FORM NUMBER	TITLE OF FORM	FORM NUMBER
Unclassified Sticker for Safe	NRC-63		
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Vacancy			
Announcement, Career Opportunity	NRC-114		
Application Status Notice	NRC-115		
Vehicle Assignment to Automotive Unit	NRC-220		
Vehicle Trip Log (Headquarters)	NRC-32		
Virginia Employee's Withholding Exemption Certificate	VA-4		
Visitor Register	NRC-205		
Vital Records Plan	NRC-340		
Vital Records Identification Label	NRC-341		
Voucher			
and Schedule of Payment	SF-1166		
(Continuation)	SF-1167		
Cover Sheet	NRC-240		
With 8-line, 25-digit grid	NRC-240A		
for Professional Services	NRC-148		
Log	NRC-295		
Transmittal for Review and Approval Prior to Payment	NRC-292		
Wage and Tax Statement	W-2		
Weekly Activity Report (OI-Investigators)	NRC-304		
Weekly Overtime Report	NRC-127		
Word Processing Services Request and Control	NRC-39		
Work			
Assignment Management System Data Input (AEOD)	NRC-423		
Item Tracking System (WITS, NMSS)	NRC-300		
Request	NRC-125		
Worksheet for Benchmark Correlation of a			
GS-1 to -15 Position	NRC-323A		
GS-16 to -18 or STS Position	NRC-323B		

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 1, PART 1

NRC Form 1 (PART 1) (12-81) Exception to Standard Form 86 Approved by NARS (1-76) NRCM 2101		U. S. NUCLEAR REGULATORY COMMISSION Washington, D.C. 20555				Approved by OMB 3150-0048
PERSONNEL SECURITY QUESTIONNAIRE						
<p>● INSTRUCTIONS - NRC FORM 1 HAS TWO PARTS. ALL SECTIONS OF BOTH PARTS MUST BE COMPLETED, UNLESS BOTH PARTS ARE COMPLETELY AND PROPERLY EXECUTED. THE FORM WILL NOT BE ACCEPTED BEFORE ANY ENTRIES ARE MADE. FAMILIARIZE YOURSELF WITH ALL QUESTIONS. Do not sign without first reading the instructions and certification at the end of the form. TYPE OR PRINT ALL ANSWERS. If more space is required, enter in item 17 on the back of this form or attach additional sheets and indicate the item numbers to which the answers apply. Questions which do not apply should be marked "None".</p>						
1. NAME (Last, First, Middle)		4. DESCRIPTION				
		Male or Female		Height	Weight	
				Color Eyes	Color Hair	
2. ALL OTHER NAMES (Include maiden name, names by former marriages, and dates that names were used)		5. SOCIAL SEC. NO. (See Instructions)		6. BIRTH DATE		
				Month	Day Year	
		7. BIRTHPLACE (City, County, State, and Country)				
3. PRESENT RESIDENCE (Street and Number, City and State) DATES		8. Put an "X" in Appropriate Box: Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Divorced <input type="checkbox"/>				
		If divorced, enter name of divorced spouse(s) with date and place of divorce(s).				
9. ALL OTHER RESIDENCES FOR PAST 15 YEARS DATES		10. CITIZENSHIP: U.S. <input type="checkbox"/> Alien <input type="checkbox"/>				
		A. If U.S. Citizen, indicate whether:				
		(1) By Birth <input type="checkbox"/>		(3) By Naturalization <input type="checkbox"/>		
		(2) Derivative <input type="checkbox"/>		Alien Registration No.		
		Date		Petition No.		
		Certification No.		Date		
		Place		Certification No.		
				Place		
		B. If alien, indicate:				
		(1) Alien Registration No.		(2) Present Citizenship		
		(3) Date of Entry		(4) Port of Entry		
		11. MILITARY SERVICE (Past or Present)				
		Serial No.	Branch	From (Yr.)	To (Yr.)	
12. EMPLOYMENT (List ALL employment dates including present employment and ALL dates and addresses when unemployed. If any employments required a security clearance or access authorization, indicate this fact after the name of the company or organization which requested the clearance. Give name or names under which employed if different from name now used)						
Date (From To)	Name of Employer (Company or Organization)	Address (Where employed)	Type of Work	Supervisor's Name		

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	ADM:SEC	NRCM 2101	7540-00-NRC-001P1	HD	12-81
CARD					
PD/____ (Pad/Sheet per Pad)					
<input checked="" type="checkbox"/> US/ 5 (Unit Sets/Number of Parts) 8 1/2 x 22"					
MP/____ (Multipage/Number of Parts) h to f					
LABEL					
PC (Postal Card)					
TC (Tab Card)					
TP/____ (Tab Paper/Number of Parts)					
ENVL					
OTHER (Specify)					
STATUS OF EXISTING STOCK					
<input type="checkbox"/> USE FIRST DESTROY:					
<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE					
STOCKING POINT					
<input checked="" type="checkbox"/> WAREHOUSE					
<input checked="" type="checkbox"/> SUPPLY ROOMS					
<input type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 1, PART 1 CONTINUED

13. FOREIGN COUNTRIES VISITED (Exclusive of Military Service and U.S. Government Official Travel)						
Country	Purpose			Date Left USA	Date Returned USA	
14. EDUCATION (All Schools Above Elementary)						
Name of School		Address	From	To	Degree	
15. RELATIVES (Parents, stepparents, foster parents, spouse, divorced spouse or spouses, children, stepchildren, brothers, sisters, stepbrothers, stepsisters, half brothers, half sisters, father-in-law, and mother-in-law, living or dead. Name of spouse should include maiden name and any other names by previous marriage. If spouse is an alien or if you marry subsequent to the execution of this questionnaire, it will be necessary that data concerning your spouse be furnished on NRC Form 354.)						
Relation	Name in Full	Date of Birth	Address	Country of Birth	Present Citizenship	
16. REFERENCES (Name Three Persons, Not Relatives or Employers, Who Are Well Acquainted With You)						
Name in Full		Business and Home Address			Years Known	
CERTIFICATION						
<p>I have read all of the above questions and the instructions and the Privacy Act Statement provided for this form. I certify that the information furnished in answer to these questions is correct and complete to the best of my knowledge and belief. I make this statement to the Nuclear Regulatory Commission voluntarily with the understanding that the information herein will be used by Federal investigative agencies while conducting a security investigation for the Nuclear Regulatory Commission for the purpose of determining my eligibility for a security clearance or access authorization under the authority of Sections 145 and 161(i) of the Atomic Energy Act of 1954, as amended, and Executive Orders 10450 and 10865. I further understand that the information may also be used for any of the routine uses stated in the Privacy Act Statement.</p> <p>I realize that the disclosure of this information is voluntary. However, failure by me to supply all or any part of the requested information may result in this application not being processed. I further understand that any false statement or omission of material fact may be sufficient cause for rejection of my application or dismissal after employment and that any false statement herein may be punished as a felony under Section 1001, Title 18, U.S. Code.</p>						
_____ <i>(Usual Signature of Person Filling Out Questionnaire)</i>		_____ <i>(Sign Original Only)</i>		_____ <i>(Date and Place Where Signed)</i>		
TO BE FILLED OUT BY AGENCY OR FIRM EMPLOYING						
BRIEF DESCRIPTION OF DUTIES <i>(Description should not reveal Classified Information)</i>			NAME OF AGENCY OR FIRM			
			ADDRESS			
			WILL PERSON HAVE ACCESS TO:			
_____ <i>(Signature and Title of Official Requesting Clearance or Access Authorization)</i>			RESTRICTED DATA		yes <input type="checkbox"/> no <input type="checkbox"/>	
			OTHER NATIONAL SECURITY INFORMATION		yes <input type="checkbox"/> no <input type="checkbox"/>	
			UNCLASSIFIED SPECIAL NUCLEAR MATERIAL		yes <input type="checkbox"/> no <input type="checkbox"/>	

NRC FORMS FACSIMILE HANDBOOK

REVERSE, NRC FORM 1, PART 1

PLEASE—Before Making any Entries on This Side: (1) Remove and Reverse Carbon Paper. (2) Reverse the Order of Copies (i.e. Copy One Front Side (Original) to be Copy One Reverse Side Also, etc.)

17. ADDITIONAL SPACE FOR FURNISHING INFORMATION IN ITEMS 1 TO 16. *(Indicate item numbers to which answers apply.)*

Item No.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 1, PART 2, FACE

NRC FORM 1 (PART II)
(12-81) NRCM 2101

U. S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20546

Approved by OMB
3150-0048

EXCEPTION TO STANDARD FORM 86
APPROVED BY NARS (5-80)

PERSONNEL SECURITY QUESTIONNAIRE

1. NAME (Last, First, Middle)	2. SOCIAL SEC NO <small>(See instructions)</small>	3. NAME OF AGENCY OR FIRM EMPLOYING
-------------------------------	-------------------------------------------------------	-------------------------------------

INSTRUCTIONS — COMPLETE THIS FORM IN PRIVATE. ALL SECTIONS MUST BE COMPLETED. FORM WILL NOT BE ACCEPTED UNLESS COMPLETELY AND PROPERLY EXECUTED. Answers or statements on this form will be treated as confidential in accordance with the Privacy Act of 1974 and the Nuclear Regulatory Commission's implementing regulations found in 10 CFR Part 9, subpart B. TYPE OR PRINT ALL ANSWERS. Write "None" when applicable. Enter in Item 10 any additional information which may have a bearing on your security clearance. If more space is required, attach additional sheets and indicate the item number to which the answers apply.

4. A. Are you now, or within the last 10 years have you been a member of any organization or group of persons including but not limited to the Communist Party, U.S.A., which, during the period of your membership or association you knew was advocating or teaching that the Government of the United States, or any State or any political subdivision thereof should be overthrown or overturned by force, violence, or any unlawful means? YES NO

B. If your answer to A is "Yes", did you, during the period of such membership or association, have the specific intent to further the aims of such organization or group of persons to overthrow or overturn the Government of the United States or any State or any political subdivision thereof by force, violence, or unlawful means? YES NO

5. If your answer to Question 4a, above is "Yes", list below, continue under item No. 10 or on a separate sheet to be attached to and made a part of this questionnaire, the names of all such organizations and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities.

NAME	ADDRESS	FROM	TO	OFFICE HELD

6. ORGANIZATION MEMBERSHIP Include all present membership and all past membership during the last 10 years in all organizations (except labor unions, religious organizations, and political organizations) not covered by Questions 4, and 5, above. List in full, if applicable, or state none.

NAME	ADDRESS	TYPE	FROM	TO	OFFICE HELD

7. Have you ever been arrested, charged, or held by Federal, State, or other law enforcement authorities for any violation of any Federal law, State law, county or municipal law, regulation, or ordinance? Do not include anything that happened before your 16th birthday. Do not include traffic violations for which a fine of \$50.00 or less was imposed. All other charges must be included even if they were dismissed. YES NO

8. If answer to Question 7, is "Yes", complete A, B, C and D in each instance.

A. DATE	B. CHARGE	C. PLACE WHERE ARRESTED OR CHARGED AND NAME OF LAW ENFORCEMENT AUTHORITY	D. ACTION TAKEN

9. PREVIOUS SECURITY CLEARANCE OR ACCESS AUTHORIZATION: YES NO

A. To your knowledge have you ever been investigated by any branch of the Federal Government? YES NO

B. To your knowledge have you ever been refused a security clearance or access authorization by any branch of the Federal Government? YES NO

If your answer to either A or B is "Yes", please furnish details in item 10.

CERTIFICATION

I have read all of the above questions and the instructions and the Privacy Act Statement provided for this form. I certify that the information furnished in answer to these questions is correct and complete to the best of my knowledge and belief. I make this statement to the Nuclear Regulatory Commission voluntarily with the understanding that the information herein will be used by Federal investigative agencies while conducting a security investigation for the Nuclear Regulatory Commission for the purpose of determining my eligibility for a security clearance or access authorization under the authority of Sections 145 and 161(i) of the Atomic Energy Act of 1954, as amended, and Executive Orders 10450, 10865, and 12065. I further understand that the information may also be used for any of the routine uses stated in the Privacy Act Statement. I realize that the disclosure of this information is voluntary. However, failure by me to supply all or any part of the requested information may result in this application not being processed. I further understand that any false statement or omission of material fact may be sufficient cause for rejection of my application or dismissal after employment, further, that any false statement herein may be punished as a felony under Section 1001, Title 18, U.S. Code.

(USUAL SIGNATURE OF PERSON FILLING OUT QUESTIONNAIRE) _____ (SIGN ORIGINAL ONLY) _____ (DATE AND PLACE WHERE SIGNED) _____

INSTRUCTIONS TO APPLICANT UPON COMPLETION OF ABOVE: Now that the form is signed, place it in the pre-addressed envelope furnished, sign across the envelope flap on the line provided, and affix the date of signature. Submit the sealed envelope with the other security forms included in this packet.

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	ADM:SEC	NRCM 2101	7540-00-NRC-001P2	HD	12-81
CARD					
PD/____ (Pad/Sheet per Pad)					
<input checked="" type="checkbox"/> US/ 5 (Unit Sets/Number of Parts) h to f					
MP/____ (Multipage/Number of Parts)					
LABEL					
PC (Postal Card)					
TC (Tab Card)					
TP/____ (Tab Paper/Number of Parts)					
ENVL					
OTHER (Specify)					
STATUS OF EXISTING STOCK					
		<input type="checkbox"/> USE FIRST	OTHER (SPECIFY)		
		DESTROY:			
		<input type="checkbox"/> IMMEDIATELY			
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
STOCKING POINT					
		<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS		
		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

REVERSE, NRC FORM 1, PART 2

PLEASE - Before making any entries on this side: (1) Remove and reverse carbon paper, (2) Reverse the order of copies (i.e. copy one front side (original) to be copy one reverse side also, etc.)

10. ADDITIONAL SPACE FOR FURNISHING INFORMATION IN ITEMS 1 TO 9. (Indicate item numbers to which answers apply.)

ITEM NO.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 1A, FACE

NRC FORM 1-A (7-80) NRCM 2101	U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, D.C. 20555
FOREIGN RESIDENCE ADDENDUM TO THE PERSONNEL SECURITY QUESTIONNAIRE (NRC FORM 1)	
EMPLOYMENT — List the names and addresses of individuals living in the United States who were associated with you in the foreign country either as supervisor, employee or fellow worker.	
RESIDENCE — List the names and addresses of individuals living in this country and abroad who were neighbors of yours when you resided abroad.	
REFERENCES — List the names and addresses of individuals living in this country who were closely acquainted with you and who can verify your address, education and employment in the foreign country.	

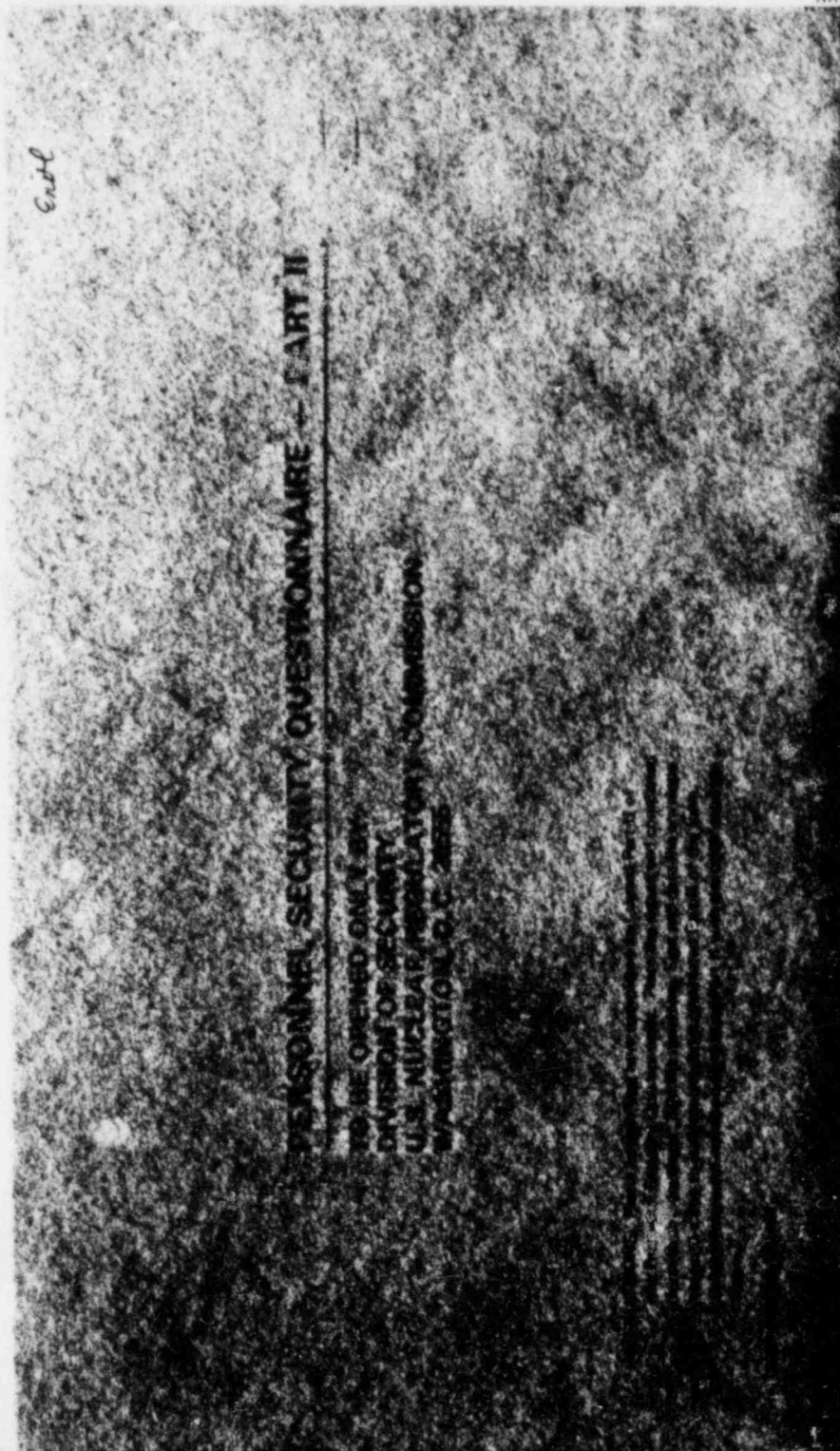
NRC FORM 1-A (7-80)

FORMS MANAGEMENT DATA					1/83				
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE				
<input checked="" type="checkbox"/> SHEET h to h <input type="checkbox"/> CARD PD/_____ (Pad/Sheet per Pad) US/_____ (Unit Sets/Number of Parts) MP/_____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/_____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:SEC	NRCM 2101	7540-00-NRC-0001A	40	7-80				
STATUS OF EXISTING STOCK									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> USE FIRST DESTROY:</td> <td style="width: 50%; border: none;">OTHER (SPECIFY)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE</td> <td style="border: none;"></td> </tr> </table>						<input type="checkbox"/> USE FIRST DESTROY:	OTHER (SPECIFY)	<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE	
<input type="checkbox"/> USE FIRST DESTROY:	OTHER (SPECIFY)								
<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE									
STOCKING POINT									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> WAREHOUSE</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> SUPPLY ROOMS</td> </tr> <tr> <td colspan="2" style="border: none;">PROMULGATING OFFICE (ONLY)</td> </tr> </table>						<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS	PROMULGATING OFFICE (ONLY)	
<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS								
PROMULGATING OFFICE (ONLY)									

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 1A, REVERSE

<p>ADDRESSES — List the names, addresses and occupations of non-relatives with whom you have resided in a foreign country.</p>
<p>RELATIVES — List the occupation and the full name of all relatives listed on the PSQ and any relatives residing in communist controlled countries. If a relative is employed by a foreign government, provide the details. Outline the degree and frequency of contact with relatives residing in a foreign country.</p>
<p>CORRESPONDENTS — Indicate the names, addresses and occupations of individuals, other than relatives, residing outside the United States with whom you correspond, including the nature of the correspondence.</p>
<p>ORGANIZATIONS — List membership in ALL foreign organizations, except religious, including the dates of membership and offices held. Describe the nature and purpose of the organization and your reason for joining.</p>
<p>_____ (Signature) _____ (Date) #</p>



FORMS MANAGEMENT DATA					
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____(Pad/Sheet per Pad) <input type="checkbox"/> US/_____(Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____(Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____(Tab Paper/Number of Parts) <input checked="" type="checkbox"/> ENVL, 10 8/8 x 6 1/8", kraft <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2101	7540-00-NRC-000E1	HD	3-76
1/83					
STATUS OF EXISTING STOCK					
		<input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY:	<input type="checkbox"/> OTHER (SPECIFY)		
		<input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
STOCKING POINT					
		<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS		
		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 2, FACE

NRC FORM 2
3-82
10 CFR 40

U.S. NUCLEAR REGULATORY COMMISSION

Approved by OMB
3150-0019
Expires 12-31-83

INSTRUCTIONS FOR PREPARATION OF APPLICATION FOR SOURCE MATERIAL LICENSE NRC FORM 2

GENERAL INSTRUCTIONS

1. An applicant for a Source Material License should complete NRC Form 2 in detail. The completed application must be filed in quadruplicate with the Director of the Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety and Safeguards (NMSS), U.S. Nuclear Regulatory Commission (NRC), Washington, D.C., 20555. Applications may also be filed in person at the Commission's Office at 1717 H Street N.W., Washington, D.C., or the Commission's office at 7915 Eastern Avenue, Silver Spring, Maryland.

The information required to complete NRC Form 2 must be typewritten or printed clearly in ink.
2. The regulations which govern the issuance of a Source Material License are contained in Title 10, Code of Federal Regulations, Chapter 1, Part 40.
3. The Commission charges fees for filing of applications for licenses as specified in Section 170.12, Title 10, Code of Federal Regulations, Part 170. The applicant should refer to Section 170.31, *Schedule of fees for materials licenses* to determine what fee should accompany the application. No action can be taken on applications until fees are paid. Checks or money orders should be made payable to the U.S. Nuclear Regulatory Commission.
4. An applicant may incorporate by reference information contained in previous applications, statements or reports filed by the applicant with the NRC's Division of Fuel Cycle and Material Safety, NMSS. Provided, that such references are clear and specific, and there has been no change from the information previously submitted. In order to be clear and specific, the applicant should indicate by date, page, and paragraph what information is to be referenced and how such information is applicable to the license application.
5. Supplemental sheets should be used when necessary to supply the required information. The applicant's name and address and the item number in NRC Form 2 to which the supplemental information applies should be indicated on each supplemental sheet.
6. The NRC may at any time after the filing of the original application, and before the expiration of the license, require further statements in order to enable the NRC to determine whether the application should be granted or denied or whether a license should be modified or revoked.
7. Information and documents submitted to the NRC to complete an application will be made available for public inspection in accordance with the provisions of the NRC's regulations in Title 10, Code of Federal Regulations, Chapter 1, Parts 2 and 9.
8. Information which is classified as Restricted Data or which the applicant requests be withheld from public disclosure must be submitted in accordance with the provisions of Section 2.790, 10 CFR 2, "Rules of Practice."
9. Item 13 must be completed on all applications.
10. Submission of an incomplete application will result in a delay in the processing of the application because of correspondence necessary to request the omitted information.
11. NRC Regulatory Guide 10.4 contains additional information regarding NRC regulations applicable to the use of source material. A copy of the guide may be obtained from the address specified above.
12. Space allotted on the form will, in most cases, not be adequate to provide the necessary detailed information required for a facility license application. The information should be provided on attachment sheets in such cases.
13. Signatures of the applicant and any official executing the certification on behalf of the applicant are required.

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552(a)(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 Nuclear Regulatory Commission on NRC Form 2. This information is maintained in a system of records designated as NRC 32 and described at 40 Federal Register 45346 (October 1, 1975).

1. **AUTHORITY** Sections 53, 63, and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2073, 2093, 2201(b)).
2. **PRINCIPAL PURPOSE(S)** The information is evaluated by the NRC staff pursuant to criteria contained in 10 CFR Part 40 to determine whether the application meets the requirements of the Atomic Energy Act of 1954, as amended, and the regulations of the NRC, and whether a source material license, or amendment or renewal thereof, should be issued to the applicant.
3. **ROUTINE USES** The information may be used: (a) To provide records to State health departments for their information and use, and (b) To provide information to other Federal, State, and local health officials in the event of incident or exposure, for purposes of their information, investigation, and protection of public health and safety. The information may also be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you. Furthermore, in accordance with 10 CFR 2.790 of the Commission's regulations, the information is available for public inspection and copying.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** It is voluntary that you furnish the requested information. If the requested information is not furnished, however, the application for a source material license, or amendment or renewal thereof, may be denied.
5. **SYSTEM MANAGER(S) AND ADDRESS** Director, Division of Fuel Cycle and Material Safety
Office of Nuclear Material Safety and Safeguards
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

PLEASE REMOVE THIS INSTRUCTION SHEET BEFORE SUBMITTING APPLICATION

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/11 (Multipage/Number of Parts) <i>instruc.</i> <input type="checkbox"/> LABEL and 5 2-page forms <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NMSS	10 CFR 40 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	7540-00-NRC-0002X	HD	3-82
<hr/> STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 2, FACE

NRC FORM 2 3-82 10 CFR 40	U.S. NUCLEAR REGULATORY COMMISSION APPLICATION FOR SOURCE MATERIAL LICENSE	APPROVED BY OMB 3150-0019 EXPIRES 12-31-83	
Pursuant to the regulations in Title 10, Code of Federal Regulations, Chapter 1, Part 40, application is hereby made for a license to receive, possess, use, transfer, deliver or import into the United States, source material for the activity or activities described.			
1 LICENSE INFORMATION <i>(Check one)</i> <input type="checkbox"/> A. NEW LICENSE <input type="checkbox"/> B. AMENDMENT TO LICENSE NO. _____ <input type="checkbox"/> C. RENEWAL OF LICENSE NO. _____ <input type="checkbox"/> D. PREVIOUS LICENSE NO. _____	2 NAME OF APPLICANT _____ PRINCIPAL BUSINESS ADDRESS		
3 STATE THE ADDRESS(ES) AT WHICH SOURCE MATERIAL WILL BE POSSESSED OR USED _____ _____			
4 NAME OF PERSON TO BE CONTACTED CONCERNING THIS APPLICATION	TELEPHONE NUMBER (Of person to be contacted) _____		
5 DESCRIBE PURPOSE FOR WHICH SOURCE MATERIAL WILL BE USED _____ _____			
6 STATE THE TYPE OR TYPES, CHEMICAL FORM OR FORMS, AND QUANTITIES OF SOURCE MATERIAL YOU PROPOSE TO RECEIVE, POSSESS, USE, OR TRANSFER UNDER THE LICENSE			
A. TYPE	B. CHEMICAL FORM	C. PHYSICAL FORM (Including % U or Th)	D. MAXIMUM AMOUNT AT ANY ONE TIME (Kilograms)
NATURAL URANIUM			
URANIUM DEPLETED IN THE U-235 ISOTOPE			
THORIUM (Isotope)			
E. MAXIMUM TOTAL QUANTITY OF SOURCE MATERIAL YOU WILL HAVE ON HAND AT ANY TIME (Kilograms) _____			
7 DESCRIBE THE CHEMICAL, PHYSICAL, METALLURGICAL, OR NUCLEAR PROCESS OR PROCESSES IN WHICH THE SOURCE MATERIAL WILL BE USED, INDICATING THE MAXIMUM AMOUNT OF SOURCE MATERIAL INVOLVED IN EACH PROCESS AT ANY ONE TIME, AND PROVIDING A THOROUGH EVALUATION OF THE POTENTIAL RADIATION HAZARDS ASSOCIATED WITH EACH STEP OF THOSE PROCESSES _____ _____			
8 LIST THE NAMES AND ATTACH A RESUME OF THE TECHNICAL QUALIFICATIONS INCLUDING TRAINING AND EXPERIENCE OF APPLICANT'S SUPERVISORY PERSONNEL AND THE PERSON RESPONSIBLE FOR THE RADIATION SAFETY PROGRAM (or of applicant if an individual). _____ _____			
9 DESCRIBE THE EQUIPMENT AND FACILITIES WHICH WILL BE USED TO PROTECT HEALTH AND MINIMIZE DANGER TO LIFE OR PROPERTY AND RELATE THE USE OF THE EQUIPMENT AND FACILITIES TO THE OPERATIONS LISTED IN ITEM 9. INCLUDE: A. RADIATION DETECTION (including film badges, dosimeters, counters, air sampling, and other survey equipment as appropriate; the description of radiation detection instruments should include the instrument characteristics such as type of radiation detected, window thickness, and the range(s) of each instrument). _____ _____			
B. METHOD, FREQUENCY AND STANDARDS USED IN CALIBRATING INSTRUMENTS LISTED IN A. ABOVE, INCLUDING AIR SAMPLING EQUIPMENT (for film badges, specify method of calibrating and processing, or name supplier). _____ _____			

9C. VENTILATION EQUIPMENT WHICH WILL BE USED IN OPERATIONS WHICH PRODUCE DUST, FUMES, MISTS, OR GASES, INCLUDING PLAN VIEW SHOWING TYPE AND LOCATION OF HOOD AND FILTERS, MINIMUM VELOCITIES MAINTAINED AT HOOD OPENINGS AND PROCEDURES FOR TESTING SUCH EQUIPMENT.

10. DESCRIBE PROPOSED PROCEDURES TO PROTECT HEALTH AND MINIMIZE DANGER TO LIFE AND PROPERTY AND RELATE THESE PROCEDURES TO THE OPERATIONS LISTED IN ITEM 7. INCLUDE:
A. SAFETY FEATURES AND PROCEDURES TO AVOID NONNUCLEAR ACCIDENTS, SUCH AS FIRE, EXPLOSIONS, ETC., IN SOURCE MATERIAL STORAGE AND PROCESSING AREAS.

B. EMERGENCY PROCEDURES IN THE EVENT OF ACCIDENTS WHICH MIGHT INVOLVE SOURCE MATERIAL.

C. DETAILED DESCRIPTION OF RADIATION SURVEY PROGRAM AND PROCEDURES.

11. WASTE PRODUCTS

A. QUANTITY AND TYPE OF RADIOACTIVE WASTE THAT WILL BE GENERATED

- NONE WILL BE GENERATED
 SEE ATTACHED SUPPLEMENTAL SHEET

B. DETAILED PROCEDURES FOR WASTE DISPOSAL

12. IF PRODUCTS FOR DISTRIBUTION TO GENERAL LICENSEES OR TO THE GENERAL PUBLIC UNDER AN EXEMPTION CONTAINED IN 10 CFR 40 ARE TO BE MANUFACTURED, USE A SUPPLEMENTAL SHEET TO FURNISH A DETAILED DESCRIPTION OF THE PRODUCT, INCLUDING:

- A. PERCENT SOURCE MATERIAL IN THE PRODUCT AND ITS LOCATION IN THE PRODUCT.
B. PHYSICAL DESCRIPTION OF THE PRODUCT INCLUDING CHARACTERISTICS, IF ANY, THAT WILL PREVENT INHALATION OR INGESTION OF SOURCE MATERIAL THAT MIGHT BE SEPARATED FROM THE PRODUCT.
C. BETA AND BETA PLUS GAMMA RADIATION LEVELS (Specify instrument used, date of calibration and calibration techniques used) AT THE SURFACE OF THE PRODUCT AND AT 12 INCHES.
D. METHOD OF ASSURING THAT SOURCE MATERIAL CANNOT BE DISSOCIATED FROM THE MANUFACTURED PRODUCT.

13. CERTIFICATE

(This must be completed by the applicant)

The applicant and any official executing this certificate on behalf of the applicant named in item 2, certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Part 40, and that all information contained herein, including any supplements attached hereto, is true to the best of our knowledge and belief.

APPLICANT'S SIGNATURE

PRINTED OR TYPED NAME

DATE

TITLE OF CERTIFYING OFFICIAL AUTHORIZED TO ACT ON BEHALF OF THE APPLICANT

WARNING: 18 U.S.C. Section 1001; Act of June 25, 1948; 62 Stat. 749; makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 3
SEE REVERSE

FORMS MANAGEMENT DATA						1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PREScribing DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/>	SHEET 17" x 11"	IE	10 CFR 19 and 20	7540-00-0003X	HD	6-82	
<input type="checkbox"/>	CARD		STATUS OF EXISTING STOCK				
<input type="checkbox"/>	FD/ _____ (Pad/Sheet per Pad)		<input type="checkbox"/> USE FIRST				OTHER
<input type="checkbox"/>	US/ _____ (Unit Sets/Number of Parts)		DESTROY:				
<input type="checkbox"/>	MP/ _____ (Multi-page/Number of Parts)		<input type="checkbox"/> IMMEDIATELY				(SPECIFY)
<input type="checkbox"/>	LABEL		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
<input type="checkbox"/>	PC (Postal Card)		STOCKING POINT				
<input type="checkbox"/>	TC (Tab Card)		<input checked="" type="checkbox"/> WAREHOUSE				<input checked="" type="checkbox"/> SUPPLY ROOMS
<input type="checkbox"/>	TP/ _____ (Tab Paper/Number of Parts)		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)				
<input type="checkbox"/>	ENVL						
<input type="checkbox"/>	OTHER (Specify)						



UNITED STATES NUCLEAR REGULATORY COMMISSION
Washington, D.C. 20555

NOTICE TO EMPLOYEES

STANDARDS FOR PROTECTION AGAINST RADIATION (PART 20); NOTICES, INSTRUCTIONS AND REPORTS TO WORKERS, INSPECTIONS (PART 19); EMPLOYEE PROTECTION

The Nuclear Regulatory Commission (NRC) in its Rules and Regulations: Part 20 has established standards for your protection against radiation hazards from radioactive material under license issued by the NRC. Part 19 has established certain provisions for the options of workers engaged in NRC licensed activities. Parts 30, 40, 50, and other parts containing provisions related to employee protection.

POSTING REQUIREMENTS Copies of this notice must be posted in a sufficient number of places in every establishment where activities licensed by the NRC are conducted, to permit employees to observe a copy on the way to or from their place of employment.

YOUR EMPLOYER'S RESPONSIBILITY

Your employer is required to—

1. Apply these NRC regulations and the conditions of his NRC license to all work under the license.
2. Post or otherwise make available to you a copy of the NRC regulations, licenses, and operating procedures which apply to work you are engaged in, and explain their provisions to you.
3. Post Notices of Violation involving radiological working conditions, proposed imposition of civil penalties and orders.
4. Refrain from discriminatory acts against employees who provide information to NRC.

YOUR RESPONSIBILITY AS A WORKER

You should familiarize yourself with those provisions of the NRC regulations, and the operating procedures which apply to the work you are engaged in. You should observe their provisions for your own protection and protection of your co-workers.

WHAT IS COVERED BY THESE NRC REGULATIONS

1. Limits on exposure to radiation and radioactive material in restricted and unrestricted areas.
2. Measures to be taken after accidental exposure.
3. Personnel monitoring, surveys and equipment.
4. Caution signs, labels, and safety interlock equipment.
5. Exposure records and reports.
6. Options for workers regarding NRC inspections.
7. Identifies "protected activities" that employees may engage in.
8. Prohibits discrimination against employees who engage in these protected activities.
9. Identifies the Department of Labor as a source of relief in the event of discrimination, and
10. Related matters.

REPORTS ON YOUR RADIATION EXPOSURE HISTORY

1. The NRC regulations require that your employer give you a written

report if you receive an exposure in excess of any applicable limit as set forth in the regulations or in the license. The basic limits for exposure to employees are set forth in Section 20.101, 20.103, and 20.104 of the Part 20 regulations. These Sections specify limits on exposure to radiation and exposure to concentrations of radioactive material in air.

2. If you work where personnel monitoring is required pursuant to Section 20.202,
 - (a) your employer must give you a written report of your radiation exposures upon the termination of your employment, if you request it, and
 - (b) your employer must advise you annually of your exposure to radiation, if you request it.

INSPECTIONS

All activities under the license are subject to inspection by representatives of the NRC. In addition, any worker or representative of workers who believes that there is a violation of the Atomic Energy Act of 1954, the regula-

tions issued thereunder, or the terms of the employer's license with regard to radiological working conditions in which the worker is engaged, may request an inspection by sending a notice of the alleged violation to the appropriate United States Nuclear Regulatory Commission Regional Office (shown on map below). The request must set forth the specific grounds for the notice, and must be signed by the worker or the representative of the workers. During inspections, NRC inspectors may confer privately with workers, and any worker may bring to the attention of the inspectors any past or present condition which he believes contributed to or caused any violation as described above.

EMPLOYEE PROTECTION

If an employee believes that discrimination has occurred due to engaging in the "protected activities" said employees may, within 30 days of the discriminatory act, file a complaint with the Department of Labor, Employment Standards Administration, Wage and Hour Division. The Department of Labor shall conduct an investigation

and shall, where discrimination has occurred, issue an order providing relief to the employee if relief is not provided by other means of settlement.

PROTECTION OF INSPECTORS

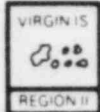
The amended Atomic Energy Act, section 235, provides criminal penalties against any individual who kills, forcibly assaults, resists, opposes, impedes, intimidates or interferes with any person who performs any inspections which (1) are related to any activity or facility licensed by the Commission, and (2) are carried out to satisfy requirements under the Atomic Energy Act or under any other Federal law covering the safety of licensed facilities or the safety of radioactive materials. The acts described above are criminal not only if taken against inspection personnel who are engaged in the performance of such inspection duties, but also if taken against inspection personnel on account of such duties.

SABOTAGE OF NUCLEAR FACILITIES OR FUEL

The amended Atomic Energy Act, section 236, provides criminal penalties against any individual who intentionally and willfully destroys or causes physical damage, or attempts to do so to any production, utilization, or waste storage facility licensed under the act, or any nuclear fuel or spent fuel regardless of location.

UNITED STATES NUCLEAR REGULATORY COMMISSION REGIONAL OFFICE LOCATIONS

A representative of the Nuclear Regulatory Commission can be contacted at the following addresses and telephone numbers. The Regional Office will accept collect telephone calls from employees who wish to register complaints or concerns about radiological working conditions or other matters regarding compliance with Commission rules and regulations.



Regional Offices

REGION	ADDRESS	TELEPHONE
I	U.S. Nuclear Regulatory Commission Region I 631 Park Avenue King of Prussia, PA 19386	215 337 5000
II	U.S. Nuclear Regulatory Commission Region II 101 Marietta St., N.W., Suite 3100 Atlanta, GA 30303	404 221 4503
III	U.S. Nuclear Regulatory Commission Region III 796 Roosevelt Road Glen Elyn, IL 60137	312 932 2500
IV	U.S. Nuclear Regulatory Commission Region IV 611 Ryan Plaza Drive, Suite 1000 Arlington, TX 76012	817 465 8100
V	U.S. Nuclear Regulatory Commission Region V 1450 Marie Lane, Suite 210 Walnut Creek, CA 94596	415 943 3700

INSTRUCTIONS FOR PREPARATION OF NRC FORM 4

This form or a clear and legible record containing all the information required on this form must be prepared by each licensee of the Nuclear Regulatory Commission who, pursuant to Section 20.101, proposes to expose an individual to a radiation dose in excess of the amounts specified in Paragraph 20.101(a) of the regulations in Part 20, "Standards for Protection Against Radiation," 10 CFR. The requirement for completion of this form is contained in Section 20.102 of that regulation. The information contained in this form is used for estimating the external accumulated occupational dose of the individual for whom the form is completed. A separate NRC Form 4 shall be completed for each individual to be exposed to a radiation dose in excess of the limits specified in Paragraph 20.101(a) of Part 20 of the Commission's regulations.* Listed below by item are instructions and additional information directly pertinent to completing this form.

Identification

- Item 1: Self-explanatory.
- Item 2: Self-explanatory except that, if individual has no social security number, the word "none" shall be inserted.
- Item 3: Self-explanatory.
- Item 4: Enter the age in full years. This is called "N" when used in calculating the Permissible Dose. N is equal to the number of years of age of the individual on his last birthday.

Occupational Exposure

- Item 5: List the name and address of each previous employer and the address of employment. Start with the most recent employer and work back.

Include only those periods of employment since the eighteenth birthday involving occupational exposure to radiation. For periods of self-employment, insert the word "self-employed."
- Item 6: Give the dates of each employment listed in Item 5.
- Item 7: List periods during which occupational exposure to radiation occurred.
- Item 8: List the dose recorded for each period of exposure from the records of previous occupational exposure

*This form requires the signature of the employee concerned.

of the individual as calculated under Section 20.102. Dose is to be given in rem.

"Dose to the whole body" shall be deemed to include any dose to the whole body, gonads, active blood forming organs, head and trunk, or lens of eye.

- Item 9: After each entry in Item 8 indicate in Item 9 whether dose is obtained from records or calculated in accordance with Section 20.102.
- Item 10: Self-explanatory.

Total Accumulated Occupational Dose (Whole Body)

- Item 11: The total for the whole body is obtained by summation of all values in Item 8.

Certification

- Item 12: Upon completion of the report, the employee must certify that the information in Columns 5, 6, and 7 is accurate and complete to the best of his knowledge. The date is the date of his signature.

Calculations

- Item 13: The lifetime accumulated occupational dose for each individual and the permissible dose under Paragraph 20.101(b) are obtained by carrying out the following steps: The value for N should be taken from Item 4. Subtract 18 from N and multiply the difference by 5 rem. (For example, John Smith, age 32, N = 32, PAD = 5(32 - 18) = 70 rem.) Enter total exposure to date from Item 11. Subtract (b) from (a) and enter the difference under (c). The value in (c) represents the unused part of the permissible accumulated dose. This value for permissible dose is to be carried forward to NRC Form 5, "Current Occupational External Radiation Exposure (Whole Body)."

- Item 14: Self-explanatory.

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(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 Nuclear Regulatory Commission on NRC Form 4. This information is maintained in a system of records designated as NRC-27 and described at Federal Register 45344 (October 1, 1975).

1. **AUTHORITY** Sections 53, 63, 65, 81, 103, 104, 161(b), and 161(c) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2073, 2093, 2095, 2111, 2133, 2134, 2201(b), and 2201 - d(1)). The authority for soliciting the social security number is 10 CFR Part 20.
2. **PRINCIPAL PURPOSE(S)** The information is used by the NRC in its evaluation of the risk of radiation exposure associated with the licensed activity and in exercising its statutory responsibility to monitor and regulate the safety and health practices of its licensees. The data permits a meaningful comparison of both current and long term exposure experience among types of licensees and among licensees within each type. Data on your exposure to radiation is available to you upon request.
3. **ROUTINE USES** The information may be used to provide data to other Federal and State agencies involved in monitoring and/or evaluating radiation exposure received by individuals employed as radiation workers on a permanent or temporary basis and exposure received by monitored visitors. The information may also be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL IF NOT PROVIDING INFORMATION** It is voluntary that you furnish the requested information, including social security number; however, the licensee must have a completed NRC Form 4 on each individual whom the licensee proposes to expose to a radiation dose in excess of the amounts specified in 10 CFR 20.101(a). Failure to obtain the requested information before permitting such exposure may subject the licensee to enforcement action in accordance with 10 CFR 20.601. The social security number is used to assure that NRC has an accurate identifier not subject to the coincidence of similar names or birthdates among the large number of persons on whom data is maintained.
5. **SYSTEM MANAGER(S) AND ADDRESS** Director, Office of Management and Program Analysis
U.S. Nuclear Regulatory Commission, Washington, D.C. 20555

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET h to h	RES	10 CFR 20	7540-00-NRC-0004X	HD	12-81	
<input type="checkbox"/> CARD		STATUS OF EXISTING STOCK				
<input type="checkbox"/> PD/_____(Pad/Sheet per Pad)		<input type="checkbox"/> USE FIRST				OTHER (SPECIFY)
<input type="checkbox"/> US/_____(Unit Sets/Number of Parts)		<input type="checkbox"/> DESTROY:				
<input type="checkbox"/> MP/_____(Multi-page/Number of Parts)		<input type="checkbox"/> IMMEDIATELY				
<input type="checkbox"/> LABEL		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
<input type="checkbox"/> PC (Postal Card)		STOCKING POINT				
<input type="checkbox"/> TC (Tab Card)		<input checked="" type="checkbox"/> WAREHOUSE				<input checked="" type="checkbox"/> SUPPLY ROOMS
<input type="checkbox"/> TP/_____(Tab Paper/Number of Parts)		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)				
<input type="checkbox"/> ENV/						
<input type="checkbox"/> OTHER (Specify)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 4, REVERSE

NRC Form 4
(12-81)
10 CFR 20

U. S. NUCLEAR REGULATORY COMMISSION

Approved by OMB
3150-0005
Expires 4-30-83

OCCUPATIONAL EXTERNAL RADIATION EXPOSURE HISTORY

See Instructions on the Back

IDENTIFICATION				
1. NAME (PRINT - LAST, FIRST, AND MIDDLE)			2. SOCIAL SECURITY NO.	
3. DATE OF BIRTH (MONTH, DAY, YEAR)			4. AGE IN FULL YEARS (N)	
OCCUPATIONAL EXPOSURE - PREVIOUS HISTORY				
5. PREVIOUS EMPLOYMENTS INVOLVING RADIATION EXPOSURE - LIST NAME AND ADDRESS OF EMPLOYER	6. DATES OF EMPLOYMENT (FROM - TO)	7. PERIODS OF EXPOSURE	8. WHOLE BODY (REM)	9. RECORD OR CALCULATED (INSERT ONE)
10. REMARKS		11. ACCUMULATED OCCUPATIONAL DOSE - TOTAL		

<p>13. CALCULATIONS - PERMISSIBLE DOSE WHOLE BODY:</p> <p>(A) PERMISSIBLE ACCUMULATED DOSE = 5(N-18) _____ REM</p> <p>(B) TOTAL EXPOSURE TO DATE (FROM ITEM 11) _____ REM</p> <p>(C) UNUSED PART OF PERMISSIBLE ACCUMULATED DOSE (A-B) _____ REM</p>	<p>12. CERTIFICATION: I CERTIFY THAT THE EXPOSURE HISTORY LISTED IN COLUMNS 5, 6, AND 7 IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p> <p>_____ EMPLOYEE'S SIGNATURE</p> <p style="text-align: right;">_____ DATE</p> <p>14. NAME OF LICENSEE _____</p>
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NRC FORMS FACSIMILE HANDBOOK

NRC FORM 5, FACE

INSTRUCTIONS FOR PREPARATION OF NRC FORM 5

The preparation and safekeeping of this form or a clear and legible record containing all the information required on this form is required pursuant to Section 20.401 of "Standards for Protection Against Radiation," 10 CFR 20, as a current record of occupational external radiation exposures. Such a record must be maintained for each individual for whom personnel monitoring is required under Section 20.202. Note that a separate NRC Form 5 is to be used for recording external exposure to (1) the whole body; (2) skin of whole body; (3) hands and forearms; or (4) feet and ankles, as provided by Item 5 below.

Listed below by item are instructions and additional information directly pertinent to completing this form.

Identification

- Item 1. Self-explanatory.
- Item 2. Self-explanatory except that, if individual has no social security number, the word "none" shall be inserted.
- Item 3. Self-explanatory.
- Item 4. Self-explanatory.

Occupational Exposure

- Item 5. "Dose to the whole body" shall be deemed to include any dose to the whole body, gonads, active blood-forming organs, head and trunk, or lens of eye. Unless the lenses of the eyes are protected with eye shields, dose recorded as whole body dose should include the dose delivered through a tissue equivalent absorber having a thickness of 300 mg/cm² or less. When the lenses of the eyes are protected with eye shields having a tissue equivalent thickness of at least 700 mg/cm², dose recorded as whole body dose should include the dose delivered through a tissue equivalent absorber having a thickness of 1,000 mg/cm² or less. Dose recorded as dose to the skin of the whole body, hands and forearms, or feet and ankles should include the dose delivered through a tissue equivalent absorber having a thickness of 7 mg/cm² or less. The dose to the skin of the whole body, hands and forearms, or feet and ankles should be recorded on separate forms unless the dose to those parts of the body has been included as dose to the whole body on a form maintained for recording whole body exposure.
- Item 6. This item need be completed only when the sheet is used to record whole body exposures and the licensee is exposing the individual under the provisions of Paragraph 20.101(b) which allows up to 3 rems per quarter to the whole body. Enter in this item the unused part of permissible accumulated dose taken from previous records of exposure, i.e., Item 18 of the preceding NRC Form 5 or Item 13 of NRC Form 4 if the individual's exposure during employment with the licensee begins with this record.
- Item 7. Indicate the method used for monitoring the individual's exposure to each type of radiation to which he is exposed in the course of his duties. Abbreviations may be used.
- Item 8. Doses received over a period of less than a calendar quarter need not be separately entered on the form provided that the licensee maintains a current record of the doses received by the individual which have not as yet been entered on the form. The period of exposure should specify the day the measurement of that exposure was initiated and the day on which it was terminated. For example, if only quarterly doses are entered, the period of exposure for the first calendar quarter of 1962 might be taken as running from Monday, January 1, 1962, through Friday, March 30, 1962, and would be indicated in this item as Jan. 1, 1962-Mar. 30, 1962. If weekly doses are entered, a film badge issued Monday morning, January 1, 1962, and picked up Friday, January 5, 1962, would be indicated as Jan. 1, 1962-Jan. 5, 1962.

- Items 9, 10 and 11. Self-explanatory. The values are to be given in rem. All measurements are to be interpreted in the best method known and in accordance with Paragraph 20.401. Where calculations are made to determine dose, a copy of such calculations is to be maintained in conjunction with this record. In any case where the dose for a calendar quarter is less than 10% of the value specified in Paragraph 20.101(a), the phrase "less than 10%" may be entered in lieu of a numerical value.
- Item 12. Add the values under Items 9, 10 and 11 for each period of exposure and record the total. In calculating the "Total" any entry "less than 10%" may be disregarded. The running total is to be maintained on the basis of calendar quarters. Paragraph 20.3(a) (4) defines calendar quarter. No entry need be made in this item if only calendar quarter radiation doses are recorded in Item 10, 11 and 12.
- Item 13. Self-explanatory. The values are to be given in rem. All measurements are to be interpreted in the best method known and in accordance with Paragraph 20.401. Where calculations are made to determine dose, a copy of such calculations is to be maintained in conjunction with this record. In any case where the dose for a calendar quarter is less than 10% of the value specified in Paragraph 20.101(a), the phrase "less than 10%" may be entered in lieu of a numerical value.

Lifetime Accumulated Dose (Whole Body)

NOTE: If the licensee chooses to keep the individual's exposure below that permitted in Paragraph 20.101(a), Items 16 through 18 need not be completed. However, in that case the total whole body dose for each calendar quarter recorded in Item 13 (or Item 12 if quarterly doses are entered in Item 12) should not exceed 1 1/4 rem.

- If an individual is exposed under the provisions of Paragraph 20.1(b), complete Items 14 through 18 at the end of each calendar quarter and when the sheet is filled. Values in Item 13, when middle of a calendar quarter, and values in Item 18, must be brought forward to next sheet for each individual.
- Item 14. Enter the previous total accumulated dose from previous dose records for the individual (e.g., from Item 16 of NRC Form 5 or Item 11 of NRC Form 4). The total occupational radiation dose received by the individual must be entered in this item, including any occupational dose received from sources of radiation not licensed by the Commission. If the individual was exposed to sources of radiation not licensed by the Commission during any calendar quarter after completing NRC Form 4 and personnel monitoring equipment was not worn by the individual, it should be assumed that the individual received a dose of 1 1/4 rems during each such calendar quarter.
- Item 15. Enter the total calendar quarter dose from Item 13 (or from Item 12 if quarterly doses are entered in Item 12) and the date designating the end of the calendar quarter in which the dose was received (e.g., March 30, 1962). Add Item 14 and Item 15 and enter that sum.
- Item 16. Obtain the Permissible Accumulated Dose (PAD) in rem for the WHOLE BODY. "N" is equal to the number of years of age of the individual on his last birthday. Subtract 18 from N and multiply the difference by 5 rem (e.g., John Smith, age 32, N = 32, PAD = 5(32-18) = 70 rem.)
- Item 17. Determine the unused part of the PAD by subtracting Item 16 from Item 17. The unused part of the PAD is that portion of the Lifetime Accumulated Dose for the individual remaining at the end of the period covered by this sheet.
- Item 18. Determine the unused part of the PAD by subtracting Item 16 from Item 17. The unused part of the PAD is that portion of the Lifetime Accumulated Dose for the individual remaining at the end of the period covered by this sheet.

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552(a)(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 Nuclear Regulatory Commission on NRC Form 5. This information is maintained in a system of records designated as NRC-27 and described at 40 Federal Register 45344 (October 1, 1975).

1. **AUTHORITY** Sections 53, 63, 65, 81, 103, 104, 161(b), and 161(c) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2073, 2093, 2095, 2111, 2133, 2134, 2201(b), and 2201(c)). The authority for soliciting the social security number is 10 CFR Part 20.
2. **PRINCIPAL PURPOSE(S)** The information is used by the NRC in its evaluation of the risk of radiation exposure associated with the licensed activity and in exercising its statutory responsibility to monitor and regulate the safety and health practices of its licensees. The data permits a meaningful comparison of both current and long term exposure experience among types of licensees and among licensees within each type. Data on your exposure to radiation is available to you upon your request.
3. **ROUTINE USES** The information may be used to provide data to other Federal and State agencies involved in monitoring and/or evaluating radiation exposure received by individuals employed as radiation workers on a permanent or temporary basis and exposure received by monitored visitors. The information may also be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** It is voluntary that you furnish the requested information, including social security number; however, the licensee must complete NRC Form 5 on each individual for whom personnel monitoring is required under 10 CFR 20.202. Failure to do so may subject the licensee to enforcement action in accordance with 10 CFR 20.607. The social security number is used to assure that NRC has an accurate identifier not subject to the coincidence of similar names or birthdates among the large number of persons on whom data is maintained.
5. **SYSTEM MANAGER(S) AND ADDRESS** Director, Office of Management and Program Analysis, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
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NRC FORMS FACSIMILE HANDBOOK

NRC FORM 5, REVERSE

NRC Form 5
(10-81)
10 CFR 20

U. S. NUCLEAR REGULATORY COMMISSION

Approved by GMB
3150-0006
Expires 4-30-83

CURRENT OCCUPATIONAL EXTERNAL RADIATION EXPOSURE

See Instructions on Back.

IDENTIFICATION

1. NAME (PRINT - Last, first, and middle)	2. SOCIAL SECURITY NO.
3. DATE OF BIRTH (Month, day, year)	4. NAME OF LICENSEE

5. DOSE RECORDED FOR (Specify: Whole body; skin of whole body; or hands and forearms, feet and ankles)	6. WHOLE BODY DOSE STATUS (rem)	7. METHOD OF MONITORING (e.g. Film Badge - FB; Pocket Chamber - PC; Calculations - Calc.) X OR GAMMA _____ BETA _____ NEUTRONS _____
--------------------------------------------------------------------------------------------------------	---------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------

8. PERIOD OF EXPOSURE (From - To)	DOSE FOR THE PERIOD (rem)				13. RUNNING TOTAL FOR CALENDAR QUARTER (rem)
	9. X OR GAMMA	10. BETA	11. NEUTRON	12. TOTAL	

LIFETIME ACCUMULATED DOSE

14. PREVIOUS TOTAL (rem)	15. TOTAL QUARTERLY DOSE <small>date rem</small>	16. TOTAL ACCUMULATED DOSE (rem)	17. PERM. ACC. DOSE (IN 18) (rem)	18. UNUSED PART OF PERMISSIBLE ACCUMULATED DOSE (rem)

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 6

NRC Form 6 (10-82) NRCM 0240	U.S. NUCLEAR REGULATORY COMMISSION		
RECOMMENDED DISTRIBUTION Office of the Secretary			
ORIGINATING OFFICE		CONTACT	EXTENSION
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PAPER TYPE			
MEETING	AFFIRMATION	NOTATION	NEGATIVE CONSENT
INFORMATION			
DISTRIBUTION (Check box for each recipient)			
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<input type="checkbox"/>	2 COMMISSIONER GILINSKY	<input type="checkbox"/>	3 RESOURCE MANAGEMENT
<input type="checkbox"/>	2 COMMISSIONER ASSELSTINE	<input type="checkbox"/>	2 EXECUTIVE LEGAL DIRECTOR
<input type="checkbox"/>	2 COMMISSIONER AHEARNE	<input type="checkbox"/>	1 EQUAL EMPLOYMENT OPPORTUNITY
<input type="checkbox"/>	2 COMMISSIONER ROBERTS	<input type="checkbox"/>	2 STATE PROGRAMS
<input type="checkbox"/>	1 CONGRESSIONAL AFFAIRS	<input type="checkbox"/>	2 INTERNATIONAL PROGRAMS
<input type="checkbox"/>	1 PUBLIC AFFAIRS	<input type="checkbox"/>	12 NUCLEAR REACTOR REGULATION
<input type="checkbox"/>	5 GENERAL COUNSEL	<input type="checkbox"/>	4 NUCLEAR MATERIAL SAFETY & SAFEGUARDS
<input type="checkbox"/>	2 INSPECTOR & AUDITOR	<input type="checkbox"/>	10 NUCLEAR REGULATORY RESEARCH
<input type="checkbox"/>	4 POLICY EVALUATION	<input type="checkbox"/>	2 ANALYSIS & EVALUATION OF OPERATIONAL DATA
<input type="checkbox"/>	10 SECRETARY	<input type="checkbox"/>	1 SMALL & DISADVANTAGED BUSINESS UTILIZATION AND CIVIL RIGHTS
<input type="checkbox"/>	1 CODER	<input type="checkbox"/>	3 INSPECTION & ENFORCEMENT
<input type="checkbox"/>	2 DOCUMENT MANAGEMENT BR	<input type="checkbox"/>	REGIONAL OFFICES
<input type="checkbox"/>	3 EXECUTIVE DIRECTOR FOR OPERATIONS	<input type="checkbox"/>	1 KING OF PRUSSIA
<input type="checkbox"/>	1 DEPUTY DIRECTOR FOR OPERATIONS	<input type="checkbox"/>	1 ATLANTA
<input type="checkbox"/>	1 DEPUTY DIRECTOR FOR REGIONAL OPERATIONS & GENERIC REG.	<input type="checkbox"/>	1 CHICAGO
<input type="checkbox"/>	16 ADVISORY COMMITTEE ON REACTOR SAFEGUARDS	<input type="checkbox"/>	1 DALLAS
<input type="checkbox"/>	2 ATOMIC SAFETY & LICENSING BOARD PANEL	<input type="checkbox"/>	1 SAN FRANCISCO
<input type="checkbox"/>	2 ATOMIC SAFETY & LICENSING APPEAL PANEL	<input type="checkbox"/>	
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NUMBER OF COPIES		NUMBER OF COPIES	
REMARKS			
RETURN ORIGINAL TO			
NAME		ORGANIZATION	MAIL STOP

FORMS MANAGEMENT DATA					
1/83					
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
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<input type="checkbox"/> CARD					
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NRC FORMS FACSIMILE HANDBOOK

NRC FORM 7, FACE

NRC FORM 7
(12-81)

APPROVED BY OMB
3150-0027
EXPIRES 11-30-84

U.S. NUCLEAR REGULATORY COMMISSION

INSTRUCTIONS FOR PREPARATION OF APPLICATION FOR LICENSE TO EXPORT NUCLEAR MATERIAL AND EQUIPMENT NRC FORM 7

The signed, original of NRC Form 7 must be submitted by the applicant to the Assistant Director for Export/Import and International Safeguards, U.S. Nuclear Regulatory Commission, Washington, D. C., 20555, or delivered in person to the Commission's Offices at 7735 Old Georgetown Road, Bethesda, Maryland or 1717 H Street, N. W., Washington, D. C. All items on this form should be completed, to the extent the information is available at the time the application is submitted.

An applicant for an export license must make full disclosure of all recipients of the proposed export so that a decision on the application may be made with full knowledge of all relevant facts. The name(s) and address(es) of the plant, facility, firm or location where the material may be handled, stored, converted or fabricated and where the material ultimately will be used, together with precise facts concerning the use that will be made of the items to be exported by each intermediate and ultimate consignee must be stated. The materials or equipment to be exported must be fully and accurately described in detail. If more space is needed, attach an additional sheet of paper.

The following is excerpted from the Nuclear Regulatory Commission regulations prescribing procedures and standards for the export and import of nuclear equipment and nuclear material. For the complete codification of NRC's export and import regulations applicants for licenses should refer to Part 110 of Title 10, Chapter 1, Code of Federal Regulations.

Subpart D—Applications for Specific Licenses

§ 110.30 Filing a license application.

(a) A license application shall be filed with the Assistant Director for Export/Import and International Safeguards, U.S. Nuclear Regulatory Commission, Washington, D. C. 20555, or delivered in person to the Commission's Offices at 1717 H Street, N.W., Washington, D.C. or 7735 Old Georgetown Road, Bethesda, Md.

(b) Except for production or utilization facilities, export license application should be filed on NRC Form 7.

(c) An application for a license to export a production or utilization facility or to import nuclear equipment or nuclear material should be filed by letter.

(d) An applicant may file a consolidated license application involving two or more proposed exports of similar equipment or material destined for the same country, provided all the exports will be made within 2 years or other time period as approved by the Commission, and under reasonably similar circumstances.

(e) If an import license application involves equipment or material which is intended for subsequent export, the applicant may simultaneously apply for the appropriate export license. The issuance of an import license does not imply approval of a subsequent export.

(f) Information contained in a previous application may be incorporated by reference.

§ 110.31 General requirements for an export license application.

Each application for an export license shall state:

- (a) Name and U.S. address of applicant;
- (b) Name and address of supplier of equipment or material, if different from the applicant;
- (c) Name and address of ultimate consignee(s);
- (d) Name and address of intermediate consignee(s);
- (e) Date of proposed first shipment;
- (f) Date of proposed completion of final shipment;
- (g) Contractual delivery dates, if established;
- (h) Proposed expiration date of export license, and

(i) End-use of material or equipment by all consignees, intermediate and ultimate, with sufficient detail to permit accurate evaluation of the justification for the proposed export.

§ 110.32 Additional requirements for a nuclear equipment export license application.

An application for a license to export nuclear equipment shall state the following, in addition to the general information specified in § 110.31:

- (a) General description of the equipment;
- (b) For nuclear reactors, the design power level in thermal or electrical watts;
- (c) Name of installation, if known, in which the equipment is to be used;
- (d) Location where the equipment is to be used;
- (e) Date when equipment is needed abroad;
- (f) Total dollar value of all items to be exported under the requested license; and
- (g) A list of the items proposed to be exported. Such list need only identify the items by the categories listed in paragraphs a. through e. of appendix A.

§ 110.33 Additional requirements for a nuclear material export license application.

Each application for a license to export nuclear material shall state the following, in addition to the general requirement in § 110.31:

- (a) The applicable contract number, if known, of any material supplied under a Department of Energy enrichment lease, or sale contracts;
- (b) Where materials are intended for use in production or utilization facility, estimated date of first use, by ultimate or intermediate consignee;
- (c) Chemical and physical form, including, for enriched uranium, the weight percentage of isotopic enrichment, and, for plutonium, the sum of the percentages of Pu-239 content and Pu-241 content;
- (d) Quantity in grams or kilograms (curies for byproduct material) of: (1) the material in the form exported, (2) any contained uranium or plutonium, and (3) the contained U-235 in enriched uranium; and
- (e) If known, the country of origin of source and special nuclear material including the country where any special nuclear material was produced.

§ 110.34 Requirements for an import license application.

Each application for an import license shall state:

- (a) Name and U.S. address of applicant;
- (b) Country and installation from which the nuclear equipment or material is being imported;
- (c) Name and address of supplier of the nuclear equipment or material;
- (d) Destination and ultimate use of the nuclear equipment or material;
- (e) Date of proposed first shipment;
- (f) Date of proposed completion of final shipment;
- (g) Chemical and physical form of nuclear material, including, for enriched uranium, the weight percentage of enrichment, and for plutonium, the sum of the percentages of Pu-239 content and Pu-241 content;
- (h) Quantity in grams or kilograms of: (1) the nuclear material in the form imported, (2) any contained uranium or plutonium, and (3) the contained U-235 in enriched uranium;
- (i) Mode of transport of nuclear material and package identification (including IAEA Certificate of Competent Authority number); and
- (j) If known, the country of origin of nuclear material including the country where any special nuclear material was produced.

§ 110.35 Further information for a license applicant.

- (a) The Commission may require further information from the license applicant if necessary to complete review of the application.
- (b) Each applicant shall file an amendment to his license application whenever there is any substantive change in the information described in his application.

§ 110.36 Withdrawal of a license application.

- (a) An applicant may withdraw his application at any time.
- (b) An applicant shall withdraw an application when it is superseded by a new application or when he no longer intends to use his license if issued.
- (c) The withdrawal of a license application does not authorize the removal of any NRC record from Commission files.

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/_____(Pad/Sheet per Pad) US/_____(Unit Sets/Number of Parts) MP/_____(Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/_____(Tab Paper/Number of Parts) ENVL OTHER (Specify)	IP	10 CFR 110 STATUS OF EXISTING STOCK USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	7540-00-NRC-0007X	HD	12-81

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 7, REVERSE

NRC FORM 7
(12-81)
10 CFR 110

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB
3150-0027
EXPIRES 11-30-84

APPLICATION FOR LICENSE TO EXPORT NUCLEAR
MATERIAL AND EQUIPMENT *(See Instructions on Reverse)*

1. APPLICANT'S USE		a. DATE OF APPLICATION		b. APPLICANT'S REFERENCE		2. NRC USE		a. DOCKET NO.		b. LICENSE NO.					
3. APPLICANT'S NAME AND ADDRESS						RIS		4. SUPPLIER'S NAME AND ADDRESS							
a. NAME								b. LICENSE NO.							
d. STREET ADDRESS								a. NAME							
c. CITY			STATE		ZIP CODE		b. STREET ADDRESS								
d. TELEPHONE NUMBER (Area Code - Number - Extension)						c. CITY			STATE		ZIP CODE				
5. FIRST SHIPMENT SCHEDULED		6. FINAL SHIPMENT SCHEDULED		7. APPLICANT'S CONTRACTUAL DELIVERY DATE		8. PROPOSED LICENSE EXPIRATION DATE		9. U.S. DEPARTMENT OF ENERGY CONTRACT NO. (If Known)							
10. ULTIMATE CONSIGNEE						RIS		11. ULTIMATE END USE							
a. NAME								b. LICENSE NO.							
d. STREET ADDRESS								c. CITY - STATE - COUNTRY							
c. CITY - STATE - COUNTRY								11a. EST. DATE OF FIRST USE							
12. INTERMEDIATE CONSIGNEE						RIS		13. INTERMEDIATE END USE							
a. NAME								b. LICENSE NO.							
d. STREET ADDRESS								c. CITY - STATE - COUNTRY							
c. CITY - STATE - COUNTRY								13a. EST. DATE OF FIRST USE							
14. INTERMEDIATE CONSIGNEE						RIS		15. INTERMEDIATE END USE							
a. NAME								b. LICENSE NO.							
d. STREET ADDRESS								c. CITY - STATE - COUNTRY							
c. CITY - STATE - COUNTRY								15a. EST. DATE OF FIRST USE							
16. NRC USE		17. DESCRIPTION						18. MAX. ELEMENT WEIGHT		19. MAX. WT. %		20. MAX. ISOTOPE WT.		21. UNIT	
		<i>(Include chemical and physical form of nuclear material, give dollar value of nuclear equipment and components)</i>													
22. COUNTRY OF ORIGIN - SOURCE MATERIAL				23. COUNTRY OF ORIGIN - SNM WHERE ENRICHED OR PRODUCED				24. COUNTRIES WHICH ATTACH SAFEGUARDS (If Known)							
25. ADDITIONAL INFORMATION <i>(Use separate sheet if necessary)</i>															
26. The applicant certifies that this application is prepared in conformity with Title 10, Code of Federal Regulations, and that all information in this application is correct to the best of his/her knowledge.															
27. AUTHORIZED OFFICIAL				a. SIGNATURE				b. TITLE							

INCOMING

INCOMING AND SIGNATURE TAB

Use this side of the sheet to precede the incoming material when assembling correspondence.

(USE REVERSE SIDE FOR SIGNATURE TAB)

FORMS MANAGEMENT DATA					1/83
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NRC FORM 8
(4-79)
NRCM 0240

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SIGNATURE

NRC FORM 8A
(1-77)
NRCM 0240

CONCURRENCE AND SIGNATURE TAB

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SIGNATURE

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NRC FORM 8A
(1-77)
NRCM 0240

CONCURRENCE AND SIGNATURE TAB

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CONCURRENCE

BACKGROUND AND SIGNATURE TAB

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SIGNATURE

FORMS MANAGEMENT DATA								
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NRC FORM 8B
(4-79)
NRCM 0240

BACKGROUND

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Use this side of the sheet to precede the background material when assembling correspondence.

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NRC FORMS FACSIMILE HANDBOOK

NRC FORM 8C

NRC Form 8-C
(4-79)
NRCM 0240

COVER SHEET FOR CORRESPONDENCE

Use this Cover Sheet to Protect Originals of Multi-Page Correspondence.

FORMS MANAGEMENT DATA								
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UNITED STATES
NUCLEAR REGULATORY COMMISSION

ANNOUNCEMENT NO.
DATE:

TO:

SUBJECT:

NRC Form 9 (1/75)

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC:DM	NRCM 0240 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0009X	HD	1-76

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 11

NRC FORM 11 (5-77)		U.S. NUCLEAR REGULATORY COMMISSION		
SAFETY AND HEALTH INSPECTION				
BUILDING INSPECTED		DESIGNATED BUILDING OFFICIAL'S SIGNATURE		
SAFETY AND HEALTH INSPECTOR'S SIGNATURE		EMPLOYEE REPRESENTATIVE'S SIGNATURE		
CATEGORY	DATE INSPECTED	INSPECTION COMPLETED		DATE INSPECTION COMPLETED
		YES	NO	
I. SIGNS				
II. WALKING AND WORKING SURFACES				
III. STAIRWAYS				
IV. EXITS				
V. FLAMMABLES AND COMBUSTIBLES				
VI. ELECTRICAL				
VII. FIRE PREVENTION				
VIII. PERSONAL PROTECTIVE EQUIPMENT				
IX. GUARDING				
X. MATERIAL HANDLING AND STORAGE				
XI. POWERED INDUSTRIAL TRUCKS				
XII. SANITATION				
COMMENTS				

NRC FORM 11 (5-77) SUPERSEDES PREVIOUS EDITIONS.

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input type="checkbox"/> US/_____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ <u>13</u> (Multipage Number of Parts) h to f <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:BO	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0011X	MP/11	5-77

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 11, PAGE 1

SAFETY AND HEALTH INSPECTION			
I. SIGNS	YES	NO	COMMENTS
1. All exits are marked by readily visible signs. • OSHA 1910.37(q) (2).			
2. Doors, passageways, and stairways which are neither exits nor ways of exit access, which could be mistaken for exits or ways of exit, are marked "Not an Exit" or otherwise marked to avoid confusion. • OSHA 1910.37(q) (2).			
3. Flammable and combustible liquid storage cabinets are labeled conspicuously "Flammable - Keep Fire Away." • OSHA 1910.106(d) (3) (ii).			
4. Each hose connection on dry sandpipes is provided with a conspicuous, durable and permanently legible sign reading "Dry Sandpipe for Fire Department Use Only." • OSHA 1910.158(b) (7).			
5. Signs are posted in areas where clearance is limited. • OSHA 1910.176(e).			
6. Floor load limit signs are posted in all areas. • OSHA 1910.22(d) (1).			

NRC FORMS FACSIMILE HANDBOOK

SAFETY AND HEALTH INSPECTION			
1. WALKING AND WORKING SURFACES	YES	NO	COMMENTS
1. All places of employment, passageways, storerooms, and service rooms are kept clean and orderly. • OSHA 1910.22 (a) (1).			
2. Floors, workplaces and passageways are free from protruding nails, splinters, holes or loose boards. • OSHA 1910.22 (a) (3).			
3. Sufficient safe clearances are maintained in aisles, on loading docks, through doorways and wherever turns or passage must be made with mechanical handling equipment. • OSHA 1910.22 (a) (3) and 1910.176 (a).			
4. Safe clearances are maintained in aisles, at loading levels and all other areas where mechanical handling equipment is used. • OSHA 1910.22 (b) (1).			
5. Aisles and passageways are kept free of all obstructions which could create a hazard. • OSHA 1910.22 (b) (1).			
6. Plates of approved design (durable signs) indicating maximum floor loads are posted in all areas. • OSHA 1910.22 (d) (1).			

NRC FORMS FACSIMILE HANDBOOK

SAFETY AND HEALTH INSPECTION			
III. STAIRWAYS	YES	NO	COMMENTS
1. At least one standard stair railing or handrail is provided on every enclosed stairway, 44 inches or less in width, having four (4) or more risers. •OSHA 1910.23 (d) (1) (i).			
2. A minimum tread width of 22 inches is maintained at all times. •OSHA 1910.24 (d).			
3. Treads are reasonably slip-resistant and all nosing has a slip-resistant finish. •OSHA 1910.24 (f).			
4. Stairway platforms are at least 30 inches wide and in no case less than the width of the stairway. •OSHA 1910.24 (g).			
5. At least 7 feet shall be maintained from the leading edge of the riser to any overhead obstruction. •OSHA 1910.24 (i).			

NRC FORMS FACSIMILE HANDBOOK

SAFETY AND HEALTH INSPECTION			
IV. EXITS	YES	NO	COMMENTS
1. Exits are free of locks and other fastening devices that would prevent the free escape from the building. ●OSHA 1910.36 (b) (4).			
2. Exit doors and/or openings are kept clear and unobstructed at all times. ●OSHA 1910.37 (k) (2).			
3. Illumination is adequate and reliable in all areas of the building or structures equipped with artificial illumination. ●OSHA 1910.36 (b) (6).			
4. All exits, exit approaches and ways of travel for exits to street or open space are kept free of all obstructions. ●OSHA 1910.36 (d) (1).			
5. Exits are marked by readily visible signs. ●OSHA 1910.37 (a) (1).			
6. Exit doors swing with the direction of exit travel in rooms occupied by 50 or more employees. ●OSHA 1910.37 (f) (2).			
7. Exit doors swing with the direction of exit travel in high hazard occupancy rooms. (Where contents may burn with extreme rapidity or produce poisonous fumes or explosion in the event of fire.) ●OSHA 1910.37 (f) (2).			
8. Doorways, aisleways, passageways, stairways, etc., that are not ways of exit are marked "Not an Exit" or identified to insure that they are not confused as exits. ●OSHA 1910.37 (a) (2).			
9. All exits discharge directly to a street, yard, court or open space that gives safe access to a public way. ●OSHA 1910.37 (h) (1).			
10. Furnishings, decorations and other objects are placed so as not to obstruct exit access or visibility. ●OSHA 1910.37 (i) (1).			
11. Ceiling heights in all ways of egress are no less than seven feet six inches. ●OSHA 1910.37 (i).			

NRC FORMS FACSIMILE HANDBOOK

SAFETY AND HEALTH INSPECTION			
V. FLAMMABLES AND COMBUSTIBLES	YES	NO	COMMENTS
1. Combustible waste materials and residues are kept in covered metal containers and disposed of daily. •OSHA 1910.106 (e) (9) (iii).			
2. The ground area around building and unit operating areas is kept free of weeds, trash and other unnecessary combustible materials. •OSHA 1910.106 (e) (9) (iv)			
3. All containers (except shipping containers) of flammable liquids having flashpoints at or below 80°F are painted red and further identified with a yellow band around the can or the name of the contents conspicuously indicated on the container. •OSHA 1910.144 (a) (1) (ii).			
4. Flammable and combustible liquid storage cabinets are labeled conspicuously "Flammable - Keep Fire Away". •OSHA 1910.106 (d) (3) (ii).			
5. Metal, flammable and combustible liquid storage cabinets are constructed of at least No. 18 gauge sheet iron, double walled, equipped with three point door locks, a door sill at least 2 inches above the bottom of the cabinet and joints riveted, welded or made tight by some equally effective means. •OSHA 1910.106 (d) (3) (ii) (a).			

NRC FORMS FACSIMILE HANDBOOK

SAFETY AND HEALTH INSPECTION			
VI. ELECTRICAL	YES	NO	COMMENTS
1. Adequate access and working space provided and maintained about electrical equipment to permit ready access, safe operation and maintenance of equipment. • <i>NEC 110-15.</i>			
2. Electrical power for mechanical equipment shut off before working on the machine and tags and locks used to identify and secure electrical switches in "OFF" position while work is being performed. • <i>OSHA 1910.145 (f) (4).</i>			
3. Live parts of electrical equipment guarded against accidental contact by approved cabinets or other approved enclosures. • <i>NEC 110-17.</i>			
4. Electrical disconnects (switch boxes) marked to indicate their purpose. • <i>NEC 110-22.</i>			
5. Noncurrent-carrying metal parts of cord and plug connected and fixed equipment grounded. • <i>NEC 250-43, and 250-45.</i>			
6. Flexible electrical cords are prohibited from being used as substitutes for fixed wiring. • <i>OSHA 1910.309 (a) and NEC 400-4.</i>			
7. Flexible electrical cords are prohibited from being run through holes in walls, ceilings, floors, doorways or windows. • <i>OSHA 1910.309 (a) and NEC 400-4.</i>			
8. Flexible electrical cords are prohibited from being attached to building surfaces. • <i>OSHA 1910.309 (a) and NEC 400-4.</i>			
9. Flexible electrical cords are prohibited from being concealed behind building walls, ceilings, or floors. • <i>OSHA 1910.309 (a) and NEC 400-4.</i>			

NRC FORMS FACSIMILE HANDBOOK

SAFETY AND HEALTH INSPECTION			
VII. FIRE PREVENTION	YES	NO	COMMENTS
1. Exit signs provided at emergency exits. •OSHA 1910.37.			
2. Doorways and passageways that are not an exit or a way to an exit but are subject to be mistaken as an exit, appropriately marked. •OSHA 1910.36.			
3. Fire extinguishers are of the proper type and an adequate number provided. •OSHA 1910.157.			
4. Inspection tag, attached to each extinguisher showing the location, number, last inspection date, and signature of inspector. •OSHA 1910.157.			
5. Extinguishers inspected monthly and semiannually. •OSHA 1910.157.			
6. Extinguishers hydrostatically tested at proper intervals. •OSHA 1910.157.			
7. Extinguishers placed where they are readily accessible (not blocked) and visible from several different directions. •OSHA 1910.157.			
8. Extinguishers mounted at proper heights. •OSHA 1910.157 (a) (6).			
9. Automatic sprinkler system properly maintained. •OSHA 1910.159.			
10. Standpipe and hose systems maintained and tested as required. •OSHA 1910.158.			
11. Extinguishers examined and/or recharged or repaired annually to insure operability. •OSHA 1910.157 (d) (3) (i).			
12. Automatic sprinkle systems, fire detection and alarm systems, exit lighting, fire doors, and other like items of equipment are continuously maintained in proper operating condition. •OSHA 1910.36 (d) (2).			
13. Alarm and fire protection systems are tested weekly under the supervision of a responsible person. •OSHA 1910.37 (n) (1).			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 11, PAGE 8

SAFETY AND HEALTH INSPECTION			
VIII. PERSONAL PROTECTIVE EQUIPMENT	YES	NO	COMMENTS
1. Head protection provided, used and maintained in a sanitary and reliable condition whenever hazards capable of causing injury are present. • OSHA 1910.132 (a).			
2. Protective equipment, including personal protective equipment, is provided and maintained in a sanitary and reliable condition and its use enforced where there is any potential for injury or illness. • OSHA 1910.132 (a).			
3. Employee-owned equipment is maintained in a reliable and sanitary condition. • OSHA 1910.132 (b).			

NRC FORMS FACSIMILE HANDBOOK

SAFETY AND HEALTH INSPECTION			
IX, GUARDING	YES	NO	COMMENTS
1. Foot pedals protected to prevent unintentional operation. • OSHA 1910.217 (b) (4) (i).			
2. Hand-lever operated presses equipped with spring latches to prevent premature or accidental tripping. • OSHA 1910.217 (b) (5) (i).			
3. Two-hand trip systems on full revolution clutch machines are equipped with anti repeat features. • OSHA 1910.217 (b) (6) (ii).			
4. A program of regular inspections has been established to insure that all press parts, auxiliary equipment and safeguards are in a safe operating condition and adjustment. • OSHA 1910.217 (e) (1).			
5. Guards are provided on machines to protect employees from point of operation, ingoing nip-points, rotating parts, flying chips and sparks. • OSHA 1910.212 (a) (1).			
6. Guards are secured to machinery where possible and secured elsewhere where attachment to machine is not possible. • OSHA 1910.212 (a) (2).			
7. Point of operation is guarded on machines where operation exposes employees to injury. • OSHA 1910.212 (a) (3) (iii).			
8. Fan blades, less than seven (7) feet above working surfaces, are equipped with guards having no opening greater than one-half (1/2) inch. • OSHA 1910.212 (a) (5).			
9. Machines designed for a fixed location are securely anchored or otherwise prevented from walking or moving when being operated. • OSHA 1910.212 (b).			

NRC FORMS FACSIMILE HANDBOOK

SAFETY AND HEALTH INSPECTION			
X. MATERIAL HANDLING AND STORAGE	YES	NO	COMMENTS
1. Portable dockboards are secured in position by anchoring or other methods which prevent slipping. • OSHA 1910.30 (a) (2).			
2. Hand holds or other effective means provided on portable dockboards to permit safe handling. • OSHA 1910.30 (a) (4).			
3. Handtrucks and platform trucks maintained in good repair. • OSHA 1910.242.			
4. All storage is stable and secure against sliding or collapse. • OSHA 1910.176 (b).			
5. Storage areas are kept free of materials that constitute hazards from tripping, fire, explosion or pest harborage. • OSHA 1910.176 (c).			
6. Facilities for quick drenching or flushing of the eyes and body provided in all work areas where employees may be exposed to injurious corrosive materials. • OSHA 1910.151 (c).			
7. Tops of lockers, filing cabinets, cases and other relative high objects free of material. • NRC 0507.035 (a).			
8. Furniture and equipment positioned so there are no protruding parts to endanger employees. • NRC 0507.035 (c).			
9. Proper storage provided for sharp objects (knives, scissors, etc.) • NRC 0507.035 (a).			
10. Utility carts equipped with plastic guards that are in good condition on each side. • NRC 0507.035 (g).			

NRC FORMS FACSIMILE HANDBOOK

SAFETY AND HEALTH INSPECTION			
XI. POWERED INDUSTRIAL TRUCKS	YES	NO	COMMENTS
1. When driver's view is obstructed, he drives backwards with the load trailing. • OSHA 1910.178 (n) (4).			
2. Dock boards and bridgeplates are properly secured before they are driven over. • OSHA 1910.178 (m) (11).			
3. Forklift trucks are equipped with vertical load backrest extensions when loads may present a hazard to operators. • OSHA 1910.178 (e) (2).			
4. Methods have been devised to train operators in the safe operation of powered industrial trucks. • OSHA 1910.178 (i).			
5. Smoking prohibited in all battery charging areas. • OSHA 1910.178 (g) (10).			
6. Highway truck brakes set and wheel chocks placed under rear wheels when being boarded with powered trucks. • OSHA 1910.178 (k) (1).			
7. Only trained and authorized employees are allowed to operate powered industrial trucks. • OSHA 1910.178 (l).			
8. Trucks prohibited from being driven up to anyone standing in front of a bench or other fixed objects. • OSHA 1910.178 (m) (1).			
9. Whenever the operator is 25 feet or more away from the vehicle or the vehicle is out of his view, load engaging means are fully lowered, power shut off and brakes set. • OSHA 1910.178 (m) (5) (i).			
10. Powered industrial trucks are equipped with overhead guards. • OSHA 1910.178 (m) (9).			

NRC FORMS FACSIMILE HANDBOOK

SAFETY AND HEALTH INSPECTION			
XII. SANITATION	YES	NO	COMMENTS
1. Receptacles used for liquid or solid waste are equipped with tight-fitting covers or continuously maintained in a sanitary condition. • OSHA 1910.141 (a) (4) (i).			
2. Receptacles used for garbage and refuse disposal are constructed so as not to leak. • OSHA 1910.141 (a) (4) (i).			
3. A continuing and effective extermination program has been instituted where the presence of rodents, insects and other vermin have been detected. • OSHA 1910.141 (a) (5).			
4. Waste food containers emptied daily. • OSHA 1910.141 (g) (3).			
5. Washing facilities maintained in a sanitary condition. • OSHA 1910.141 (d) (1).			
6. Lavatories provided with cold and hot or tepid running water. • OSHA 1910.141 (d) (2) (ii).			
7. Guard provided on drinking fountains to prevent contact by the nose or mouth with the nozzle. • OSHA 1910.141 (b) (1) (ii).			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 14



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555

MEMORANDUM FOR: SAFETY INSPECTOR
ROOM _____

NRC OCCUPATIONAL SAFETY
AND HEALTH MANAGER

SUBJECT: REPORT OF SAFETY OR HEALTH HAZARD DATE:

FROM	BRANCH/OFFICE
PHONE NO.	ANONYMITY REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION OF HAZARD	
NATURE OF HAZARD	
ACTION BY SAFETY OFFICER	
ACTION TAKEN	
DATE HAZARD CORRECTED	FOLLOW UP ACTION IF REQUIRED

NRC FORM 14
(12-81)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:BO	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		Sheet	12-81
			STOCKING POINT		
			<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 14A

NRC - 14A

Nuclear Regulatory Commission

Date:

TO:

FROM:

SUBJECT: SAFETY HAZARD

Location:

Description of hazard:

We request that this hazardous condition be corrected/eliminated by _____.

cc: NRC Safety Officer

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:BO	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	None
STOCKING POINT					
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 15

FACE

NRC Form 15 (1-82) NRCM 0270		U. S. NUCLEAR REGULATORY COMMISSION	
EMPLOYEE LOCATOR NOTIFICATION			
A. TYPE OF NOTIFICATION			
<input type="checkbox"/> NEW EMPLOYEE	<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> OFFICE CHANGE	<input type="checkbox"/> PHONE NUMBER CHANGE
INSTRUCTIONS: To be completed by an employee entering on duty or when there is a change in any of the following information.			
1. NAME (Last, first, and middle initial)			DATE
2. ORGANIZATION (Office, Division, Branch)			
3. ROOM NUMBER	MAIL STOP	OFFICE PHONE NUMBER	
4. HOME ADDRESS (Number and street)			HOME PHONE NUMBER
CITY	STATE	ZIP CODE	COUNTY
B. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME	RELATION	PHONE NUMBER(S)	
ADDRESS (Number and street)			STATE
REMARKS			

COPY 1 CHIEF TELEPHONE OPERATOR

NRC FORM 15, REVERSE,
PART 4

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(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 Nuclear Regulatory Commission on NRC Form 15. This information is maintained in a system of records designated as NRC-36 and described at 40 Federal Register 44532 (September 26, 1975).

- AUTHORITY** 44 U. S. C. 3101
- PRINCIPAL PURPOSE(S)** The information is used by NRC management and service units to locate personnel for purposes of directing mail and telephone calls, and for notification of the persons designated by the employee in the case of emergency involving the employee.
- ROUTINE USES** None.
- WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** Disclosure is voluntary. If the requested information is not provided, however, the telephone calls and mail to the employee may not be processed.
- SYSTEM MANAGER(S) AND ADDRESS**
Chief, Telecommunications Branch
Division of Facilities and Operations Support
Office of Administration
U. S. Nuclear Regulatory Commission
Washington, D. C. 20555

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 4 (Unit Sets/Number of Parts), 8 x 5", <input type="checkbox"/> MP/____ (Multipage/Number of Parts) all parts LABEL print same, part 4 has print <input type="checkbox"/> PC (Postal Card) on reverse <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:T	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	7540-00-NRC-0015X	HD	1-82
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS			
		PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORMS 18, 18A, 18B, 18C, & 18D

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

POSTAGE & FEES PAID
U.S. NUCLEAR REGULATORY
COMMISSION



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

NRC-18 (1/75)

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

NRC-18A(4-81)

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

FIRST CLASS MAIL
POSTAGE & FEES PAID
USNRC
WASH. D. C.
PERMIT No. 587

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 12904 WASHINGTON DC
POSTAGE WILL BE PAID BY ADDRESSEE

U.S. NUCLEAR REGULATORY COMMISSION

NRC FORM 18B
(1-82)

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

NRC FORM 18C
(1-81)

FOURTH-CLASS MAIL
POSTAGE & FEES PAID
USNRC
WASH. D. C.
PERMIT No. 587

NRC FORM 18D
(7-81)

FORMS MANAGEMENT DATA					1/83		
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE		
<input type="checkbox"/> SHEET	ADM:FOS:MM	NRCM 0255	7540-00-NRC-0018X	PD	1-75		
<input type="checkbox"/> CARD			7540-00-NRC-0018A	PD	4-81		
<input checked="" type="checkbox"/> PD/100 (Pad/Sheet per Pad), 3 x 5", non-US/ (Unit Sets/Number of Parts) curl glue			STATUS OF EXISTING STOCK		7540-00-NRC-0018B	PD	1-82
<input type="checkbox"/> MP/ (Multipage/Number of Parts) back			<input type="checkbox"/> USE FIRST DESTROY:	<input type="checkbox"/> OTHER (SPECIFY)	7540-00-NRC-0018C	PD	7-81
<input checked="" type="checkbox"/> LABEL			<input type="checkbox"/> IMMEDIATELY		7540-00-NRC-0018D	PD	7-81
<input type="checkbox"/> PC (Postal Card)			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
<input type="checkbox"/> TC (Tab Card)			STOCKING POINT				
<input type="checkbox"/> TP/ (Tab Paper/Number of Parts)	<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS					
<input type="checkbox"/> ENVL	<input type="checkbox"/> PROMULGATING OFFICE (ONLY)						
<input type="checkbox"/> OTHER (Specify)							

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 20, FACE

NRC Form 20 (3-82) NRCM 0260	U.S. NUCLEAR REGULATORY COMMISSION JOB NUMBER (Leave blank)	
REQUEST FOR PRINTING, GRAPHIC, AUDIOVISUAL, AND PHOTOGRAPHIC SERVICES		
REQUESTING OFFICE Appropriate block must be checked before request will be started.		
OCM ASLBP ASLAP ACRS OVA FE 3C SECY PA CA EDO ADM ELD CON EEO MPA R SP AECO NKSS NRP RES IE SDBU		
OFFICE CODE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24		
REQUESTER	PHONE	DATE
		DATE AND TIME REQUIRED (NOT ASAP)
TITLE OF JOB		MAIL STOP NO.
		FORM OR NUREG NO. <input type="checkbox"/> Unclassified <input type="checkbox"/> Call for Pickup <input type="checkbox"/> Return by Mail <input type="checkbox"/> Deliver to Dist. <input type="checkbox"/> Other
PRINTING (FOR MORE THAN 50 COPIES)	NO. OF PAGES	NO. OF COPIES
	SIZE OF COMPLETED JOB <input type="checkbox"/> 8 1/2 x 11 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> 11 x 17	
	PRINT	PAPER COLOR
	<input type="checkbox"/> One Side <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot	COVER TEXT
OTHER (Specify)		FOLD TO: <input type="checkbox"/> Assemble <input type="checkbox"/> Staple
GRAPHIC <input type="checkbox"/> Design <input type="checkbox"/> Illustration <input type="checkbox"/> Composition <input type="checkbox"/> Exhibit <input type="checkbox"/> Presentation <input type="checkbox"/> Publication <input type="checkbox"/> Other		SIZE OF COMPLETED JOB <input type="checkbox"/> 8 1/2 x 11 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> 30 x 40
AUDIOVISUAL (Check appropriate box and explain under special instructions)	<input type="checkbox"/> Video Service <input type="checkbox"/> Audio Services <input type="checkbox"/> Public Address <input type="checkbox"/> Other	PHOTOGRAPHIC
	SIZE <input type="checkbox"/> 2" x 2" <input type="checkbox"/> 3 1/2" x 5" <input type="checkbox"/> 5" x 7" <input type="checkbox"/> 8" x 10"	QUANTITY (each) <input type="checkbox"/> Negatives <input type="checkbox"/> Positives <input type="checkbox"/> Vugraphs <input type="checkbox"/> 35mm Slides <input type="checkbox"/> Prints <input type="checkbox"/> Other <input type="checkbox"/> Proof Sheet <input type="checkbox"/> Color <input type="checkbox"/> Black & White <input type="checkbox"/> No. Originals
DISTRIBUTION (see NRC Manual Chapter 3203 for definition of codes)		REQUEST FOR PHOTOGRAPHER
CODE <input type="checkbox"/> Div. Dir. & Above <input type="checkbox"/> Branch Chief & Above <input type="checkbox"/> Tech Only <input type="checkbox"/> Supt. Doc. Availability <input type="checkbox"/> GPO/NRC Sales _____ cyps <input type="checkbox"/> NTIS Availability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> AN		Date _____ Time _____
CODE <input type="checkbox"/> R _____ (NRC-_____) <input type="checkbox"/> Agency Repts. A _____ <input type="checkbox"/> Rules & Regs. B _____ <input type="checkbox"/> External C _____		Location _____
CODE <input type="checkbox"/> Comm. Action F. _____ <input type="checkbox"/> Mgt. Adm. M _____ N _____ <input type="checkbox"/> Research R _____ <input type="checkbox"/> File Level 2 _____ <input type="checkbox"/> File Level 3 _____		Person to Contact: _____
SPECIAL INSTRUCTIONS		
MATERIAL SUBMITTED BY — SIGNATURE		DATE
MATERIAL RECEIVED BY — SIGNATURE		DATE
COPYRIGHTED MATERIALS: If copyrighted material is involved, the file should indicate that permission to use that material has been obtained from the copyright owner. Please sign below to indicate that you have received such permission.		
ADMINISTRATIVE OFFICER		DATE

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 5 (Unit Sets/Number of Parts) Print on reverse of part 1 MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:TIDC:PG	NRCM 0260 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) _____ STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	7540-00-NRC-0020X	HD	3-82

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 20, REVERSE PART 1

REPRODUCTION WORKSHEET		
PRESS		
<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL IF PARTIAL NUMBER OF PLATES _____	NAME _____	
	DATE _____	
	NAME _____	
	DATE _____	
BINDERY		
<input type="checkbox"/> COLLATING <input type="checkbox"/> HAND <input type="checkbox"/> MACHINE <input type="checkbox"/> PUNCH <input type="checkbox"/> FOOT STAPLE <input type="checkbox"/> FOLDING <input type="checkbox"/> CUTTING <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL	NAME _____	
	DATE _____	
	NAME _____	
	DATE _____	
	PLATEMAKER	
	NUMBER OF PLATES _____	NAME _____
	DATE _____	
PHOTO LAB		
NUMBER OF NEGATIVES _____	NAME _____	
NUMBER OF PRINTS _____	DATE _____	
NUMBER OF FLATS _____		
COMMENTS		

U.S. Nuclear Regulatory Commission Requisition for Copying Services

(To be used for Copying Requirements from Quick Copy Center, 50 copies or less)

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Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

Requester _____ Phone _____ Mail Station _____

Title of Job _____ Date _____ Date and Time Required (not ASAP) _____

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CLASSIFICATION: Unclassified Other (Specify) _____

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Staple: Yes (Same as Original) No Other (Specify) _____

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<input type="checkbox"/> Wilfite Bldg.	<input type="checkbox"/> 9400	Begin Meter Read	_____
<input type="checkbox"/> NL Bldg.	<input type="checkbox"/> 3600	End Meter Read	_____
<input type="checkbox"/> Phillips Bldg.	<input type="checkbox"/> 7000	Total Copies	_____
MACHINE	<input type="checkbox"/> IBM III	Estimated Cost	_____
<input type="checkbox"/> 9200	<input type="checkbox"/> KODAK		

SPECIAL INSTRUCTIONS

MATERIAL SUBMITTED BY (Signature) _____ DATE _____

IMMEDIATE ATTENTION REQUIRED (Signature, Division Director or Above) _____ DATE _____

EXPEDITE WORK (Signature, Branch Chief or Above) _____ DATE _____

COPYRIGHTED MATERIALS: If copyrighted material is involved, the file should indicate that permission to use that material has been obtained from the copyright owner. Please sign below to indicate that you have received such permission.

Signature, Administrative Officer _____ DATE _____

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	ADM:TIDC:PG	NRCM 0260	7540-00-NRC-0020A	HD	1-83
CARD					
PD/_____(Pad/Sheet per Pad)					
<input checked="" type="checkbox"/> US/ 3_____(Unit Sets/Number of Parts)					
MP/_____(Multipage/Number of Parts)					
LABEL					
PC (Postal Card)					
TC (Tab Card)					
TP/_____(Tab Paper/Number of Parts)					
ENVL					
OTHER (Specify)					
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST		OTHER (SPECIFY)	
		DESTROY:			
		<input type="checkbox"/> IMMEDIATELY			
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS			
		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC Form 21
(11-81)

NRC FORM 21



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

DOCKET NO(S).

SUBJECT:

PART 1

The following documents concerning our review of the subject facility are transmitted for your information.

- Notice of Receipt of Application.
- Draft/Final Environmental Statement, dated _____.
- Notice of Availability of Draft/Final Environmental Statement, dated _____.
- Safety Evaluation Report, or Supplement No. _____, dated _____.
- Notice of Hearing on Application for Construction Permit.
- Notice of Consideration of Issuance of Facility Operating License.
- Application and Safety Analysis Report, Volume _____.
- Amendment No. _____ to Application/SAR dated _____.
- Construction Permit No. CPPR- _____, Amendment No. _____, dated _____.
- Facility Operating License No. _____, Amendment No. _____, dated _____.
- Order Extending Construction Completion Date, dated _____.
- Other (Specify) _____

Enclosures:
As stated

Office of Nuclear Reactor Regulation

CC:

OFFICE						
SURNAME			PART 2			
DATE						

NRC FORM 318 (10/80) NRCM 0240

OFFICIAL RECORD COPY

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/6 (Unit Sets/Number of Parts) All parts <input type="checkbox"/> MP/____ (Multipage/Number of Parts) print same <input type="checkbox"/> LABEL except part 2 which <input type="checkbox"/> PC (Postal Card) contains OFFICIAL <input type="checkbox"/> TC (Tab Card) RECORD COPY, NRC <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) Form 318 <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NRR	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	7540-00-NRC-0021X	HD	11-81
STOCKING POINT					
<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)					

U. S. NUCLEAR REGULATORY COMMISSION

SCHEDULE

MONTH OF _____

Saturday					
Friday					
Thursday					
Wednesday					
Tuesday					
Monday					
Sunday					

NRC FORM 29
(10-81)

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM		PROMULGATING OFFICE	PREScribing DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET, 11 x 17, fold to 11 x 8 $\frac{1}{2}$ "	ADM:FOS		7540-00-NRC-0029X	HD	10-81
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/_____ (Pad/Sheet per Pad)					
<input type="checkbox"/>	US/_____ (Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/_____ (Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/_____ (Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					
		STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)				
		STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 33

FILE CODE											NRC FORM 33 (10-82)		U.S. NUCLEAR REGULATORY COMMISSION			262904	
1	2	3	4	5	6	7	8	9	10	11	DOCUMENT DISTRIBUTION						
<input type="checkbox"/> ACRS MEMBERS						<input type="checkbox"/> ACRS STAFF											
RCA	MB	MWC	JCE	DHA	HA	EMB		PAB	HE	WK	HWL	CM	DRB	AJC	SD	TEF	DCF
FJR	DWM	DO	MP	RFF	MCG	JMG	EI	MWL	JJR	PGS	CPS	DAW	RKM	TGM	JCM	AN	GRO
				BJR	RS	MNS	RCT	MEV					BJW	SS			
DATE RECEIVED:																	
PROJECT ENGINEER:																	
ADDITIONAL INFORMATION:																	
ADDITIONAL DISTRIBUTION BY ENGINEER:																	
RETENTION PERIOD: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY FOR _____ MONTHS <input type="checkbox"/> DESTROY											initials:		Date:				
FILE CATEGORY						CROSS FILE CATEGORY (If any, specify)											

U.S. GOVERNMENT PRINTING OFFICE: 1982 O-388-858

FORMS MANAGEMENT DATA						1/83
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET 8 1/2 x 5 1/2"	ACRS			Sheet	10-82
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/_____ (Pad/Sheet per Pad)					
<input type="checkbox"/>	US/_____ (Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/_____ (Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/_____ (Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					
			STATUS OF EXISTING STOCK			
			<input type="checkbox"/> USE FIRST DESTROY:	<input type="checkbox"/> OTHER (SPECIFY)		
			<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE			
			STOCKING POINT			
			<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 34

NRC FORM 34 (10-82)		U. S. NUCLEAR REGULATORY COMMISSION				
REQUISITION FOR SUPPLIES, EQUIPMENT, OR LABOR SERVICES						
FOLLOW INSTRUCTIONS ON REVERSE OF FORM SET. Retain "Requester's Pending Copy" for record until a copy is returned. SUBMIT THE FORM SET TO: Property and Supply Branch, FOS.		Page _____ of _____				
A. REQUISITIONING ORGANIZATION		B. PROCESSING OFFICES				
1. PERSON TO CONTACT	2. PHONE NO.	3. DATE OF REQ.	1. REQUISITION NUMBER			
4. DELIVER TO (HQ - Building and Room No., RO - Mailing Address)			2. FUNCTIONAL CODE			
			3. REQUIREMENT APPROVED (Signature)			
			4. REQUISITIONING OFFICER (Signature)			
			TITLE			
5. APPROVALS (Items identified under groups 2 through 9 on the reverse of this form must be approved by the Property Custodian and the Office/ Division Director or Designee.)			5. ACTION	SIGNATURE	DATE	
I certify that personal property assets within the Office/Division have been carefully screened for excess, are currently fully utilized, and the additional requested items are absolutely essential to work performance and will be used only for essential, official purposes.			a. POSTED			
			b. P. O. ENTRY			
			c. FILLED			
			d. DELIVERED			
			e. COMPLETED			
a. PROPERTY CUSTODIAN (Signature)			6. SHIP TO (Consignee and Destination)			
b. OFFICE/DIVISION DIRECTOR OR DESIGNEE (Signature)						
PURCHASE ACTION (Leave blank)						
6. REQUESTED ITEMS (Please Type or Print and Double Space Between Items)						
a. ITEM OR STOCK NUMBER	b. DESCRIPTION <small>(INCLUDE JUSTIFICATION for items identified under Group 2 - 9)</small>			c. QUANTITY	d. UNIT	LEAVE COLUMN BLANK
The material and/or services itemized above have been received in the quantity and quality specified, except as otherwise noted.				7. RECIPIENT (Signature)	DATE	

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 5 (Unit Sets/Number of Parts) Print on reverse of part 5 <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:PS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	7540-00-NRC-0034X	HD	10-82
			STOCKING POINT		
			<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS	
			<input type="checkbox"/> PROMULGATING OFFICE (ONLY)		

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 34, REVERSE, PART 5

INSTRUCTIONS

PREPARE SEPARATE REQUISITIONS FOR EACH OF THE FOLLOWING GROUPS:

GROUP

ITEMS

Stock Items:

Office supplies listed in the NRC Stock and Forms Catalog. State stock item number, description and quantity.

Forms listed in the NRC Stock and Forms Catalog as being available from Property and Supply Branch. State stock number, form number, title, and quantity.

(ITEMS IN GROUPS 2 THRU 9 REQUIRE APPROVAL OF PROPERTY CUSTODIAN AND OFFICE/DIVISION DIRECTOR OR DESIGNEE IN BLOCK 5 AND JUSTIFICATION IN BLOCK 6 b., "DESCRIPTION.")

- | | |
|---|-----------------------------------------------------------------------|
| 2 | Supply Items Not Included in the NRC Stock and Forms Catalog |
| 3 | Petty Cash |
| 4 | Office Furniture |
| 5 | Office Equipment |
| 6 | Specialized Equipment |
| 7 | File Cabinets, Special Filing Equipment, Bookcases, and Wall Shelving |
| 8 | Carpeting |
| 9 | Moving Services |

RETAIN "REQUESTER'S PENDING COPY" FOR RECORD UNTIL FOURTH COPY "REQUESTER'S (NOTICE OF PROCESSING ACTION)" IS RETURNED.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 34A

NRC FORM 34A (1-82)		U.S. NUCLEAR REGULATORY COMMISSION				
REQUISITION FOR SUPPLIES						
INSTRUCTIONS: Complete items 1 through 6, below. Upon receipt of the requested supplies, sign item 6 below, and leave this request with the supply room attendant.			FOR PROPERTY AND SUPPLY BRANCH ONLY			
			1. REQUISITION NUMBER			
REQUISITIONING ORGANIZATION		2. ACTION	SIGNATURE	DATE		
1. DATE	2. OFFICE/DIVISION/BRANCH		a. FILLED			
3. PERSON TO CONTACT		TELEPHONE NO.	b. DELIVERED			
4. LOCATION (Bldg., Room)			c. POSTED			
			3. SUPPLY ROOM (Bldg.)	UNIT NUMBER		
5. THE FOLLOWING LIST OF SUPPLIES ARE REQUIRED TO CONDUCT OFFICIAL BUSINESS (Print or Type - double space between items)						
ITEM OR STOCK NUMBER	DESCRIPTION			QUAN- TITY	UNIT	DO NOT WRITE IN THIS COLUMN
6. The services itemized above have been received in the quality and quantity specified, except as otherwise noted.			SIGNATURE		DATE RECEIVED	

GPO 886-872

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET Pink CARD <input checked="" type="checkbox"/> PD: 100 (Pad/Sheet per Pad) <input type="checkbox"/> US/ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:PS		7540-00-NRC-0034A	PD	1-82
STATUS OF EXISTING STOCK					
		<input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	OTHER (SPECIFY)		
STOCKING POINT					
		<input type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 34B

NRC Form 34B (9-82)	U.S. NUCLEAR REGULATORY COMMISSION DATE
REQUISITION RETURN NOTICE	
TO: NAME	MAIL STOP
REQUEST FOR	
REQUISITION NUMBER	REQUEST DATED
THE ATTACHED REQUISITION IS BEING RETURNED FOR THE FOLLOWING REASON(S):	
<input type="checkbox"/> THE PROPERTY CUSTODIAN'S SIGNATURE IS REQUIRED.	
<input type="checkbox"/> THE OFFICE/DIVISION DIRECTOR OR DESIGNEE'S (Name submitted to the Director, FOS) SIGNATURE IS REQUIRED.	
<input type="checkbox"/> COMPLETE BLOCK(S) _____	
<input type="checkbox"/> JUSTIFICATION REQUIRED	
<input type="checkbox"/> INSUFFICIENT JUSTIFICATION _____	
<input type="checkbox"/> INCLUDE IN THE JUSTIFICATION THE INTENDED PROPERTY USER'S NAME AND STAFF POSITION.	
<input type="checkbox"/> OTHER _____	
REMARKS _____ _____ _____ _____	
FOR ADDITIONAL INFORMATION ON THE ATTACHED REQUEST CONTACT _____ PHONE NUMBER _____	
FROM: SIGNATURE: CHIEF, PROPERTY MANAGEMENT SECTION, PROPERTY AND SUPPLY BRANCH, FOS ADM	

FORMS MANAGEMENT DATA					
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input checked="" type="checkbox"/> PD/ 50 (Pad/Sheet per Pad) x 5 1/2 x 8 1/2" <input type="checkbox"/> US/ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:PS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		PD	9-82
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 35

NRC FORM 35 (7-81)	U.S. NUCLEAR REGULATORY COMMISSION RECORDS TRANSFER	Page 1 of _____ Pages	FOR RECORDS HOLDING AREA USE
Prepare in TRIPPLICATE	NOTE: Access to stored records is restricted to personnel of the organization initiating the transfer. Additional restrictions, if desired, should be specified on reverse side of this form.	NRC LOCATION NRC JOB NUMBER	FRC LOCATION FRC ACCESSION NUMBER
1. ORGANIZATION INITIATING TRANSFER (Division, Branch, Section)	PERSON TO CONTACT TEL. NO.	2. PICK UP BOXES FROM	4. DATE OF TRANSFER
3. AUTHORIZING OFFICIAL (Signature)	TITLE	5. BRIEF DESCRIPTION OF RECORDS (Include Group or Series Title or Other Identification)	6. NO. OF CUBIC FEET
(For Records Holding Area Use) SHELF NO.	7. INVENTORY (Give complete information for each item listed) FOLDER OR ITEM TITLE	INCL. DATES OF RECORDS (Mo. Yr.) CLASSIFICATION	8. DISPOSITION (Cite NRCM 0236 Records Maintenance and Disposition) DISPOSAL AUTHORITY RETENTION PERIOD
BOX NO.		FOR RECORDS HOLDING AREA USE	
CERTIFICATION		DATES	
The Schedules cited are correct or have been corrected. (Signature)		ELIGIBLE FOR RETIREMENT TO FRC TRANSFERRED TO FRC	DATE
The boxes listed herein have been received in the Headquarters Records Holding Area. (Signature)		ELIGIBLE FOR DESTRUCTION	DATE

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC:DM	NRCM 0236 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)	X	Sheet	7-81

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 35A

Page _____ of _____ Pages

U.S. NUCLEAR REGULATORY COMMISSION
RECORDS TRANSFER
(Continuation Sheet)

7. INVENTORY (Give complete information for each item listed)

BOX NO.	FOLDER OR ITEM TITLE	INCL. DATES OF RECORDS (Mo. Yr.)	CLASSIFICATION	DISPOSAL AUTHORITY	RETENTION PERIOD

8. DISPOSITION (Cite NRCM 0236 Record Maintenance and Disposition)

(For Records Holding Area Use)

SHELF NO. _____

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify) _____	ADM:TIDC:DM	NRCM 0236 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) _____	7540-00-NRC-0035A	HD	7-81
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 37, FACE

NRC-37
(01-75)

U. S. NUCLEAR REGULATORY COMMISSION
PLANT AND EQUIPMENT RECORD

ESTIMATED LIFE
YEARS

DESCRIPTION OF UNIT

DEPRECIATION RATE
%

DATE	REF.	ADDITIONS			RETIREMENTS			BALANCE		
		UNITS	UNIT PRICE	TOTAL COST	UNITS	UNIT PRICE	TOTAL COST	UNITS	UNIT PRICE	TOTAL COST

ACCOUNT NO. UNIT LOCATION

NRC FORM 37, REVERSE

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD 5 x 8", h to h <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input type="checkbox"/> US/_____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:CON	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Card	1-75

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 39

NRC Form 39 (3-82)		U.S. NUCLEAR REGULATORY COMMISSION				TO BE COMPLETED BY CRESS						
WORD PROCESSING SERVICES REQUEST AND CONTROL						CONTROL NUMBER						
INSTRUCTIONS: Complete items 1 through 5, retain copy 3. Submit this request to CRESS. Complete shaded items for Regulatory Guide page makeup.						DATE/TIME IN						
1. ORIGINATOR'S NAME		CONTACT (For pickup, if other than originator)				DATE _____ TIME _____ AM <input type="checkbox"/> PM <input type="checkbox"/>						
ORGANIZATION (Office, Division, Branch)												
BUILDING		ROOM		TELEPHONE NUMBER						DATE OF REQUEST		
2. BASIC INSTRUCTIONS (Check appropriate boxes)												
<input type="checkbox"/> DRAFT		<input type="checkbox"/> REDRAFT		<input type="checkbox"/> FINAL		<input type="checkbox"/> RETURN W/ MARKUP		<input type="checkbox"/> PROOF				
<input type="checkbox"/> 1st GALLEY		<input type="checkbox"/> 2nd GALLEY		<input type="checkbox"/> PMU		<input type="checkbox"/> FINAL PMU		YES <input type="checkbox"/> NO <input type="checkbox"/>				
<input type="checkbox"/> SINGLE SPACE		<input type="checkbox"/> 1 1/2 SPACE		<input type="checkbox"/> OTHER SPACING (Specify)								
PAPER REQUIREMENTS						OUT						
<input type="checkbox"/> ORIGINAL COPY ONLY		<input type="checkbox"/> LETTERHEAD		NUMBER OF COPIES REQUIRED								
<input type="checkbox"/> 8 1/2 x 11"		<input type="checkbox"/> 8 1/2 x 14"		DATE _____ TIME _____								
<input type="checkbox"/> GUIDE MATS		<input type="checkbox"/> OTHER (Specify)				4 b. DEADLINE						
4 a. SPECIAL INSTRUCTIONS						DATE _____ TIME _____		AM <input type="checkbox"/> PM <input type="checkbox"/>				
5. TITLE						APPROVED CRESS SUPERVISOR (Initials)						
TYPE OF REPORT						UNCLASSIFIED		CLASSIFIED (Class)				
PLANT NAME				SECTION NUMBER		APPROVED CRESS SUPERVISOR (Initials)						
TO BE COMPLETED BY CRESS PERSONNEL												
EQUIPMENT USE												
<input type="checkbox"/> 5520		<input type="checkbox"/> OS/8		<input type="checkbox"/> DISPLAY WRITER		<input type="checkbox"/> COMPOSER		<input type="checkbox"/> SCANNER		<input type="checkbox"/> COMMO		
WORD PROCESSOR												
NAME		LINES PER PAGE	PAGE	NET PAGES	DEGREE OF DIFFICULTY	DATE STARTED SECTION	HOURS OTHER DUTIES		LINE COUNT			
									SIZE	SINGLE	1 1/2 SPACE	DOUBLE
									8 1/2 x 11"	51	34	25
									8 1/2 x 14"	67	45	34
									GALLEY	31		
									SPECIAL MAT	62		
PROOFREADER												
DATE PROOFREAD						INITIALS						
DEGREE OF DIFFICULTY CODES												
A-MINOR REVISIONS B-MAJOR REVISIONS C-RECORD, REVISE "D" D-RECORD TABLES, TRANSCRIPTION, COMPARATIVE TEXT, AND EQUATIONS P-PROOFER CORRECTIONS												

FORMS MANAGEMENT DATA					1/83			
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE		STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
SHEET CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 3 (Unit Sets/Number of Parts), blue MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENV: OTHER (Specify)		ADM:TIDC: CRESS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		7540-00-NRC-0039X	HD	3-82	
		OTHER (SPECIFY)		STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 40

NRC Form 40
(9-78)

U. S. NUCLEAR REGULATORY COMMISSION

CONTROL FORM – OFFICIAL PERSONNEL FILE

This form which has been charged to you must be returned to the Processing Unit, Division of Organization and Personnel, AS SOON AS POSSIBLE but not later than TEN WORK DAYS.

1. YOU ARE RESPONSIBLE FOR THE SAFEKEEPING OF THIS FILE AND ITS CONTENTS WHILE IT IS CHARGED TO YOU.
2. NO PAPERS WILL BE PLACED IN, REMOVED FROM, NOR WILL THE CONTENTS BE DISCLOSED TO UNAUTHORIZED PERSONS.
3. SINCE CERTAIN MATERIAL IS HIGHLY CONFIDENTIAL, ANY SUCH MATERIAL WILL NOT BE SHOWN TO THE EMPLOYEE CONCERNED.

The personnel folder of: _____
(Name)

is charged to: _____
(Name) (Extension)

TO BE RETURNED TO THE DIVISION OF ORGANIZATION AND PERSONNEL, PROCESSING UNIT, LANDOW BUILDING, ROOM 1220, TELEPHONE NO. 49-28277, NO LATER THAN

(Date)

FORMS MANAGEMENT DATA					
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input checked="" type="checkbox"/> CARD, 8 1/2 x 5 1/2" <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:OP	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		Card	9-78
			STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		

1/83

NRC FORMS FACSIMILE HANDBOOK

NRC FORMS 41, 42 & 46, FACE

NRC FORM-41
(2-78)

UNITED STATES NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

REVERSE OF EACH CONTAINS
HEADQUARTERS RETURN
ADDRESS

Note to Addressee: _____ Date: _____

We hereby acknowledge receipt of your recent communication regarding a Commission-issued public notice relating to Docket No. _____

Thank you for your interest.

Acknowledged by: _____

Docketing & Service Branch
Office of the Secretary
of the Commission

NRC-42
(2-75)

UNITED STATES NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

Note to Addressee: _____

We hereby acknowledge receipt of your recent communication in the matter of: Docket No. _____

Your communication has been referred to:

- Office of the Executive Legal Director
- Office of Nuclear Reactor Regulation
- Atomic Safety & Licensing Board
- Atomic Safety & Licensing Board Panel
- Office of Public Affairs
-

We will advise you of hearing dates as soon as they are announced.

Thank you for your interest.

Acknowledged by: _____

Docketing & Service Section
Office of the Secretary
of the Commission

THIS IS AN ACKNOWLEDGEMENT THAT THE NUCLEAR REGULATORY COMMISSION HAS RECEIVED YOUR _____

<input type="checkbox"/>	1. LETTER	DATE _____
SUBJECT _____		
WITH ENCLOSURES _____		
DATE _____		
<input type="checkbox"/>	2. APPLICATION	DATE _____
NOTE: THIS IS AN ACKNOWLEDGEMENT ONLY. NOT A REPLY TO YOUR COMMUNICATION. THE FOLLOWING NUMBERS HAVE BEEN ASSIGNED. PLEASE REFER TO THEM IN FUTURE CORRESPONDENCE.		
DOCKET NUMBER _____		CONTROL NUMBER _____
RECEIVER _____	DATE _____	TELEPHONE NUMBER _____
(30)		
MATERIAL LICENSING BRANCH DIVISION OF FUEL CYCLE AND MATERIAL SAFETY OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS		

NRC FORM 46
(8-81)

FORMS MANAGEMENT DATA						1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input type="checkbox"/> SHEET	SECY	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	NRC Form 41	PC	2-78	
<input checked="" type="checkbox"/> CARD 3 x 5, h to h	SECY		OTHER (SPECIFY) _____	NRC Form 42	PC	2-75
<input type="checkbox"/> PD/____ (Pad/Sheet per Pad)	NMSS			NRC Form 56	P:	6-81
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)						
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)						
<input type="checkbox"/> LABEL						
<input type="checkbox"/> PC (Postal Card)						
<input type="checkbox"/> TC (Tab Card)						
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)						
<input type="checkbox"/> ENVL						
<input type="checkbox"/> OTHER (Specify)		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				

FORM NRC-47 (3-75)		NUCLEAR REGULATORY COMMISSION	
REQUEST FOR CERTIFIED AND REGISTRY MAILING			
REQUESTING OFFICE	MAIL STATION	TYPE OF MAILING REQUIRED (Check One)	
		<input type="checkbox"/> REGISTERED <input type="checkbox"/> CERTIFIED	
CLASSIFICATION (If unclassified, so state)		DO NOT USE THIS BLOCK	
ADDRESSEE		Registry Number	Certified Number
INSTRUCTIONS <i>Requesting Office:</i> Prepare NRC-47, original only, for each item of mail to be registered or certified. Securely attach to letter and forward to Headquarters Mail Service Section. <i>Headquarters Mail Service Station:</i> Complete processing by assigning registry or certified number, date of mailing and then return form to office of origin.		Date Mailed	Date Mailed

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET 8 x 3 1/2" <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:MM	NRCM 0240 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0047X	HD	3-75

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 53A

NRC FORM 53A
(12-75)

U. S. NUCLEAR REGULATORY COMMISSION
ADP TRANSCRIPTION SHEET

JOB TITLE _____
OFFICE _____

PAGE _____ OF _____
DATE _____
PREPARED BY _____

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET 8 $\frac{1}{2}$ x 14" <input type="checkbox"/> CARD PD/_____(Pad/Sheet per Pad) US/_____(Unit Sets/Number of Parts) MP/_____(Multipage/Number of Parts) <input type="checkbox"/> LABEL PC (Postal Card) TC (Tab Card) TP/_____(Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify) _____	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0053A	HD	12-75

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 53B

NRC FORM 53B
(3-82)

SF 82 CONTROL NUMBER _____
 DATE COMPLETED _____
 PAYROLL SEQUENCE NUMBER _____
 DATE SENT TO PAYROLL _____

U. S. NUCLEAR REGULATORY COMMISSION
**REALIGNMENT CHANGE CODING
 FOR AUTOMATED PERSONNEL SYSTEM**

PAGE _____ OF _____
 DATE _____
 PREPARED BY _____

SOCIAL SECURITY NUMBER	CURRENT ORGANIZATION CODE	NEW ORGANIZATION CODE	POSITION NUMBER		EFFECTIVE DATE		EMPLOYEE NAME <small>(Last, First, Middle Initial)</small>																																																																								
			FY	SEQ	MO	DAY		YR																																																																							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

BFO 53B-221

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET 8 1/2 x 14" <input type="checkbox"/> CARD <input type="checkbox"/> PD/ _____ (Pad/Sheet per Pad) <input type="checkbox"/> US/ _____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:OP	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	3-82
			STOCKING POINT		
			<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 56

NRC FORM 56 (12-78)										U.S. NUCLEAR REGULATORY COMMISSION																							
ACTION ITEM CONTROL FORM																																	
A. INITIATING OFFICE																																	
ASSIGNED TRACKING NUMBER										03. PRIORITY		04. A/I TYPE		05. DATE OF REPORT				06. DATE OF TRANSACTION															
01. SENDING OFFICE		02. SEQUENCE NUMBER												MONTH		DAY		YEAR		MONTH		DAY		YEAR									
07. FACILITY										08. REQUESTED COMPLETION DATE				09. REQUESTER																			
										MONTH		DAY		YEAR																			
10. DESCRIPTION																																	
B. ACTION OFFICE																																	
01. RECEIVING OFFICE <i>(Check appropriate office code)</i>										FO1		FO2		FO3		FO4		FO5		HO6		HO7		HCB		HO9		H10		H11		H12	
02. PERSON ASSIGNED										ESTABLISHED COMPLETION DATE				04. CHANGE NUMBER																			
										MONTH		DAY		YEAR																			
TRANSFER INFORMATION																																	
05. TRANSFER ACTION										06. TRANSFER CODE				07. TRANSFER DATE																			
														MONTH		DAY		YEAR															
CLOSEOUT INFORMATION																																	
08. CLOSEOUT ACTION										09. MAN-HOURS		10. CLOSE-OUT CODE		11. CLOSEOUT DATE				12. REQUEST ACKNOWLEDGED															
														MONTH		DAY		YEAR															

FORMS MANAGEMENT DATA					1/83					
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE					
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>4</u> (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	IE		7540-00-NRC-0056X	HD	12-78					
STATUS OF EXISTING STOCK										
USE FIRST DESTROY: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> IMMEDIATELY</td> <td style="width: 50%; border: none;">OTHER (SPECIFY)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE</td> <td style="border: none;"></td> </tr> </table>							<input type="checkbox"/> IMMEDIATELY	OTHER (SPECIFY)	<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	
<input type="checkbox"/> IMMEDIATELY	OTHER (SPECIFY)									
<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE										
STOCKING POINT										
<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)										

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 57

NRC FORM 57 (12-81)		U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, D.C. 20555		Approved by OMB 3150-0063	REQUEST NUMBER 365003	
REQUEST FOR RECORDS <i>(Complete one form for each request)</i>						
DOCKET NO./OTHER	DOCUMENT DATE	TYPE COPY (Check one) <input type="checkbox"/> HARD COPY <input type="checkbox"/> MICROFICHE	LICENSING CATEGORY	REMARKS		
REQUESTER'S NAME						
COMPANY						
STREET ADDRESS						
CITY		STATE	ZIP CODE			
TELEPHONE:	AREA CODE	NUMBER	EXTENSION			
RECORDS MAY NOT BE REMOVED FROM FOLDER OR FROM THE PUBLIC DOCUMENT ROOM						DATE STAMP

* U. S. GOVERNMENT PRINTING OFFICE: 1982-389-769

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 3 (Unit Sets/Number of Parts), 7½ x 4½" <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	SECY:PDR		W7540-00-NRC-0057X	HD	12-81
STATUS OF EXISTING STOCK					
<input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY:					
<input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE					
STOCKING POINT					
<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)					

No. _____ Logging Date _____

NRC SECRETARIAT

TO: Commissioner _____ Date _____
 Exec. Dir./Oper. _____ Gen. Counsel _____
 Cong. Liaison _____ Solicitor _____
 Public Affairs _____ Secretary _____
 Inspector & Auditor _____
 Policy Evaluation _____

Incoming _____
 From: _____ Date _____
 To: _____ Date _____
 Subject: _____

Prepare reply for signature of:

- Chairman _____
- Commissioner _____
- EDO, GC, CL, SOL, PA, SECY, IA, PE _____
- Signature block omitted _____
- _____
- Return original of incoming with response _____

- For direct reply*
- For appropriate action
- For information

Remarks: _____

For the Commission _____

*Send three (3) copies of reply to Secy Correspondence and Records Branch

NRC FORM 62A
(3-82) ACTION SLIP

No. **0302** Logging Date _____

NRC SECRETARIAT

TO: Commissioner _____ Date _____
 Exec. Dir./Oper. _____ Gen. Counsel _____
 Cong. Liaison _____ Solicitor _____
 Public Affairs _____ Secretary _____
 Inspector & Auditor _____
 Policy Evaluation _____

Incoming _____
 From: _____ Date _____
 To: _____ Date _____
 Subject: _____

Prepare reply for signature of:

- Chairman _____
- Commissioner _____
- EDO, GC, CL, SOL, PA, SECY, IA, PE _____
- Signature block omitted _____
- _____
- Return original of incoming with response _____

- For direct reply*
- For appropriate action
- For information

Remarks: _____

For the Commission _____

*Send three (3) copies of reply to Secy Correspondence and Records Branch

NRC FORM 62A
(3-82) ACTION SLIP

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	SECY		Serially Numbered	US/6	3-82
CARD					
PD/____ (Pad/Sheet per Pad)					
<input checked="" type="checkbox"/> US/ 6 (Unit Sets/Number of Parts), 8 1/2 x 5 1/2"					
MP/____ (Multipage/Number of Parts) yellow					
LABEL					
PC (Postal Card)					
TC (Tab Card)					
TP/____ (Tab Paper/Number of Parts)					
ENVL					
OTHER (Specify)					
		STATUS OF EXISTING STOCK	No serial numbers	US/6	3-82
		<input type="checkbox"/> USE FIRST			
		OTHER (SPECIFY)			
		<input type="checkbox"/> DESTROY:			
		<input type="checkbox"/> IMMEDIATELY			
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS			
		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORM 63
(10-75)

SAFE NO. _____

UNCLASSIFIED

Use only for the storage
of Unclassified Information

I Certify That No Classified Information is Stored in This Cabinet.

Signature _____
(Person Responsible For Cabinet)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) <input checked="" type="checkbox"/> LABEL, 5½ x 4¼", orange <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify) _____	ADM:SEC	NRCM 2101 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Label	10-75

NRC Form 64 (1-82) NRCM 1501 Exemption to SF 1012 Approved by NARS 10-81

U.S. NUCLEAR REGULATORY COMMISSION

TRAVEL VOUCHER (PART 1)

(See NRCM Appendix 1501 for instructions for completing this form)
(Do not remove carbons)

1. AMENDMENT (If any)		2. ORGANIZATION CODE A. DIVISION B. SUBUNIT		3. VOUCHER NO. (Leave blank)		4. ADDRESS CODE HOME OFFICE SPECIAL		5. NAME OF TRAVELER (First two initials and last name)			
6a. MAILING ADDRESS (P.O. Box, Street or Office)						b. CITY		STATE		ZIP CODE	
7. RESIDENCE (If different from item 6)				8. OFFICIAL DUTY STATION		9. DATES FOR TRAVEL AND OTHER EXPENSES a. FROM (MM, DD, YY)				b. TO (MM, DD, YY)	
CITY				STATE		CITY		STATE			

NRC TO BE BILLED

11. NUMBER EACH PAGE CONTINUOUSLY		PAGE NO.		TRAVELER'S CERTIFICATION I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described herein, purchased under cash payment procedures. (FPMR 101.7)				TRAVELER'S INITIALS					
INSTRUCTIONS		12. ITEM NUMBER		13. APPROPRIATE TYPE CODE		14. IDENTIFICATION (TR No., Invoice No., etc.) (See INTRU-1010)		15. CARRIER OR RENTAL (Name of carrier)		16. POINTS OF TRAVEL COVERED BY T/P OR PERIOD OF CAR RENTAL (MM, DD, YY) FROM TO		17. MODE AND CLASS OF SERVICE	18. AMOUNT TO BE BILLED
12. Number each item consecutively beginning with "1"													
13. Appropriate type codes to be placed in column 13: A = TR Round Trip B = TR One Way C = Rental Car D = GEBAT E = Other													

19. NUMBER OF BILLING ITEMS LISTED ON THIS PAGE		If more space is required for additional billing items, use another NRC Form 64, and complete items 1 thru 5, and items 11 thru 20.						20. TOTAL AMOUNT TO BE BILLED ON THIS PAGE	
21. AUTHORIZATION NO.		22. SOCIAL SECURITY NO.		23. FOR CHANGE OF DUTY STATION - INDIVIDUALS INCLUDED IN THIS CLAIM: <input type="checkbox"/> Employee <input type="checkbox"/> Employee and Spouse <input type="checkbox"/> Spouse No. of Children Ages 12 to 20 and Parents _____ No. of Children Under 12 _____					
24. READ CAREFULLY (If voucher includes any of the following, mark the appropriate boxes): <input type="checkbox"/> Voucher Includes Shared Cost (shown in Part 2) <input type="checkbox"/> Consultant Travel Expenses Claimed <input type="checkbox"/> Abandonment of Travel (shown in Part 2) <input type="checkbox"/> Comparative Cost Statement Included <input type="checkbox"/> Leave Taken in Connection with T/P (shown in Part 2) <input type="checkbox"/> Local Travel <input type="checkbox"/> Additional Vouchers will be Submitted <input type="checkbox"/> Refund Due on Unused Tickets and/or Refund Slip (shown in Part 2) <input type="checkbox"/> Resistance Attached in Amt. of \$ _____ <input type="checkbox"/> House Raising				25. TRAVEL ADVANCE (For Office of Resource Management Use) Balance brought forward \$ _____ Amount to be applied \$ _____ Balance due \$ _____		26. EXAMINER'S DEDUCTIONS (For Office of Resource Management Use) \$ _____ \$ _____ \$ _____ Examined by: _____ Date: _____			
27. ACTUAL TIME IN TRAVEL FOR PER DIEM CALCULATION Date: _____ Quarters (Mark one box for any fractions of a day) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		28. SCHEDULE NO. (For Office of Resource Management Use)		29. TOTAL AMOUNT CLAIMED		30. TOTAL FOREIGN COSTS INCLUDED IN ITEM 29		31. NET TO TRAVELER (For Office of Resource Management Use)	
32. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment of amount has not been received by me. When applicable, this claim claimed is based on the average cost of lodging incurred during the period covered by this voucher.				SIGNATURE OF TRAVELER *				DATE	
33. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government.				34. This voucher is certified correct and proper for payment.					
SIGNATURE OF APPROVING OFFICIAL **				DATE		AUTHORIZED CERTIFYING OFFICER		DATE	
35. ACCOUNTING CLASSIFICATION (For Office of Resource Management Use)									
Object Class		Detail		B & R Class		Amount			
A									
B									
C									
D									
E									
F									

* Fraudulent Claim - Fabrication of an item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, 10, 1001).
** If Long Distance telephone calls are included, the approving official must have been authorized in writing by the head of the Department or Agency to so certify (31 U.S.C. 6804).
SEE REVERSE OF PAGE COPY FOR PRIVACY ACT STATEMENT

FORMS MANAGEMENT DATA						1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
SHEET		RM:A	NRCM 1501	7540-00-NRC-0064X	HD	3-82	
CARD			STATUS OF EXISTING STOCK				
PD/____ (Pad/Sheet per Pad)			<input type="checkbox"/> USE FIRST				
US/ 7 (Unit Sets/Number of Parts) PART 2			<input type="checkbox"/> DESTROY: OTHER (SPECIFY)				
MP/____ (Multipage/Number of Parts) differs,			<input type="checkbox"/> IMMEDIATELY				
LABEL Print, reverse PART 4			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
PC (Postal Card)			STOCKING POINT				
TC (Tab Card)			<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS				
TP/____ (Tab Paper/Number of Parts)			PROMULGATING OFFICE (ONLY)				
ENVL							
OTHER (Specify)							

NRC Form 64
(3-82)
NRCM 1501
Exception to SF 1012
Approved by NARS 10-81

U.S. NUCLEAR REGULATORY COMMISSION

TRAVEL VOUCHER (PART 1)

CC 1	CC 2	CC 3-4	CC 5-6	CC 7-11	CC 12	CC 14	CC 15-35		
J	A				Y	A B			
CC 36-57							CC 58-75	CC 76-80	
							CARD 3 CONTINUED		
							CC 15-20	CC 21-26	
CC 1-11	CC 12	CC 13							
2	CC 14	CC 15	CC 16-24	CC 30-37	CC 38-45	CC 46-53	CC 62-66	CC 75-80	
↓									
CC 1-11	CC 3	CC 13 T	CC 14					CC 75-80	
CC 1-11	CC 12 4	CC 14-18	CC 19-27	CC 38					
				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C					
CC 28	CC 29	CC 30	CC 31	CC 32	CC 33	CC 34	CC 35	CC 36	CC 37
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			CC 50-55			CC 39			CC 40
CC 41-43		CC 44	CC 45-49	CC 63-68	CC 69-74	CC 75-80			
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3						

CC 1-11	CC 12	CC 13	CC 14-15	CC 16-17	CC 18-26	CC 27-32	CC 33	CC 34-35	CC 36-37	CC 38-46	CC 47-52	CC 53	CC 54-55	CC 56-57	B CC 58-66	CC 67-72
5	A						B					C				
5	D						E					F				

KEYPUNCH COPY

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(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 Nuclear Regulatory Commission on NRC Forms 64 and 64A. This information is maintained in a system of records designated as NRC-20 and described at 40 Federal Register 45341 (October 1, 1975).

1. **AUTHORITY** 31 U.S.C. 21, 22, 24, 49, 54, 66a, and 952; 5 U.S.C. 5701; Federal Travel Regulations and Federal Property Management Regulations, Part 101-7.
2. **PRINCIPAL PURPOSE(S)** Information entered on this form is used to make reimbursement claims for approved and authorized travel expenses, per diem, and other change of station expenses.
3. **ROUTINE USES** Information on this form is used for transmittal to the U.S. Treasury to secure payment. The information may also be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION.** Disclosure is mandatory. If the requested information is not provided, reimbursement may be denied. Solicitation of the social security number is authorized under Executive Order 9397 dated November 22, 1943. The use of the Social Security Number is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the social security number. Failure to provide the social security number may result in delayed processing.
5. **SYSTEM MANAGER(S) AND ADDRESS.**
Controller
Office of Resource Management
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 65

NRC FORM 65 (10-75)		MILESTONE DATA CARD		U.S. NUCLEAR REGULATORY COMMISSION											DATE	PAGE																																																																
										PLANT																																																																						
CARD ID	DOCKET NUMBER					MILESTONE NUMBER					SPACES					TARGET DATE				EST DATE				STATUS												SPACES																																												
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
B																																																																																
T																																																																																
V																																																																																

FORMS MANAGEMENT DATA					1/83			
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE		STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET, 14 x 8 $\frac{1}{2}$ "	RM:D	RM:D	STATUS OF EXISTING STOCK			Sheet	10-75	
<input type="checkbox"/> CARD			USE FIRST					OTHER
<input type="checkbox"/> PD/_____ (Pad/Sheet per Pad)			DESTROY:					(SPECIFY)
<input type="checkbox"/> US/_____ (Unit Sets/Number of Parts)			IMMEDIATELY					
<input type="checkbox"/> MP/_____ (Multipage/Number of Parts)			WHEN NEW STOCK IS AVAILABLE					
<input type="checkbox"/> LABEL			STOCKING POINT					
<input type="checkbox"/> PC (Postal Card)			WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS					
<input type="checkbox"/> TC (Tab Card)			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					
<input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts)								
<input type="checkbox"/> ENVL								
<input type="checkbox"/> OTHER (Specify)								

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 70

NRC FORM 70
(3-77)
NRCM 2101

U.S. NUCLEAR REGULATORY COMMISSION

REQUEST FOR NAME CHECK

INSTRUCTIONS	
1. All copies of this form must be legible; please use TYPEWRITER ONLY in filling it out.	2. After you have filled out the form, please DO NOT REMOVE the carbons.
FULL NAME (Married woman include maiden name)	DATE AND PLACE OF BIRTH
HOME ADDRESS	CITIZENSHIP
OCCUPATION	NAME AND ADDRESS OF PRESENT EMPLOYER
ADDITIONAL IDENTIFYING INFORMATION	
SUBMITTING ORGANIZATION	DATE

NRC FORM 70 (3-77)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>6</u> (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2101 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		US/6	3-77

NRC FORMS FACSIMILE HANDBOOK

NRC FORMS 72 & 73

NRC FORM 72, FACE

NAME (Last, First, Middle Initial)		MINIMUM GRADE	ELIGIBLE GRADE
HOME ADDRESS		SPECIALIZATION	CATEGORY
REGISTER DATE	VETERAN PREFERENCE		
REMARKS			

NRC FORM 72
10-82

APPLICANT CARD

U.S. NUCLEAR REGULATORY COMMISSION

NRC FORM 72, REVERSE

REFERRAL HISTORY				
DATE	TO	CN NUMBER	RESULTS	ACTION

NRC FORM 73

AUTHOR _____

TITLE _____

Volume _____ Copy _____	Date Due
Borrower's Name _____	
Division _____ Extension _____	
Date _____	

Interdepartmental _____ Interlibrary Loan _____

NRC Form 73
(3-75)

LAW LIBRARY - CHARGE OUT

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET	3 x 5" PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:O&P ELD	STATUS OF EXISTING STOCK	W 7540-00-NRC-0072X	HD	6-82	
<input type="checkbox"/> CARD							<input type="checkbox"/> USE FIRST
<input type="checkbox"/> PD/____			DESTROY:				
<input type="checkbox"/> US/____			<input type="checkbox"/> IMMEDIATELY	WHEN NEW STOCK IS AVAILABLE			
<input type="checkbox"/> MP/____			STOCKING POINT				
<input type="checkbox"/> LABEL			<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS			
<input type="checkbox"/> PC (Postal Card)			PROMULGATING OFFICE (ONLY)				
<input type="checkbox"/> TC (Tab Card)							
<input type="checkbox"/> TP/____							
<input type="checkbox"/> ENVL							
<input type="checkbox"/> OTHER (Specify)							

U.S. NUCLEAR REGULATORY COMMISSION

SENIOR OPERATOR LICENSE

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and subject to the conditions and limitations incorporated herein, the Nuclear Regulatory Commission hereby licenses:

LICENSE NO. S O P —

DOCKET NO. 55 —

EFFECTIVE
DATE

AMENDED
DATE

to direct the licensed activities of licensed operators at, and to manipulate all controls of, the following facility or facilities:

This license is subject to the provisions of Section 55.31 of the U.S. Nuclear Regulatory Commission's regulations, Title 10, Code of Federal Regulations, Chapter 1, Part 55, with the same force and effect as if fully set forth herein.

In directing the licensed activities of licensed operators and in manipulating the controls of the above facility or facilities the licensee shall observe the operating procedures and other conditions specified in the facility license which authorizes operation of the facility or facilities, and shall comply with the following conditions:

- The licensee shall wear corrective eyeglasses while performing the activities for which he is licensed.
-

The issuance of this license is based upon examination of the licensee's qualifications, including the representations and information contained in his application for license filed under the docket number indicated above.

Unless sooner terminated, this license shall expire two years from the effective date.

A copy of this license has been made available to the facility licensee indicated below.

For the Nuclear Regulatory
Commission

Director, Division of Human Factors Safety
Office of Nuclear Reactor Regulation

NRC FORM 78 (9-76)
10 CFR 55

FORMS MANAGEMENT DATA						
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
SHEET CARD PD/____ (Pad/Sheet per Pad) US/ 8 (Unit Sets/Number of Parts) All parts MP/____ (Multipage/Number of Parts) print same LABEL except Parts 7 and 8 PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	NRR:DHFS	10 CFR 55	*W 7540-00-NRC-0078X	HD	9-76	
		STATUS OF EXISTING STOCK				
		<input type="checkbox"/> USE FIRST				OTHER (SPECIFY)
		DESTROY:				
		<input type="checkbox"/> IMMEDIATELY				
<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE						
STOCKING POINT						
<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS					
<input type="checkbox"/> PROMULGATING OFFICE (ONLY)						

1/83



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555

• LICENSE NO. S O P —
DOCKET NO. 55 —
EFFECTIVE
DATE
AMENDED
DATE

Subject: **NOTIFICATION OF LICENSE EXPIRATION**

Dear Licensee:

In accordance with the provisions of NRC Regulation, 10 CFR Part 55, your existing license is valid until a determination on your renewal application is made, provided that your complete application for renewal in accordance with Section 55.33, is received by this office at least thirty days before the expiration date of your existing license. Applications should be submitted in triplicate, except that only one copy of NRC Form 396 is required.

This notice of your license expiration is sent for your convenience, and it should not be inferred that similar notices will be sent in the future. The responsibility for submitting a timely application for renewal remains with the licensee.

Enclosure:

**NRC Form 396, Certificate of
Medical Examination (Licensee only)**

Sincerely,

Director, Division of Human Factors Safety
Office of Nuclear Reactor Regulations

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 79, FACE

NRC FORM 79 (2-81)		U. S. NUCLEAR REGULATORY COMMISSION		1. LICENSE OR DOCKET NUMBER	
EVALUATION FOR VIOLATIONS INVOLVING ELEVATED ENFORCEMENT ACTION				2. LICENSEE (Utility and plant name)	
3. INSPECTION- INVESTIGATION		4. INSPECTOR- INVESTIGATOR		5. ENFORCEMENT ACTION NUMBER	6. FUNCTIONAL AREA INVOLVED
DATE	REPORT NUMBER				
7. EVALUATION DATES (Month, day, year)			8. ISSUANCE (For dates, use month, day, year)		
FORWARDED TO HQ	RECEIVED BY HQ	DATE PROPOSED	EN NUMBER	DATE IMPOSED	EN NUMBER
					DATE CLOSED
9. REGIONAL EVALUATION OF VIOLATIONS					
a. EVENT (use continuation page for each)					
b. ASSOCIATED VIOLATIONS (use continuation page if necessary)				c. SEVERITY LEVEL (Identify which)	
				LEVEL	DURATION
					SUPPLEMENT NUMBER
10. REGIONAL RECOMMENDATION (check appropriate box)					
<input type="checkbox"/> a. CIVIL PENALTY	<input type="checkbox"/> b. NOTICE OF VIOLATION (if notice of violation only, explain)	<input type="checkbox"/> c. OTHER (explain)			
<input type="checkbox"/> b. ORDER					
<input type="checkbox"/> 1. MODIFICATION					
<input type="checkbox"/> 2. SUSPENSION					
<input type="checkbox"/> 3. REVOCATION					
<input type="checkbox"/> 4. IMMEDIATELY EFFECTIVE					
<input type="checkbox"/> YES					
<input type="checkbox"/> NO					
11. HEADQUARTERS EVALUATION OF VIOLATIONS					
<input type="checkbox"/> a. CONCUR WITH REGION	<input type="checkbox"/> b. CONCUR WITH MODIFICATIONS (explain)	E1	ELD		
<input type="checkbox"/> c. NONCONCURRENCE (explain)					
12. HEADQUARTERS					
a. EVENT (use continuation page for each)					
b. ASSOCIATED VIOLATIONS (use continuation page if necessary)					
13. CIVIL PENALTY INFORMATION (use continuation page if necessary)					
REGIONAL OFFICE		DESCRIPTION		HEADQUARTERS	
d. INCREASE PENALTY BECAUSE OF PRIOR KNOWLEDGE (Recipients get an increase not to exceed 25% and explain reasons for increase)					

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET h to h, 11 x 17"	IE			MP/4	2-81
	CARD					
	PD/____ (Pad/Sheet per Pad)					
	US/____ (Unit Sets/Number of Parts)					
<input checked="" type="checkbox"/>	MP/ 4 (Multipage/Number of Parts)					
	LABEL					
	PC (Postal Card)					
	TC (Tab Card)					
	TP/____ (Tab Paper/Number of Parts)					
	ENVL					
	OTHER (Specify)					
			STATUS OF EXISTING STOCK			
			<input type="checkbox"/> USE FIRST DESTROY:			
			<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE			
			OTHER (SPECIFY)			
			STOCKING POINT			
			<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS			
			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 79, PAGE 2

13. CIVIL PENALTY INFORMATION (Continued)		
REGIONAL OFFICE	DESCRIPTION	HEADQUARTERS
b. REDUCE PENALTY BECAUSE OF SELF-IDENTIFICATION (50% maximum give amount of reduction and reason)		
c. REDUCE PENALTY BECAUSE OF GOOD FAITH (25% maximum give amount of reduction and reason)		
d. FURTHER MODIFICATION PROPOSED (Explain)		
e. PRIOR ENFORCEMENT CONFERENCE HELD (Give date and subject)		
14. CIVIL PENALTY RATE RECOMMENDATION		
REGIONAL OFFICE	TYPE OF RECOMMENDATION	HEADQUARTERS
	a. BASE LEVEL	
	c. INCREASE	
	SUBTOTAL	SUBTOTAL
	f. LESS REDUCTION BECAUSE OF SELF IDENTIFICATION	
	SUBTOTAL	SUBTOTAL
	g. LESS REDUCTION BECAUSE OF GOOD FAITH	
	TOTAL	TOTAL
15. APPROVAL INFORMATION		
REGION	DATE	CONTACT NAME
HEADQUARTERS	DATE	CONTACT NAME
OFFICE OF THE EXECUTIVE LEGAL DIRECTOR	DATE	CONTACT NAME
HEADQUARTERS USE ONLY (Use continuation page if necessary)		

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 79, PAGES 3 & 4

NRC FORM 79 (2 of 1)		U.S. NUCLEAR REGULATORY COMMISSION		1. LICENSE OR DOCKET NUMBER	
EVALUATION FOR VIOLATIONS INVOLVING ELEVATED ENFORCEMENT ACTION <i>(Continuation Page)</i>				2. LICENSEE (utility and plant name)	
3. DATE OF INSPECTION/INVESTIGATION		4. NRC INSPECTOR/INVESTIGATOR		5. ENFORCEMENT ACTION NUMBER	
6. EVALUATION DATES (Month, day, year)			7. ISSUANCE DATE		
FORWARDED TO HEADQUARTERS		RECEIVED IN HEADQUARTERS		PROPOSED	
				FINAL	
8. SUPPLEMENTAL DATA (list item number and support for each response)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 80 , FACE

NRC FORM 80 (5-80)	U. S. NUCLEAR REGULATORY COMMISSION TEMPORARY BADGE REQUEST/RECEIPT DUE TO LOST OR FORGOTTEN BADGE	Printed Name Badge Number Building Date
INSTRUCTIONS: When temporary badge is turned in, keep pink (suspense) copy of this form to assure you are credited with the badge's return.		
(Check one) <input type="checkbox"/> LOST (Lost badges must be reported to Division of Security immediately) <input type="checkbox"/> FORGOTTEN (Copy to suspense file pending return of temporary badge) <input type="checkbox"/> OTHER (Specify)		
REMARKS (Reason(s) for lost or forgotten badge)		
NOTE: Loss of pass or badge under circumstances of negligence may result in a security infraction.		
SIGNATURE - PROTECTIVE PERSONNEL	SIGNATURE - BADGE RECIPIENT	TELEPHONE EXT.

NRC FORM 80, REVERSE,
PART 2

PRIVACY ACT STATEMENT

Pursuant to 5 U. S. C. 552a(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 Nuclear Regulatory Commission on NRC Form 80. This information is maintained in a system of records designated as NRC-40 and described at 44 Federal Register 40162 (July 9, 1979).

1. **AUTHORITY** Sections 145 and 161(i), (k), and (p) of the Atomic Energy Act of 1954, as amended (42 U. S. C. 2165 and 2201(i), (k), and (p)), and Executive Order 12065.
2. **PRINCIPAL PURPOSE(S)** The principal purposes are to control the flow and maintain the accountability of identification badges issued by the NRC and to maintain records of lost or forgotten NRC identification badges.
3. **ROUTINE USES** The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for the agency's decision about you.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** It is voluntary that you furnish the requested information. If the information is not furnished, you may be denied an identification badge or access to NRC controlled areas.
5. **SYSTEM MANAGER(S) AND ADDRESS** Director, Division of Security, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, D. C. 20555.

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 2 ____ (Unit Sets/Number of Parts) PART 2 <input type="checkbox"/> MP/____ (Multipage/Number of Parts) prints on reverse <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2101 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0080X	HD	5-80

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 87

NAME	FILE NO.	MO	DAY	YR	CLEAR- ANCE	SEN- SI- TIVITY	EMPLOYER	MO	YR
		DATE OF BIRTH						LAST INVESTIGATION	
TYPE PROCESSING:		TYPE INVESTIGATION:		REINVESTIGATION PROGRAM					
<input type="checkbox"/> REGULAR		<input type="checkbox"/> FBI FULL FIELD		<input type="checkbox"/> SUPPLEMENTAL FF					
<input type="checkbox"/> EXPEDITE		<input type="checkbox"/> CSC FULL FIELD		<input type="checkbox"/> F & FP CHECK #1					
		<input type="checkbox"/> NAC		<input type="checkbox"/> F & FP CHECK #2					
		<input type="checkbox"/> NACI							
		<input type="checkbox"/> F & FP CHECK							
		<input type="checkbox"/> NONE							
FORMS RECEIVED.....									
REMARKS:									
<input type="checkbox"/> REINSTATEMENT									
<input type="checkbox"/> UPGRADE/DOWNGRADE OF CLEARANCE									
<input type="checkbox"/> OTHER									
PRESCREENING.....									
INVESTIGATION REQUESTED.....									
INVESTIGATION RECEIVED.....									
SECURITY APPROVAL.....									
DATE OF GRANT.....									
TERMINATION.....									
NRC FORM 87		PROCESS INDEX CARD		GPO 882-825		U.S. NUCLEAR REGULATORY COMMISSION			
(1-79)									

FORMS MANAGEMENT DATA						1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET	ADM:SEC	NRCM 2101		Card	9-77	
<input type="checkbox"/> CARD, buff, 7 1/2 x 3 1/4"						
<input type="checkbox"/> F./ (Pad/Sheet per Pad)						
<input type="checkbox"/> US/ (Unit Sets/Number of Parts)						
<input type="checkbox"/> MP/ (Multipage/Number of Parts)						
<input type="checkbox"/> LABEL						
<input type="checkbox"/> PC (Postal Card)						
<input type="checkbox"/> TC (Tab Card)						
<input type="checkbox"/> TP/ (Tab Paper/Number of Parts)						
<input type="checkbox"/> ENVL						
<input type="checkbox"/> OTHER (Specify)						
		STATUS OF EXISTING STOCK				
		<input type="checkbox"/> USE FIRST DESTROY:	OTHER (SPECIFY)			
		<input type="checkbox"/> IMMEDIATELY				
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
		STOCKING POINT				
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS				
		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 88

U. S. NUCLEAR REGULATORY COMMISSION
 Health, Safety, and Environment
 Serial Information Control System
 HOLDINGS, COMMENTS, AND PUBLISHER/VENDOR CHANGES

NRC-88
 (4-75)

See User Manual for instructions and appropriate marks

HOLDINGS		COMMENTS		PUBLISHER/VENDOR						
TRAILER CODE	JOURNAL ID	TRAILER CODE	COMMENTS	TRAILER CODE	PUBLISHER/VENDOR No.	ACTION CODE	COPIES/VENDOR	PUBLISHER REF. No.	CREATED/ISSUED	PUBLISHER NAME
H 1		H 2		P 1						
H 1		H 2		P 2						
H 1		H 2		P 3						

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET CARD PD/_____(Pad/Sheet per Pad) US/_____(Unit Sets/Number of Parts) MP/_____(Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/_____(Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:TIDC:L	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	4-75

U. S. NUCLEAR REGULATORY COMMISSION
 Headquarters Library
 See us Information Control System
 MISCELLANEOUS INPUT DATA

NRC-88A
 (4-75)

See user manual for
 format for information
 and response data

C I D O	CARD TYPE	JOURNAL ID	VOLUME NO.	ISSUE NO.	COPY NO.	LETTER CODE	DATE ON ISSUE (MM DD YY)
1	1 - Non-Standard 2 - Plain Writing 3 - Other	4-8	9-12	13-18	19-21	22-25	26-28
X							
X							
X							

C I D O	JOURNAL ID	ISSUE NO.	DISPLAY CODE	LOCAL LOCATION CODE	ISSUE DESCRIPTION
1	4-8	9-12	13-18	19-21	22-25
\$1					
\$1					
\$1					

C I D O	JOURNAL ID	ISSUE NO.	INDEX LOCATION
1	4-8	9-12	13-18
\$2			
\$2			
\$2			

FORMS MANAGEMENT DATA						1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/_____ (Pad/Sheet per Pad) US/_____ (Unit Sets/Number of Parts) MP/_____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/_____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:TIDC:L	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	4-75	
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 88B

NRC 88B
(4-75)

HEADQUARTERS LIBRARY
SERIAL INFORMATION CONTROL SYSTEM

See User's Manual "Serial
Information Control System"
for instructions and
appropriate codes

ACCESSION CHANGES

	ALWAYS COMPLETE THESE ITEMS															USE TO ADD OR CHANGE					USE TO CHANGE											
	JOURNAL ID					VOLUME NUMBER					ISSUE NUMBER					C - CHANGE D - DELETE A - ADD					DATE ON ISSUE			CHANGED VOLUME NUMBER	CHANGED ISSUE NUMBER							
																										M	M	D	D	Y	Y	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
1	Y	1															0	0														
2	Y	1															0	0														
3	Y	1															0	0														
4	Y	1															0	0														
5	Y	1															0	0														
6	Y	1															0	0														
7	Y	1															0	0														
8	Y	1															0	0														
9	Y	1															0	0														
10	Y	1															0	0														
11	Y	1															0	0														
12	Y	1															0	0														
13	Y	1															0	0														
14	Y	1															0	0														
15	Y	1															0	0														
16	Y	1															0	0														
17	Y	1															0	0														
18	Y	1															0	0														
19	Y	1															0	0														
20	Y	1															0	0														
21	Y	1															0	0														
22	Y	1															0	0														
23	Y	1															0	0														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM;TIDC:L	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	4-75
			STOCKING POINT		
			<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		

NRC 88C
(4-75)

See User's Manual "Serial Information Control System" for instructions and appropriate codes

U. S. NUCLEAR REGULATORY COMMISSION
Headquarters Library
Serial Information Control System
JOURNAL ENTRY

Page _____ of _____
Date _____
Prepared by _____

HEADER I CARDS	AS PURCHASE CARD COLUMNS 3-8 INTO ALL CARDS WHEN DATA IS PRESENT		JOURNAL ID	ACTION CODE	N New A Action C Change		1 New 2 Deleted 3 Price Change		
	1. TRANSACTION CODE	2. CROSS REFERENCE JOURNAL ID	3. CROSS REFERENCE CODE						
	4. TITLE								
	5. VOLUME NUMBER (Range 0001-9999)	6. ISSUE NUMBER (Range 0001-9999)	7. DATE ON ISSUE						
	1. TRANSACTION CODE	2. NEW PURCHASE ORDER NUMBER	3. OLD PURCHASE ORDER NUMBER	4. CODE ON PURCHASE ORDER					
	5. NO. OF ISSUES (Number on Purchase Order 01-99)	6. EXPIRATION DATE ON PURCHASE ORDER	7. START DATE (MM/DD/YY)	8. PUBLISHER NO. (Range 0001-9999)	9. TYPE OF JOURNAL		10. FREQUENCY OF ISSUE (Check one)		
	1. TRANSACTION CODE	2. RECEIPT CONTROL LED (ENTER N if NO)	3. PRINT ON ACCESSION REPORT (ENTER N if NO)	4. FREQUENCY OF ISSUE (Check one)		5. PRE (Complete Item 5, this card)			
	6. FREQUENCY TABLE (Complete one of 2 depending on Item 4)								
	7. ISSUES PER VOLUME (Range 0001-9999)	8. MISSING ISSUE DATE (Range 01-99)	9. CLAIM LETTER DATE (Range 01-99)	10. LANGUAGE		11. MEDIA		12. BINDING DATA	

COPY C CARDS	SERIAL NUMBER (Number Code from 01-99, when using this card)										SUBSCRIBER NAME (Number Code from 01-99, when using this card)									
	JOURNAL ID	COPY NO.	LINE/LATION CODE	SUB-LAY CODE	LOCATION CODE	ACTION CODE														
	C:1																			
	C:1																			

FORMS MANAGEMENT DATA				1/83			
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE		STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 14 x 8 1/2"	CARD PD/_____(Pad/Sheet per Pad) US/_____(Unit Sets/Number of Parts) MP/_____(Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/_____(Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:TIDC:L	STATUS OF EXISTING STOCK			Sheet	4-75
<input type="checkbox"/> USE FIRST DESTROY: IMMEDIATELY WHEN NEW STOCK IS AVAILABLE			OTHER (SPECIFY)				
<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE							
STOCKING POINT							
<input type="checkbox"/> WAREHOUSE			<input type="checkbox"/> SUPPLY ROOMS				
<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)							

See User's Manual "Serial Information Control System" for instructions and appropriate codes.		NRC FORM 88F 2 77		U.S. NUCLEAR REGULATORY COMMISSION HEADQUARTERS LIBRARY SERIAL INFORMATION CONTROL SYSTEM SPECIFIC COPY RECORD ENTRY						PAGE ___ OF ___ PAGES DATE: _____ PREPARED BY: _____	
CARD ID	JOURNAL ID	COPY NO.	CIRCULATION CODE C-CIRC D-DIR SUB. X-NOT CIRC. <i>(Circle One)</i>	DISPLAY CODE A-ABS./INDEX D-DISPLAY X-NOT DISPLAY <i>(Circle One)</i>	LOCATION CODE B-BETH	ACTION CODE A-ADD C-CHANGE <i>(Circle One)</i>	PURCHASE ORDER NUMBER	COST FIELD	EXPIRATION DATE ON PURCHASE ORDER	START DATE ON PURCHASE ORDER	PURCHASE ORDER ACTION CODE R-RENEWAL C-CURRENT 41
12	3-7	89	10	11	12	13	14 21	22 28	29 34	35 40	41
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C
<input checked="" type="checkbox"/>			C D X	A D X	B	A C					R C

NRC FORM 88F (2 77)

CONSTRUCTION OF FORM			PROMULGATING OFFICE		PRESCRIBING DIRECTIVE			STOCK NUMBER		UNIT OF ISSUE		EDITION DATE	
SHEET CARD (Pad/Sheet per Pad)			ADM: TIDC: L		STATUS OF EXISTING STOCK					Sheet		1/83	
US/ (Unit Sets/Number of Parts)					DESTROY: IMMEDIATELY								
MP/ (Multiple/Number of Parts)					WHEN NEW STOCK IS AVAILABLE								
LABEL					STOCKING POINT								
PC (Postal Card)					WAREHOUSE SUPPLY ROOMS								
TC (Tab Card)					<input checked="" type="checkbox"/>								
TP/ (Tab Paper/Number of Parts)					PROMULGATING OFFICE (OML/Y)								
ENVL													
OTHER (Spec/Y)												2-77	

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 89, FACE

NRC FORM 89
11-80
NRCM 2101

PHOTO BADGE REQUEST

U.S. NUCLEAR REGULATORY COMMISSION

(See Reverse for Instructions and Privacy Act Statement)

SECTION A - TO BE COMPLETED BY REQUESTER						
(1) FULL NAME (Last, First, Middle)				SOCIAL SECURITY NO.		PLACE OF BIRTH
(2) DATE OF BIRTH	SEX	HEIGHT	WEIGHT	COLOR HAIR EYES		(Check appropriate box) <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> ALIEN - COUNTRY _____
(3) REQUESTING OFFICE OR DIVISION			EMPLOYED BY: <input type="checkbox"/> NRC <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> CONSULTANT		EFFECTIVE DATE	EXPIRATION DATE
(4) SIGNATURE - REQUESTING OFFICE/DIVISION DIRECTOR				DATE	TYPE OF CLEARANCE REQUESTED <input type="checkbox"/> "O" <input type="checkbox"/> "L" <input type="checkbox"/> OTHER (Specify) _____	CARD KEY <input type="checkbox"/> YES <input type="checkbox"/> NO
(5) TITLE				ADDITIONAL INFORMATION (To be completed by badge issuer)		
SECTION B - TO BE COMPLETED BY THE DIVISION OF SECURITY						
TYPE CLEARANCE	CLEARANCE NUMBER	BADGE CATEGORY	SPECIAL CATEGORY		DATE GRANTED	
OTHER (Specify)			CERTIFIED (Signature and title)			
SECTION C - TO BE COMPLETED BY THE DIVISION OF SECURITY						
SUBSEQUENT CLEARANCE ACTIONS				CERTIFIED (Signature and title)		
<input type="checkbox"/> UPGRADE	<input type="checkbox"/> DOWNGRADE	<input type="checkbox"/> TERMINATE		DATE		
CURRENT LEVEL OF CLEARANCE AND DATE				DATE		

NRC FORM 89, REVERSE OF PART 3 (H to H)

INSTRUCTIONS FOR COMPLETING PHOTO BADGE REQUEST

Section A -	To be completed by requester as follows:
Line 1 -	Employee's full name, social security number, and place of birth.
Line 2 -	Personal Statistics (self explanation).
Line 3 -	Requesting Office/Division (name or organization requesting badging). Employed by (name of organization for which individual is being badged; if other than NRC, specify organization). Effective date (date badge is to become valid). Expiration date (date badge becomes invalid).
Line 4 -	Signature of requesting Office/Division Director. Type of clearance requested (clearance level required to perform job). Card Key (whether there is a need for continual access to card key controlled areas).
Line 5 -	Additional information (to be completed by issuer).
Sections B and C -	To be completed by NRC, Division of Security.
PRIVACY ACT STATEMENT	
<p>Pursuant to 5 U.S.C. 552(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 Nuclear Regulatory Commission on NRC Form 89. This information is maintained in a system of records designated as NRC-38 and described at: 44 Federal Register 40152 (July 9, 1979).</p> <p>1. AUTHORITY - Section 145 of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2106).</p> <p>2. PRINCIPAL PURPOSE(S) - Information entered on this form is used to control the flow and maintain the accountability of identification badges issued by the NRC.</p> <p>3. ROUTINE USES - The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.</p> <p>4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION - Disclosure is voluntary. If the requested information is not provided, however, an identification badge or access to security areas may be denied. Solicitation of social security number is authorized under Executive Order 12067 dated November 22, 1963. The use of the social security number is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the social security number. Failure to provide the social security number may result in delayed processing.</p> <p>5. SYSTEM MANAGER(S) AND ADDRESS - Director, Division of Security, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.</p>	
REQUESTER'S COPY	

FORMS MANAGEMENT DATA

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	ADM:SEC	NRCM 2101	7540-00-NRC-0089X	HD	1-80
CARD					
PD/ _____ (Pad/Sheet per Pad)					
<input checked="" type="checkbox"/> US/ 3 _____ (Unit Sets/Number of Parts)					
MP/ _____ (Multipage/Number of Parts)					
LABEL					
PC (Postal Card)					
TC (Tab Card)					
TP/ _____ (Tab Paper/Number of Parts)					
ENVL					
OTHER (Specify)					
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST DESTROY:	OTHER (SPECIFY)		
		<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS		
		PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 90

NRC FORM 90 (9-77)					
U.S. NUCLEAR REGULATORY COMMISSION TELETYPE TRAFFIC LOG					
STATION		DATE	SEND	RECEIVE	
#CHN	OSRI-OSSN LINE	PREC/CLASS	DTG	TOT/TOR	OPR.
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					
1					
2					
3					
4					
5					
6					
7					
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1					
2					
3					
4					
5					
6					
7					
8					
9					
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1					
2					
3					
4					
5					
6					
7					
8					
9					
0					

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD 5 x 8, green PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Card	9-77
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORM 91 (4-81)		STOCK REPLENISHMENT REQUEST			U.S. NUCLEAR REGULATORY COMMISSION	
ITEM	STOCK NUMBER	DESCRIPTION	QUANTITY	STOCK LOCATION	REMARKS	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
UNIT NUMBER		ORDERED BY - SIGNATURE	ACTION		SIGNATURE	DATE
ROOM NUMBER			FILLED			
BUILDING		DATE	DELIVERED			
			POSTED			
			RECEIVED			

FORMS MANAGEMENT DATA	
CONSTRUCTION OF FORM SHEET _____ CARD _____ PD/ 50 (Per/Sheet per Part) US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multiple/Number of Parts) LABEL _____ PC (Postal Card) TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) ENVL _____ OTHER (Specify) _____	PROMULGATING OFFICE ADM: FOS: PS
PREScribing DIRECTIVE STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)	STOCK NUMBER 7540-00-NRC-0091X
UNIT OF ISSUE PD	EDITION DATE 4-81

1/83

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 95

NRC 95

U. S. NUCLEAR REGULATORY COMMISSION KEYPUNCH INSTRUCTION FORM

JOB NUMBER _____		DATE PREPARED _____	
SECURITY CLASS OF DATA	FREQUENCY AND VOLUME	DUE IN DATE	DUE OUT DATE
CARD FORM NAME/NUMBER	TRANSACTION TYPE/NAME	DISPOSITION OF CARDS	SOURCE DOCUMENTS USED
DISPOSITION OF SOURCE USED	<input type="checkbox"/> KEY VERIFY <input type="checkbox"/> PRINT ON CARD		

FIELD NUMBER	FIELD NAME	CARD COLUMNS		MUST BE PRESENT	1 TYPE FIELD	2 PRECEDING	3 JUSTIFY	COMMENTS
		FROM	TO					

REMARKS _____

- 1. D-DUPLICATE, S-SKIP, A-ALPHA, N-NUMERIC, A/N-ALPHANUMERIC
- 2. S-SPACES OR Z-ZEROS
- 3. L-LEFT, R-RIGHT, OR N-NONE

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM <input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/_____ (Pad/Sheet per Pad) US/_____ (Unit Sets/Number of Parts) MP/_____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/_____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	PROMULGATING OFFICE RM; D	PRESCRIBING DIRECTIVE _____ STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) _____ STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)	STOCK NUMBER _____	UNIT OF ISSUE Sheet	EDITION DATE None

NRC FORMS FACSIMILE HANDBOOK

NRC 96

NRC FORM 96

U. S. NUCLEAR REGULATORY COMMISSION

DATA CONTROL AND COMPUTER OPERATIONS DOCUMENTATION CHECKLIST

JOB NUMBER _____	DATE PREPARED _____
*1 JOB TITLE AND DESCRIPTION	_____
*2 DATA CONTROL SET UP INSTRUCTIONS	_____
3 DATA FILE EXTERIOR LABEL WORKSHEET	_____
*4 80:80 LIST OF EXECUTE JCL	_____
5 KEYPUNCH INSTRUCTION	_____
6 SAMPLE KEYPUNCH SOURCE DOCUMENTS	_____
7 RESTART INSTRUCTIONS	_____
8 AUXILIARY OPERATIONS INSTRUCTIONS	_____
9 COMPUTER OUTPUT MICROFILM OPERATING INSTRUCTIONS	_____
10	_____
11	_____
12	_____

*INDICATES MANDATORY DOCUMENTATION REQUIREMENTS. OTHER ITEMS REQUIRED IF APPLICABLE

 JOB TITLE AND DESCRIPTION

NOTE: CONTINUE ON PLAIN PAPER, IF NECESSARY.

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify) _____	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) _____		Sheet	None
STOCKING POINT					
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORM 97
 (7-80)
 Exception to Standard Form 47
 Approved by NARS 8-80

U.S. NUCLEAR REGULATORY COMMISSION

APPLICATION FOR MOTOR VEHICLE OPERATOR'S IDENTIFICATION CARD

PART A - APPLICANT (Applicant must complete all items on this page. Type or print with ink.)

1. NAME (Last, first, middle) _____ 2. JOB TITLE _____
 3. HOME ADDRESS _____ 4. EMPLOYER _____
 5. SOCIAL SECURITY NUMBER _____ 6. NAME OF SUPERVISOR _____

7. SEX _____ 8. DATE OF BIRTH _____ 9. COLOR OF HAIR _____ 10. NUMBER OF YEARS EXPERIENCE IN DRIVING MOTOR VEHICLES _____
 11. COLOR OF EYES _____ 12. HEIGHT _____ 13. WEIGHT _____ 14. HAVE YOU DRIVEN 5,000 MILES IN THE PAST TWO YEARS?
 YES NO

15. STATE THE TYPE OF MOTOR VEHICLE TO BE AUTHORIZED ON THE IDENTIFICATION CARD AND THE NUMBER OF YEARS YOU HAVE DRIVEN EACH TYPE.

VEHICLE TYPE	NUMBER OF YEARS	VEHICLE TYPE	NUMBER OF YEARS

16. HAVE YOU EVER COMPLETED A TRAINING COURSE IN DRIVING? YES (Give name and address of organization and date completed, on line below) NO

17. CURRENT OPERATOR'S LICENSE NUMBER _____ STATE _____ EXPIRATION DATE _____ WAS ROAD TEST REQUIRED?
 YES NO

18. NUMBER OF TRAFFIC VIOLATIONS IN PAST 2 YEARS (Excluding parking violations) _____ 19a. HAVE YOU HAD A MOTOR VEHICLE ACCIDENT IN THE PAST 2 YEARS?
 YES (Continue with number 19b below) NO (Continue with 20 below)

19c. COMPLETE THE INFORMATION REQUESTED FOR EACH ACCIDENT YOU HAVE HAD DURING THE PAST 2 YEARS. ATTACH A SEPARATE SHEET PROVIDING THE FOLLOWING INFORMATION.

1. TYPE OF ACCIDENT (Specify on separate sheet, etc.)				2. MO./TR. 3. CITY COUNTY STATE				8. ACCIDENT CIRCUMSTANCES	
4. AMOUNT OF DAMAGE TO YOUR CAR \$		5. AMOUNT OF DAMAGE TO OTHER PARTY'S CAR \$		6. DID YOUR INSURANCE COMPANY MAKE PAYMENT TO THE OTHER PARTY? <input type="checkbox"/> YES - AMOUNT \$ <input type="checkbox"/> NO				9. Did accident occur on the job?	
7. DESCRIBE CHARGES PLACED AGAINST YOU, IF ANY				8. DETAILS OF ACTION TAKEN (Sentence, length of suspension, fine, etc.)				Were you judged at fault?	
								Was anyone injured?	
								Was anyone maimed or suspended?	
								Were you fined or forfeited contents?	
								Were you arrested?	

20. HAVE YOU EVER HAD OR HAVE YOU NOW ANY OF THE FOLLOWING? (Check at left of each item.)

YES	NO	DESCRIPTION	YES	NO	DESCRIPTION	YES	NO	DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/>	Poor vision in one or both eyes	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headaches	<input type="checkbox"/>	<input type="checkbox"/>	Nervous or mental trouble of any kind
<input type="checkbox"/>	<input type="checkbox"/>	Eye disease	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Blackouts or epilepsies
<input type="checkbox"/>	<input type="checkbox"/>	Poor hearing in one or both ears	<input type="checkbox"/>	<input type="checkbox"/>	Drug or narcotic habit	<input type="checkbox"/>	<input type="checkbox"/>	Sugar or albumin in urine
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis, rheumatism, swollen or painful joints	<input type="checkbox"/>	<input type="checkbox"/>	Excessive drinking habit (ALCOHOL)
<input type="checkbox"/>	<input type="checkbox"/>	Participation chest pain or shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Limp of hand, arm, foot, or leg	<input type="checkbox"/>	<input type="checkbox"/>	Other serious defects or diseases
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Deformity of hand, arm, foot, or leg	<input type="checkbox"/>	<input type="checkbox"/>	

21. IF YOUR ANSWER IS YES TO ANY OF THE ABOVE QUESTIONS, EXPLAIN FULLY IN THIS SPACE.

22. ARE YOU REQUIRED TO WEAR _____ Glasses while driving? YES NO _____ Contact lenses? YES NO _____ Hearing Aid? YES NO

23. CERTIFICATION. I certify that my answers above are full and true to the best of my knowledge, and I understand that a false statement or dishonest answer to any question may be grounds for revocation of the Motor Vehicle Operator's Identification Card which may be issued to me.

SIGNATURE _____ DATE _____

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET h to h	ADM:FOS:80			Sheet	7-80
<input type="checkbox"/> CARD					
<input type="checkbox"/> PD/____ (Pad/Sheet per Pad)					
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)					
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)					
<input type="checkbox"/> LABEL					
<input type="checkbox"/> PC (Postal Card)					
<input type="checkbox"/> TC (Tab Card)					
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)					
<input type="checkbox"/> ENVL					
<input type="checkbox"/> OTHER (Specify)					
STATUS OF EXISTING STOCK					
USE FIRST DESTROY:					
<input type="checkbox"/> IMMEDIATELY			OTHER (SPECIFY)		
<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE					
STOCKING POINT					
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS					
<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 97, REVERSE

PART B—SUPERVISOR		
INSTRUCTIONS. —Supervisor or personnel representative shall complete all items in Part B and sign in Item 4. Typewrite or print in ink.		
1. Type(s) of motor vehicle(s) to be operated by applicant:		
2. What type of Identification Card should be issued? (Check one) <input type="checkbox"/> Temporary (30-day limit—no renewal) <input type="checkbox"/> Incidental Operator's (vehicle operation incidental to other duties) <input type="checkbox"/> Operator's (vehicle operation as a profession)		
3. Please review the information given by the applicant in Part A of this form. State here any additional information from your observation or knowledge of the individual, including his physical condition, which will assist in determining his qualifications to operate a motor vehicle.		
4. Signature	5. Title	6. Date
PART C—REVIEW AND CERTIFICATION BY DESIGNATED OFFICIAL		
I CERTIFY that I have reviewed this physical fitness inquiry form and other available information regarding the physical condition of the applicant, and that I have made the following determination:		
<input type="checkbox"/> There is no information on this form or otherwise available to indicate that the applicant should be referred for physical examination. <input type="checkbox"/> On the basis of items checked on this form or other information, this applicant must be referred for physical examination before he is authorized to operate a Federal motor vehicle or his current authorization is renewed. <input type="checkbox"/> Items checked on this form or otherwise available do not warrant referral for medical examination because of the following facts:		
SIGNATURE OF DESIGNATED OFFICIAL	DATE	
PRIVACY ACT STATEMENT		
Pursuant to 5 U.S.C. 552a(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 Nuclear Regulatory Commission on Form NRC 97. This information is maintained in a system of records designated as NRC 12 and described at 40 Federal Register 45338 (October 1, 1975):		
1. AUTHORITY Energy Reorganization Act of 1974 (Public Law 93-438); 49 U.S.C. 491; 5 CFR 930.101-118, and Executive Order 10679 dated December 1, 1954. Solicitation of the social security number is authorized by Executive Order 9397 dated November 22, 1943.		
2. PRINCIPAL PURPOSE(S) The information contained on this form is used to obtain information about the competence and physical fitness of employees to operate Government owned and leased motor vehicles and as a continuing record form for notation of operators and incidental operators qualifications.		
3. ROUTINE USES Personal identifying information may be used to query the National Drivers Register. This information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.		
4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION The supplying of information is voluntary on your part. However, inadequate or incomplete information may delay or preclude issuance of a motor vehicle operator's identification. The social security number is used as an identifier due to the large number of present and former Federal employees and applicants who have identical names and birth dates.		
5. SYSTEM MANAGER(S) AND ADDRESS Chief, Building and Operations Branch, Division of Facilities and Operations Support, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555		

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 98, FACE

NRC FORM 98 (11-81)		U.S. NUCLEAR REGULATORY COMMISSION		IDENTIFICATION CARD EXPIRATION DATE	
MOTOR VEHICLE OPERATOR'S RECORD					
PERSONAL DATA			LICENSE DATA		
OPERATOR'S FULL NAME			SUPERVISOR'S NAME		
SOCIAL SECURITY NUMBER		SEX	EMPLOYING ORGANIZATION (Office, Division, Branch)		
COLOR OF HAIR	COLOR OF EYES	HEIGHT <small>FEET INCHES</small>	ADDRESS		
DATE OF BIRTH	PLACE OF BIRTH		OPERATOR'S EXAMINATION		
PHYSICAL EXAMINATION			EYESIGHT	HEARING	WRITTEN TEST
			ROAD TEST		OTHER
STATE OPERATOR'S LICENSE NUMBER	STATE	EXPIRATION DATE	VEHICLES AUTHORIZED		
RESTRICTIONS ON CARD			CAR, PASSENGER	TRUCK, 1/2 TO 3/4 TON	SPECIAL (Specify)
			TRUCK, 1-TO 2 1/2 TON	TRUCK, 4-TON AND UP	
			BUS, PASSENGER	TRUCK-TRACTOR <small>(SEMI-TRAILER)</small>	
ISSUING DATA					
IDENTIFICATION CARD NUMBER	TYPE OF CARD		RESTRICTIONS ON CARD		DATE ISSUED
ISSUING OFFICIAL'S NAME					

NRC FORM 98, REVERSE

NRC FORM 98 (11-81)		U.S. NUCLEAR REGULATORY COMMISSION	
MOTOR VEHICLE OPERATOR'S RECORD			
OPERATOR'S ACCIDENT RECORD			
DATE OF ACCIDENT	LOCATION	CIRCUMSTANCES, ACTION TAKEN, AND REMARKS	
TRAFFIC VIOLATIONS AND COMPLAINTS			
DATE OF VIOLATION	OFFENSE OR COMPLAINT	REPORTED BY	DISPOSITION
SUSPENSION OF IDENTIFICATION CARD			
DATE SUSPENDED	DATE RESTORED	BASIS FOR SUSPENSION	
REVOCAION OF IDENTIFICATION CARD			
DATE REVOKED	BASIS FOR REVOCATION		
FULL NAME OF OPERATOR		IDENTIFICATION CARD EXPIRATION DATE	NAME OF EMPLOYER

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET	ADM:FGS:BO	ADM:FGS:BO			Card	11-81
<input type="checkbox"/> CARD 5 x 8", h to h						
<input type="checkbox"/> PD/____ (Pack/Sheet per Pack)						
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)						
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)						
<input type="checkbox"/> LABEL						
<input type="checkbox"/> PC (Postal Card)						
<input type="checkbox"/> TC (Tab Card)						
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)						
<input type="checkbox"/> ENVL						
<input type="checkbox"/> OTHER (Specify)						
STATUS OF EXISTING STOCK						
<input type="checkbox"/> USE FIRST DESTROY:		OTHER (SPECIFY)				
<input type="checkbox"/> IMMEDIATELY						
<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE						
STOCKING POINT						
<input type="checkbox"/> WAREHOUSE		<input type="checkbox"/> SUPPLY ROOMS				
<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)						

U.S. NUCLEAR REGULATORY COMMISSION

LOG OF CLIPS PURCHASED FROM PRESS INTELLIGENCE

NRC FORM 99 (9-75)

CLIP DATE	
CLIP TITLE	
ACCEPT	
REJECT	
(REJECT) REASON	
MEDIA MONITOR DATE	
MEDIA MONITOR NO.	
NEWSPAPER	

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET	ADM:TIDC				Sheet	9-75
<input type="checkbox"/> CARD						
<input type="checkbox"/> PD/____ (Pad/Sheet per Pad)						
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)						
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)						
<input type="checkbox"/> LABEL						
<input type="checkbox"/> PC (Postal Card)						
<input type="checkbox"/> TC (Tab Card)						
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)						
<input type="checkbox"/> ENVL						
<input type="checkbox"/> OTHER (Specify)						
			STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)			
			STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC-100

NRC FORM 100

U. S. NUCLEAR REGULATORY COMMISSION DATA CONTROL SET-UP INSTRUCTIONS

JOB NUMBER _____ DATE PREPARED _____

SECURITY CLASS OF JOB: U C S PROCESSING FREQUENCY _____

MVT JOB CLASS _____ USER DISK PACKS: _____ DATA CELL REQUIRED

SPECIAL INSTRUCTIONS: _____

INPUT TAPE FILES

Job No.	Program No.	Data File I.D. (DS Name)	TRK		DEN	Comments

OUTPUT TAPE FILES

Program No.	Data File I.D. (DS Name)	TRK		Retention Cycle	RIDS Appr. Date	Comments

OTHER INFORMATION

Restart Yes or No	No. of Print Lines	Type of Forms	No. of Pages	Region Size	TIME		Remarks
					CPU	Wall	

DATA REQUIREMENTS

User Submitted Data or Data or Control Cards
 Control Cards Inserted in Job Prepared by Data Control Variable JCL

DISPOSITION OF DATA/REPORTS:

Send to Requestor Without Additional Processing See Auxiliary Operations Form Other _____

FORMS MANAGEMENT DATA						1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/_____ (Pad/Sheet per Pad) US/_____ (Unit Sets/Number of Parts) MP/_____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/_____ (Tab Paper/Number of Parts) ENVL OTHER (Specify) _____	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) _____		Sheet	None	
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 101

NRC FORM 101 OF 101

U.S. NUCLEAR REGULATORY COMMISSION										
STATUS OF ALLOTMENTS										
CLASSIFICATION (1)	BEGINNING BALANCES		ALLOTMENTS FOR DELETIONS	APPROPRIATIONS	OBLIGATIONS INCURRED		PAYMENTS		ENDING BALANCES	
	UNPAID OBLIGATIONS (2)	UNOBLIGATED ALLOTMENTS (3)	FISCAL YEAR TO DATE (4)	CURRENT MONTH (5)	CURRENT MONTH (6)	FISCAL YEAR TO DATE (7)	CURRENT MONTH (8)	FISCAL YEAR TO DATE (9)	UNPAID OBLIGATIONS (10)	UNOBLIGATED ALLOTMENTS (11)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input checked="" type="checkbox"/> TP/1____ (Tab Paper/Number of Parts) , 14 7/8 <input type="checkbox"/> ENVL x 11" <input type="checkbox"/> OTHER (Specify)	RM:A		7540-00-NRC-0101X	HD	11-75
		STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <input type="checkbox"/> OTHER (SPECIFY)			
		STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555

Docket No.

Docketing and Service Section
Office of the Secretary of the Commission

SUBJECT:

Two signed originals of the Federal Register Notice identified below are enclosed for your transmittal to the Office of the Federal Register for publication. Additional conformed copies () of the Notice are enclosed for your use.

- Notice of Receipt of Application for Construction Permit(s) and Operating License(s).
- Notice of Receipt of Partial Application for Construction Permit(s) and Facility License(s); Time for Submission of Views on Antitrust Matters.
- Notice of Availability of Applicant's Environmental Report.
- Notice of Proposed Issuance of Amendment to Facility Operating License.
- Notice of Receipt of Application for Facility License(s); Notice of Availability of Applicant's Environmental Report; and Notice of Consideration of Issuance of Facility License(s) and Notice of Opportunity for Hearing.
- Notice of Availability of NRC Draft/Final Environmental Statement.
- Notice of Limited Work Authorization.
- Notice of Availability of Safety Evaluation Report.
- Notice of Issuance of Construction Permit(s).
- Notice of Issuance of Facility Operating License(s) or Amendment(s).
- Other: _____

Enclosure:
As Stated

Office of Nuclear Reactor Regulation

NRC FORM 102
(1-76)

FORMS MANAGEMENT DATA						
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET		NRR:DL		W 7540-00-NRC-0102X	HD	1-76
CARD						
PD/____ (Pad/Sheet per Pad)						
US/ <u>6</u> (Unit Sets/Number of Parts) ALL PARTS						
MP/____ (Multipage/Number of Parts) PRINT SAME						
LABEL EXCEPT PART 2						
PC (Postal Card)						
TC (Tab Card)						
TP/____ (Tab Paper/Number of Parts)						
ENVL						
OTHER (Specify)						
STATUS OF EXISTING STOCK						
<input type="checkbox"/> USE FIRST			OTHER (SPECIFY)			
DESTROY:						
<input type="checkbox"/> IMMEDIATELY						
<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE						
STOCKING POINT						
<input checked="" type="checkbox"/> WAREHOUSE			<input type="checkbox"/> SUPPLY ROOMS			
<input type="checkbox"/> PROMULGATING OFFICE (ONLY)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 102, PART 2



UNITED STATES
 NUCLEAR REGULATORY COMMISSION
 WASHINGTON, D.C. 20555

Docket No.

Docketing and Service Section
 Office of the Secretary of the Commission

SUBJECT:

Two signed originals of the Federal Register Notice identified below are enclosed for your transmittal to the Office of the Federal Register for publication. Additional conformed copies () of the Notice are enclosed for your use.

- Notice of Receipt of Application for Construction Permit(s) and Operating License(s).
- Notice of Receipt of Partial Application for Construction Permit(s) and Facility License(s); Time for Submission of Views on Antitrust Matters.
- Notice of Availability of Applicant's Environmental Report.
- Notice of Proposed Issuance of Amendment to Facility Operating License.
- Notice of Receipt of Application for Facility License(s); Notice of Availability of Applicant's Environmental Report; and Notice of Consideration of Issuance of Facility License(s) and Notice of Opportunity for Hearing.
- Notice of Availability of NRC Draft/Final Environmental Statement.
- Notice of Limited Work Authorization.
- Notice of Availability of Safety Evaluation Report.
- Notice of Issuance of Construction Permit(s).
- Notice of Issuance of Facility Operating License(s) or Amendment(s).
- Other: _____

Enclosure:
 As Stated

Office of Nuclear Reactor Regulation

OFFICE →						
SURNAME →						
DATE →						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 103, PART 1

NRC Form 103 (3-82)		ORDER POINT OF ISSUE: U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555		THIS NUMBER MUST APPEAR ON ALL PACKAGES AND PAPERS RELATING TO THIS ORDER	
		ORDER NUMBER		REQUISITION NUMBER	
<input type="checkbox"/> PURCHASE ORDER PER YOUR _____ OF _____		DATE			
<input type="checkbox"/> DELIVERY ORDER UNDER CONTRACT NUMBER _____		ALLOTMENT		S&R NUMBER	
TO (Seller)		CONSIGNEE AND DESTINATION (Ship to)		RE P.O. NUMBER	
DELIVERY F.O.B.		TIME FOR DELIVERY		GOVERNMENT B/L NUMBER	
				DISCOUNT TERMS	
Please furnish the following on the terms specified on both sides of this sheet and on the attached, if any, except that any such terms which might be inconsistent with the terms of any existing Federal contract or agreement under which this Order is placed will not apply.					
<input type="checkbox"/> Negotiated pursuant to the authority of 41 USC 252 (C) (3).					
ITEM NO	ARTICLES OR SERVICES	QTY	UNIT	UNIT PRICE	AMOUNT
PERSON TO CONTACT REGARDING THIS ORDER					TOTAL
SUMMIT INVOICE IN QUADRUPPLICATE IN ACCORDANCE WITH INSTRUCTIONS ON REVERSE AND FORWARD TO: U.S. NUCLEAR REGULATORY COMMISSION OFFICE OF THE CONTROLLER WASHINGTON, DC 20555			SIGNATURE CONTRACTING OFFICER Small Purchases Section Administrative Contracts Branch Division of Contracts		
RE: P.O. NUMBER					

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/ _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 10 _____ (Unit Sets/Number of Parts) & <input checked="" type="checkbox"/> MP/ 5 _____ (Multipage/Number of Parts) within the same set <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:DC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0103X	HD	3-82

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 103, REVERSE OF PART 1

PURCHASE ORDER TERMS

1. **DEFINITIONS** — As used throughout this contract, the following terms shall have the meaning set forth below:

(a) The term "Commission" means the United States Nuclear Regulatory Commission or any duly authorized representative thereof, including the Contracting Officer, except for the purpose of deciding an appeal under the clause entitled "Disputes."

(b) The term "Contracting Officer" means the person executing this Contract on behalf of the Government, and includes his successors or any duly authorized representatives of any such person.

2. **VENDOR'S BILLING INSTRUCTIONS** — Vendor's invoices shall contain the following information: Contract or proposal number (if any), order number, and item number, description of supplies or services, sizes, quantities, unit prices, and extended totals. Bill of lading number and weight of shipment will be shown for shipments made on Government bills of lading. If prepaid parcel-post charges are billed the gross weight and shipping point must be shown on the invoice.

PAYMENT — In the absence of a discount, the contractor shall be paid upon the submission of a proper and correct invoice or voucher in approximately thirty (30) days after submission or date of delivery, whichever is later, the prices stipulated herein for supplies delivered and accepted, as herein provided. If this order provides for a discount, the contractor shall indicate the order's discount terms on the invoice or voucher.

3. **COVENANT AGAINST CONTINGENT FEES** — The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage, contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business. For breach or violation of this warranty the Government shall have the right to annul this contract without liability, or in its discretion to deduct from the contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

4. **OFFICIALS NOT TO BENEFIT** — No member of or delegate to Congress or resident commissioner shall be admitted to any share or part of this contract or to any benefit that may arise therefrom but this provision shall not be construed to extend to this contract if made with a corporation for its general benefit.

5. **EQUAL OPPORTUNITY IN EMPLOYMENT** — The Equal Opportunity clause in FPR 1-12.803-2 is incorporated herein by reference and is applicable unless this contract is exempt under the rules and regulations of the Secretary of Labor issued pursuant to Executive Order No. 11246 of September 24, 1965 (30 F.R. 12319, Sept. 28, 1965).

6. **CONVICT LABOR** — In connection with the performance of work under this contract, the Contractor agrees not to employ any person undergoing sentence of imprisonment at hard labor.

7. **BUY AMERICAN ACT** — (a) In acquiring end products, the Buy American Act (41 U.S.C. Code 101 a-d) provides that the Government give preference to domestic source end products. For the purposes of this clause:

(i) components means those articles, materials, and supplies which are directly incorporated in the end product.

(ii) "end products" means those articles, materials, and supplies which are to be acquired under this contract for public use, and

(iii) a "domestic source end product" means (A) an unmanufactured end product which has been mined or produced in the United States and (B) an end product manufactured in the United States if the cost of the components thereof which are mined, produced, or manufactured in the United States exceeds 50 percent of the cost of all its components. For the purposes of this (a) (ii) (B), components of foreign origin of the same type or kind as the products referred to in (b) (i) or (ii) of this clause shall be treated as components mined, produced or manufactured in the United States.

(b) The Contractor agrees that there will be delivered under this contract only domestic source end products, except end products:

(i) which are for use outside the United States;

(ii) which the Government determines are not mined, produced, or manufactured in the United States in sufficient and reasonably available commercial quantities and of a satisfactory quality;

(iii) as to which the Commission determines the domestic preference to be inconsistent with the public interest, or

(iv) as to which the Commission determines the cost to the Government to be unreasonable.

(The foregoing requirements are administered in accordance with Executive Order No. 10582, dated December 17, 1954.)

8. **DISCOUNTS** — In connection with any discount offered, time will be computed from date of delivery of the supplies to carrier, when delivery and acceptance are at point of origin, or from date of delivery at destination or port of embarkation when delivery and acceptance are at either of these points, or from date correct invoice or voucher is received in the office specified by the Government if the latter date is later than the date of delivery. Payment is deemed to be made for the purpose of earning the discount, on the date of mailing of the Government check.

9. **INSPECTION** — Except as may be otherwise provided in this contract, final inspection and acceptance will be made at destination. Supplies rejected at destination for nonconformance with specifications shall be removed by the Contractor at his expense promptly after notice of rejection.

10. **CONTRACT WORK HOURS STANDARDS ACT — OVERTIME COMPENSATION** — This contract, to the extent that it is of a character specified in the Contract Work Hours Standards Act — Overtime Compensation (40 U.S.C. 327-330) and is not covered by the Walsh-Healey Public Contracts Act (41 U.S.C. 35-45), is subject to the following provisions and to all other provisions and exceptions of said Contract Work Hours Standards Act.

(a) No contractor or subcontractor contracting for any part of the contract work shall require or permit any laborer or mechanic to be employed on such work in excess of eight hours in any calendar day or in excess of forty hours in any workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times his basic rate of pay for all hours worked in excess of eight hours in any calendar day or in excess of forty hours in such workweek, whichever is the greater number of overtime hours.

(b) In the event of any violation of the provisions of paragraph (a) the Contractor and any subcontractor responsible for such violation shall be liable to any affected employee for his unpaid wages. In addition, such Contractor or subcontractor shall be liable to the United States for liquidated damages. Such liquidated damages shall be computed, with respect to each individual laborer or mechanic employed in violation of the provisions of paragraph (a), in the sum of \$10 for each calendar day on which such employee was required or permitted to work in excess of eight hours or in excess of forty hours in a workweek without payment of the required overtime wages.

(c) The Contracting Officer may withhold, or cause to be withheld, from any moneys payable on account of work performed by the Contractor or subcontractor, the full amount of wages required by this contract and such sums as may administratively be determined to be necessary to satisfy any liabilities of such Contractor or subcontractor for liquidated damages as provided in paragraph (b).

(d) The Contractor shall insert paragraphs (a) through (d) of this clause in all subcontracts, and shall require their inclusion in all subcontracts of any tier.

(e) The Contractor shall maintain payroll records containing the information specified in 29 CFR 516.2(a). Such records shall be preserved for 3 years from the completion of the contract.

11. **FEDERAL STATE, AND LOCAL TAXES** — Except as may be otherwise provided in this contract, the contract price includes all applicable Federal taxes in effect on the date of this contract but does not include any State or local sales, use, or other tax directly applicable to the completed supplies or services covered by this contract nor any other tax from which the Contractor or the transaction is exempt. Upon request of the Contractor, the Government shall furnish a tax exemption certificate or similar evidence of exemption with respect to any such tax not included in the contract price pursuant to this clause. For the purpose of this clause, the term "date of this contract" means the date of the Contractor's quotation or, if no quotation, the date of this purchase order.

12. **RENEGOTIATION** — If this contract is subject to the Renegotiation Act of 1951, as amended, the contract shall be deemed to contain all the provisions required by section 104 of said Act.

13. **PRIORITIES, ALLOCATIONS, AND ALLOTMENTS** — The Contractor shall follow the provisions of D.M.S. Regulation 1 and all other applicable regulations and orders of the Business and Defense Service Administration in obtaining controlled materials and other products and materials needed to fill this order.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 103, PART 2

NRC Form 103 (3-82)		ORDER POINT OF ISSUE: U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555		THIS NUMBER MUST APPEAR ON ALL PACKAGES AND PAPERS RELATING TO THIS ORDER 	
		ORDER NUMBER			
<input type="checkbox"/> PURCHASE ORDER PER YOUR _____ OF _____		REQUISITION NUMBER			
<input type="checkbox"/> DELIVERY ORDER UNDER CONTRACT NUMBER _____		DATE			
ALLOTMENT		BAR NUMBER			
TO (Ship to)		CONSIGNEE AND DESTINATION (Ship to)		RE P.O. NUMBER	
DELIVERY F.O.B.	TIME FOR DELIVERY	GOVERNMENT B.I. NUMBER	DISCOUNT TERMS		
Please furnish the following on the terms specified on both sides of this sheet and on the attached, if any, except that any such terms which might be inconsistent with the terms of any existing Federal contract or agreement under which this Order is placed will not apply.					
<input type="checkbox"/> Negotiated pursuant to the authority of 41 USC 252 (C) (3)					
ITEM NO.	ARTICLES OR SERVICES	QTY.	UNIT	UNIT PRICE	AMOUNT
PERSON TO CONTACT REGARDING THIS ORDER				TOTAL	
		SIGNATURE CONTRACTING OFFICER			
		Small Purchases Section Administrative Contracts Branch Division of Contracts			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 103, PARTS 3, 7, 8 & 9

NRC Form 103 (3-82) <b style="text-align: center;">ORDER POINT OF ISSUE: U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555		THIS NUMBER MUST APPEAR ON ALL PACKAGES AND PAPERS RELATING TO THIS ORDER ORDER NUMBER REQUISITION NUMBER DATE			
<input type="checkbox"/> PURCHASE ORDER PER YOUR _____ OF _____		<input type="checkbox"/> DELIVERY ORDER UNDER CONTRACT NUMBER _____			
ALLOTMENT		B&R NUMBER			
TO (Seller)		CONSIGNEE AND DESTINATION (Ship to)		RE P.O. NUMBER	
DELIVERY F.O.B.	TIME FOR DELIVERY	GOVERNMENT B/L NUMBER	DISCOUNT TERMS		
Please furnish the following on the terms specified on both sides of this sheet and on the attached, if any, except that any such terms which might be inconsistent with the terms of any existing Federal contract or agreement under which this Order is placed will not apply.					
<input type="checkbox"/> Negotiated pursuant to the authority of 41 USC 252 (C) (3).					
ITEM NO	ARTICLES OR SERVICES	QTY	UNIT	UNIT PRICE	AMOUNT
PERSON TO CONTACT REGARDING THIS ORDER				TOTAL	

VENDOR FILE

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 103, PARTS 4, 5, & 6

NRC Form 103 (3-82)		ORDER POINT OF ISSUE: U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555		THIS NUMBER MUST APPEAR ON ALL PACKAGES AND PAPERS RELATING TO THIS ORDER.	
<input type="checkbox"/> PURCHASE ORDER PER YOUR _____ OF _____		ORDER NUMBER		REQUISITION NUMBER	
<input type="checkbox"/> DELIVERY ORDER UNDER CONTRACT NUMBER				DATE	
ALLOTMENT			BAR NUMBER		
TO (Seller)		CONSIGNEE AND DESTINATION (Ship to)		RE P.O. NUMBER	
DELIVERY F.O.B.		TIME FOR DELIVERY		GOVERNMENT B/L NUMBER	
				DISCOUNT TERMS	
Please furnish the following on the terms specified on both sides of this sheet and on the attached, if any, except that any such terms which might be inconsistent with the terms of any existing Federal contract or agreement under which this Order is placed will not apply.					
<input type="checkbox"/> Negotiated pursuant to the authority of 41 USC 252 (C) (3).					
ITEM NO	ARTICLES OR SERVICES	QTY	UNIT	UNIT PRICE	AMOUNT
PERSON TO CONTACT REGARDING THIS ORDER				TOTAL	
<input type="checkbox"/> CONSIGNEE CERTIFICATION RESPONSIBILITIES. The consignee identified in this order is responsible for certifying in writing the receipt of the goods and/or services specified herein. Where maintenance services are required, the contractor shall prepare a service ticket for the services rendered. The service ticket shall be signed by the consignee, accomplishing the certification required by this article. Certification of the receipt of goods will be accomplished by completing and signing the Receiving Report copies of this order.		The articles and/or services specified have been received, inspected, and accepted as noted.			
		SIGNATURE		QUANTITY	
		TITLE		DATE	
RECEIVING REPORT. To be signed upon receipt of material using date goods or services actually received and returned immediately to COMMERCIAL ACCOUNTS, Room					

RECEIVING REPORT - 1

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 103, PART 10

NRC Form 103 (3-82)		ORDER POINT OF ISSUE: U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555		THIS NUMBER MUST APPEAR ON ALL PACKAGES AND PAPERS RELATING TO THIS ORDER ORDER NUMBER	
<input type="checkbox"/> PURCHASE ORDER PER YOUR _____ OF _____				REQUISITION NUMBER	
<input type="checkbox"/> DELIVERY ORDER UNDER CONTRACT NUMBER _____				DATE	
ALLOTMENT			BAR NUMBER		
TO (Seller):			CONSIGNEE AND DESTINATION (Ship to):		RE P.O. NUMBER
DELIVERY F.O.B.		TIME FOR DELIVERY		GOVERNMENT B/L NUMBER	
DISCOUNT TERMS					
Please furnish the following on the terms specified on both sides of this sheet and on the attached, if any, except that any such terms which might be inconsistent with the terms of any existing Federal contract or agreement under which this Order is placed will not apply.					
<input type="checkbox"/> Negotiated pursuant to the authority of 41 USC 252 (C) (3)					
ITEM NO.	ARTICLES OR SERVICES	QTY	UNIT	UNIT PRICE	AMOUNT
PERSON TO CONTACT REGARDING THIS ORDER				TOTAL	
<input type="checkbox"/> CONSIGNEE CERTIFICATION RESPONSIBILITIES. The consignee identified in this order is responsible for certifying in writing the receipt of the goods and/or services specified herein. Where maintenance services are required, the contractor shall prepare a service ticket for the services rendered. The service ticket shall be signed by the consignee, accomplishing the certification required by the article. Certification of the receipt of goods will be accomplished by completing and signing the Receiving Report copies of the order.					
QUANTITY RECEIVED					DATE

REQUESTER

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 103A

Page of Pages

NRC FORM 103A (3-80) U.S. NUCLEAR REGULATORY COMMISSION		Order Continuation Sheet		ORDER NUMBER	
NAME - CONSIGNOR					
ITEM NO.	ARTICLE OR SERVICES	QTY	UNIT	UNIT PRICE	AMOUNT

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 10 (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ 5 (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:DC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	7540-00-NRC-0103A	HD	3-80
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC Form 103C (3-82) ORDER POINT OF ISSUE: U. S. NUCLEAR REGULATORY COMMISSION		THIS NUMBER MUST APPEAR ON ALL PACKAGES AND PAPERS RELATING TO THIS ORDER			
<input type="checkbox"/> PURCHASE ORDER PER YOUR _____ OF _____		ORDER NUMBER			
<input type="checkbox"/> DELIVERY ORDER UNDER CONTRACT NUMBER _____		REQUISITION NUMBER			
		DATE			
ALLOTMENT		B&R NUMBER			
TO (Seller)		CONSIGNEE AND DESTINATION (Ship to) RE P.O. NUMBER			
DELIVERY F.O.B.	TIME FOR DELIVERY	GOVERNMENT B/L NUMBER	DISCOUNT TERMS		
Please furnish the following on the terms specified on both sides of this sheet and on the attached, if any, except that any such terms which might be inconsistent with the terms of any existing Federal contract or agreement under which this Order is placed will not apply.					
<input type="checkbox"/> Negotiated pursuant to the authority of 41 USC 252 (C) (3).					
ITEM NO.	ARTICLES OR SERVICES	QTY	UNIT	UNIT PRICE	AMOUNT
PERSON TO CONTACT REGARDING THIS ORDER					TOTAL
SUBMIT INVOICE IN QUADRUPPLICATE IN ACCORDANCE WITH INSTRUCTIONS ON REVERSE AND FORWARD TO: U. S. NUCLEAR REGULATORY COMMISSION			SIGNATURE CONTRACTING OFFICER		
RE: P.O. NUMBER			TYPED NAME		
			TITLE		

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>10</u> (Unit Sets/Number of Parts) & <input checked="" type="checkbox"/> MP/ <u>5</u> (Multipage/Number of Parts) within same LABEL _____ set <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify) _____	ADM:DC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0103C	HD	3-82

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 103C, REVERSE OF PART 1

PURCHASE ORDER TERMS

1. **DEFINITIONS** — As used throughout this contract, the following terms shall have the meaning set forth below:

(a) The term "Commission" means the United States Nuclear Regulatory Commission or any duly authorized representative thereof, including the Contracting Officer except for the purpose of deciding an appeal under the clause entitled "Disputes."

(b) The term "Contracting Officer" means the person executing this Contract on behalf of the Government, and includes his successors or any duly authorized representatives of any such person.

2. **VENDOR'S BILLING INSTRUCTIONS** — Vendor's invoices shall contain the following information: Contract or proposal number (if any), order number, and item number, description of supplies or services, sizes, quantities, unit prices, and extended totals. Bill of lading number and weight of shipment will be shown for shipments made on Government bills of lading. If prepaid parcel-post charges are billed the gross weight and shipping point must be shown on the invoice.

PAYMENT — In the absence of a discount, the contractor shall be paid upon the submission of a proper and correct invoice or voucher in approximately thirty (30) days after submission or date of delivery, whichever is later, the prices stipulated herein for supplies delivered and accepted, as herein provided. If this order provides for a discount, the contractor shall indicate the order's discount terms on the invoice or voucher.

3. **COVENANT AGAINST CONTINGENT FEES** — The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage, contingent fee excepting bona fide employees or bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business. For breach or violation of this warranty the Government shall have the right to annul this contract without liability, or in its discretion to deduct from the contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

4. **OFFICIALS NOT TO BENEFIT** — No member of or delegate to Congress, or resident commissioner, shall be admitted to any share or part of this contract or to any benefit that may arise therefrom but this provision shall not be construed to extend to this contract if made with a corporation for its general benefit.

5. **EQUAL OPPORTUNITY IN EMPLOYMENT** — The Equal Opportunity clause in FPR 1.12-803.2 is incorporated herein by reference and is applicable unless this contract is exempt under the rules and regulations of the Secretary of Labor issued pursuant to Executive Order No. 11246 of September 24, 1965 (30 F.R. 12319, Sept. 28, 1965).

6. **CONVICT LABOR** — In connection with the performance of work under this contract, the Contractor agrees not to employ any person undergoing sentence of imprisonment at hard labor.

7. **BUY AMERICAN ACT** — (a) In acquiring end products, the Buy American Act (41 U.S. Code 101 a d) provides that the Government give preference to domestic source end products. For the purposes of this clause:

(i) "components" means those articles, materials, and supplies which are directly incorporated in the end product;

(ii) "end products" means those articles, materials, and supplies which are to be acquired under this contract for public use; and

(iii) a "domestic source end product" means (A) an unmanufactured end product which has been mined or produced in the United States and (B) an end product manufactured in the United States if the cost of the components thereof which are mined, produced, or manufactured in the United States exceeds 50 percent of the cost of all its components. For the purposes of this (a) (iii) (B), components of foreign origin of the same type or kind as the products referred to in (b) (i) or (ii) of this clause shall be treated as components mined, produced or manufactured in the United States.

(b) The Contractor agrees that there will be delivered under this contract only domestic source end products, except end products:

(i) which are for use outside the United States;

(ii) which the Government determines are not mined, produced, or manufactured in the United States in sufficient and reasonably available commercial quantities, and of a satisfactory quality;

(iii) as to which the Commission determines the domestic preference to be inconsistent with the public interest, or

(iv) as to which the Commission determines the cost to the Government to be unreasonable.

(The foregoing requirements are administered in accordance with Executive Order No. 10582, dated December 17, 1954.)

8. **DISCOUNTS** — In connection with any discount offered, time will be computed from date of delivery of the supplies to carrier when delivery and acceptance are at point of origin, or from date of delivery at destination or point of embarkation when delivery and acceptance are at either of these points, or from date correct invoice or voucher is received in the office specified by the Government if the latter date is later than the date of delivery. Payment is deemed to be made for the purpose of earning the discount, on the date of making of the Government check.

9. **INSPECTION** — Except as may be otherwise provided in this contract, final inspection and acceptance will be made at destination. Supplies rejected at destination for nonconformance with specifications shall be removed by the Contractor at his expense promptly after notice of rejection.

10. **CONTRACT WORK HOURS STANDARDS ACT — OVERTIME COMPENSATION** — This contract, to the extent that it is of a character specified in the Contract Work Hours Standards Act — Overtime Compensation (40 U.S.C. 327-330) and is not covered by the Walsh-Healey Public Contracts Act (41 U.S.C. 35-45), is subject to the following provisions and to all other provisions and exceptions of said Contract Work Hours Standards Act.

(a) No contractor or subcontractor contracting for any part of the contract work shall require or permit any laborer or mechanic to be employed on such work in excess of eight hours in any calendar day or in excess of forty hours in any workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times his basic rate of pay for all hours worked in excess of eight hours in any calendar day or in excess of forty hours in such workweek, whichever is the greater number of overtime hours.

(b) In the event of any violation of the provisions of paragraph (a) the Contractor and any subcontractor responsible for such violation shall be liable to any affected employee for his unpaid wages. In addition, such Contractor or subcontractor shall be liable to the United States for liquidated damages. Such liquidated damages shall be computed, with respect to each individual laborer or mechanic employed in violation of the provisions of paragraph (1), in the sum of \$10 for each calendar day on which such employee was required or permitted to work in excess of eight hours or in excess of forty hours in a workweek without payment of the required overtime wages.

(c) The Contracting Officer may withhold, or cause to be withheld, from any moneys payable on account of work performed by the Contractor or subcontractor, the full amount of wages required by this contract and such sums as may administratively be determined to be necessary to satisfy any liabilities of such Contractor or subcontractor for liquidated damages as provided in paragraph (b).

(d) The Contractor shall insert paragraphs (a) through (d) of this clause in all subcontracts, and shall require their inclusion in all subcontracts of any tier.

(e) The Contractor shall maintain payroll records containing the information specified in 29 CFR 516.2(a). Such records shall be preserved for 3 years from the completion of the contract.

11. **FEDERAL, STATE, AND LOCAL TAXES** — Except as may be otherwise provided in this contract, the contract price includes all applicable Federal taxes in effect on the date of this contract but does not include any State or local sales, use, or other tax directly applicable to the completed supplies or services covered by this contract nor any other tax from which the Contractor or the transaction is exempt. Upon request of the Contractor, the Government shall furnish a tax exemption certificate or similar evidence of exemption with respect to any such tax not included in the contract price pursuant to this clause. For the purpose of this clause, the term "date of this contract" means the date of the Contractor's quotation or, if no quotation, the date of this purchase order.

12. **RENEGOTIATION** — If this contract is subject to the Renegotiation Act of 1951, as amended, the contract shall be deemed to contain all the provisions required by section 104 of said Act.

13. **PRIORITIES, ALLOCATIONS, AND ALLOTMENTS** — The Contractor shall follow the provisions of D.M.S. Regulation 1 and all other applicable regulations and orders of the Business and Defense Service Administration in obtaining controlled materials and other products and materials needed to fill this order.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 103C, PART 2

NRC Form 103C (3-82)		ORDER			
POINT OF ISSUE: U. S. NUCLEAR REGULATORY COMMISSION		THIS NUMBER MUST APPEAR ON ALL PACKAGES AND PAPERS RELATING TO THIS ORDER			
		ORDER NUMBER			
		REQUISITION NUMBER			
<input type="checkbox"/> PURCHASE ORDER PER YOUR _____ OF _____		DATE			
<input type="checkbox"/> DELIVERY ORDER UNDER CONTRACT NUMBER _____					
ALLOTMENT		B&R NUMBER			
TO (Seller)		CONSIGNEE AND DESTINATION (Ship to) RE P.O. NUMBER			
DELIVERY F.O.B.	TIME FOR DELIVERY	GOVERNMENT B/L NUMBER	DISCOUNT TERMS		
Please furnish the following on the terms specified on both sides of this sheet and on the attached, if any, except that any such terms which might be inconsistent with the terms of any existing Federal contract or agreement under which this Order is placed will not apply.					
<input type="checkbox"/> Negotiated pursuant to the authority of 41 USC 252 (C) (3).					
ITEM NO.	ARTICLES OR SERVICES	QTY.	UNIT	UNIT PRICE	AMOUNT
PERSON TO CONTACT REGARDING THIS ORDER				TOTAL	
		SIGNATURE CONTRACTING OFFICER			
		TYPED NAME			
		TITLE			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 103C, PARTS 3, 7, 8 & 9

NRC Form 103C (3-82) <p style="text-align: center;">ORDER</p> POINT OF ISSUE: U. S. NUCLEAR REGULATORY COMMISSION		THIS NUMBER MUST APPEAR ON ALL PACKAGES AND PAPERS RELATING TO THIS ORDER. ORDER NUMBER REQUISITION NUMBER DATE			
<input type="checkbox"/> PURCHASE ORDER PER YOUR _____ OF _____					
<input type="checkbox"/> DELIVERY ORDER UNDER CONTRACT NUMBER _____					
ALLOTMENT		B&R NUMBER			
TO (Seller)		CONSIGNEE AND DESTINATION (Ship to)		RE P.O. NUMBER	
DELIVERY F.O.B.	TIME FOR DELIVERY	GOVERNMENT B/L NUMBER	DISCOUNT TERMS		
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ITEM NO.	ARTICLES OR SERVICES	QTY.	UNIT	UNIT PRICE	AMOUNT
PERSON TO CONTACT REGARDING THIS ORDER				TOTAL	

VENDOR FILE

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 103C, PARTS 4, 5, 6 & 10

NRC Form 103C (3-82)		ORDER		THIS NUMBER MUST APPEAR ON ALL PACKAGES AND PAPERS RELATING TO THIS ORDER	
POINT OF ISSUE: U. S. NUCLEAR REGULATORY COMMISSION				ORDER NUMBER _____	
<input type="checkbox"/> PURCHASE ORDER PER YOUR _____ OF _____				REQUISITION NUMBER _____	
<input type="checkbox"/> DELIVERY ORDER UNDER CONTRACT NUMBER _____				DATE _____	
ALLOTMENT _____			B&R NUMBER _____		
TO (Seller) _____			CONSIGNEE AND DESTINATION (Ship to) _____		RE P.O. NUMBER _____
DELIVERY F.O.B. _____		TIME FOR DELIVERY _____	GOVERNMENT B/L NUMBER _____		DISCOUNT TERMS _____
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<input type="checkbox"/> Negotiated pursuant to the authority of 41 USC 252 (C) (3).					
ITEM NO.	ARTICLES OR SERVICES	QTY.	UNIT	UNIT PRICE	AMOUNT
PERSON TO CONTACT REGARDING THIS ORDER _____				TOTAL _____	
<input type="checkbox"/> CONSIGNEE CERTIFICATION RESPONSIBILITIES. The consignee identified in this order is responsible for certifying in writing the receipt of the goods and/or services specified herein. Where maintenance services are required, the contractor shall prepare a service ticket for the services rendered. The service ticket shall be signed by the consignee accomplishing the certification required by this article. Certification of the receipt of goods will be accomplished by completing and signing the Receiving Report copies of this order.					
QUANTITY RECEIVED _____					DATE _____

REQUESTER COPY

FLOW-CHARTING WORKSHEET

1. SYSTEM NAME AND IDENTIFICATION NUMBER							2. PROCEDURE NUMBER					3. PROGRAM NAME AND NUMBER							
4. MODULE NAME				5. ANALYST PROGRAMMER			6. DATE PREPARED					7. PAGE OF PAGES							
	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
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FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET, 10½ x 15½", nonrepro blue ink CARD	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	10-75
<input type="checkbox"/>	PD/_____ (Pad/Sheet per Pad)					
<input type="checkbox"/>	US/_____ (Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/_____ (Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
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<input type="checkbox"/>	OTHER (Specify)					
			STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 109

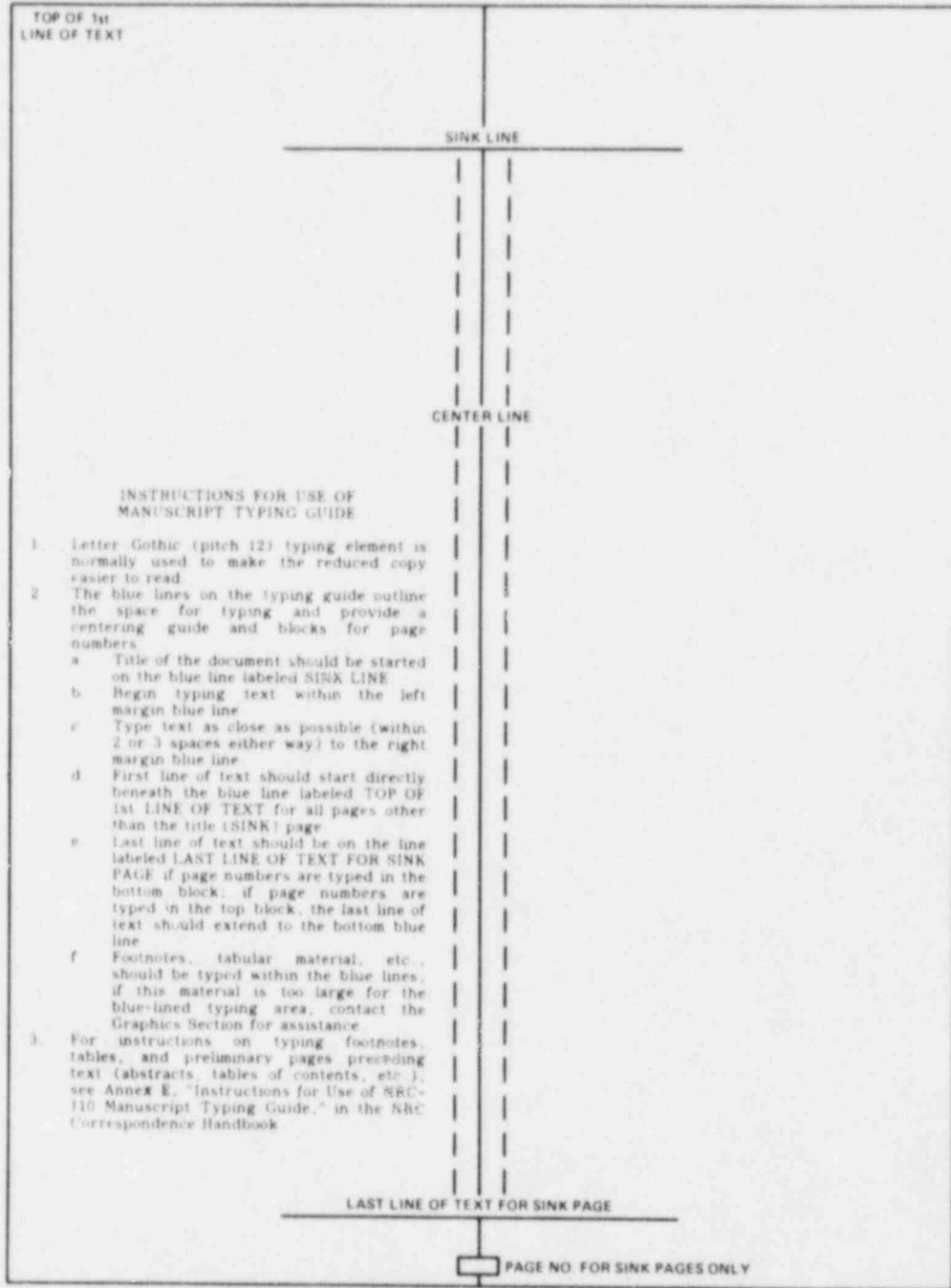
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WASHINGTON, D.C. 20555

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	ADM:TIDC:L		W 7540-00-NRC-0109X	HD	1-76
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MP/____ (Multipage/Number of Parts)		<input type="checkbox"/> USE FIRST OTHER (SPECIFY)			
LABEL		<input type="checkbox"/> DESTROY:			
PC (Postal Card)		<input type="checkbox"/> IMMEDIATELY			
TC (Tab Card)		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
TP/____ (Tab Paper/Number of Parts)		STOCKING POINT			
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OTHER (Specify)	<input type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC 110
(4-79)

PAGE NO.
SHOOT AT 74%



INSTRUCTIONS FOR USE OF
MANUSCRIPT TYPING GUIDE

1. Letter Gothic (pitch 12) typing element is normally used to make the reduced copy easier to read.
2. The blue lines on the typing guide outline the space for typing and provide a centering guide and blocks for page numbers.
 - a. Title of the document should be started on the blue line labeled SINK LINE.
 - b. Begin typing text within the left margin blue line.
 - c. Type text as close as possible (within 2 or 3 spaces either way) to the right margin blue line.
 - d. First line of text should start directly beneath the blue line labeled TOP OF 1st LINE OF TEXT for all pages other than the title (SINK) page.
 - e. Last line of text should be on the line labeled LAST LINE OF TEXT FOR SINK PAGE if page numbers are typed in the bottom block; if page numbers are typed in the top block, the last line of text should extend to the bottom blue line.
 - f. Footnotes, tabular material, etc., should be typed within the blue lines; if this material is too large for the blue-lined typing area, contact the Graphics Section for assistance.
3. For instructions on typing footnotes, tables, and preliminary pages preceding text (abstracts, tables of contents, etc.), see Annex E, "Instructions for Use of NRC-110 Manuscript Typing Guide," in the NRC Correspondence Handbook.

LAST LINE OF TEXT FOR SINK PAGE

PAGE NO. FOR SINK PAGES ONLY

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 10 1/4 x 14 1/2", non repro blue ink		ADM:TIDC	NRCM 0240	7540-00-NRC-0110X	HD	4-79
<input type="checkbox"/> CARD			STATUS OF EXISTING STOCK			
PD/____ (Pad/Sheet per Pad)			<input type="checkbox"/> USE FIRST			
US/____ (Unit Sets/Number of Parts)			<input type="checkbox"/> OTHER (SPECIFY)			
MP/____ (Multipage/Number of Parts)			DESTROY:			
LABEL			<input type="checkbox"/> IMMEDIATELY			
PC (Postal Card)			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
TC (Tab Card)			STOCKING POINT			
TP/____ (Tab Paper/Number of Parts)			<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS		
ENVL			<input type="checkbox"/> PROMULGATING OFFICE (ONLY)			
OTHER (Specify)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 114

ANNOUNCEMENT NUMBER		OPENING DATE	CLOSING DATE (Close of Business)	EXPIRATION DATE (For "Open until Filled" vacancies, remove posting on this date.)	
POSITION TITLE		SERIES	GRADE	KNOWN PROMOTION POTENTIAL TO	
ORGANIZATION LOCATION		AREA OF CONSIDERATION		TYPE OF POSITION	
DUTY LOCATION		NAME OF IMMEDIATE SUPERVISOR			
TRAVEL REQUIREMENTS					
<p>DUTIES OF POSITION (If this position is announced at multiple grade levels, these duties describe the full performance level; at lower grade levels the duties may vary slightly, and will be performed under somewhat closer supervision.)</p>					
<p>QUALIFICATIONS REQUIRED (If the position is announced at multiple grade levels, these qualifications describe the full performance level; unless otherwise specified, the position description, immediate supervisor, and/or NRC Manual Chapter and Appendix 4108 can be consulted for more detailed qualification requirements and/or interpretation of qualifying experience.)</p>					
RATING FACTORS					
APPLICATION REFERRAL PROCEDURES					
<p>APPLICATIONS MAY BE REFERRED TO THE RATING ENTITY: BARGAINING UNIT POSITIONS A MINIMUM OF 10 DAYS AFTER OPENING DATE NONBARGAINING UNIT POSITIONS A MINIMUM OF 5 DAYS</p> <p>NONBARGAINING UNIT POSITIONS ONLY: CANDIDATES WHOSE PRESENT PROMOTION POTENTIAL DOES NOT EXCEED THE POTENTIAL OF THIS VACANCY MAY NOT BE SUBJECT TO RATING PROCEDURES, AND MAY BE REFERRED DIRECTLY TO THE SELECTING OFFICIAL AT HIS/HER OPTION.</p>					
HOW TO APPLY					
<p>COMPLETE AND SUBMIT: (Refer to the vacancy Announcement Number in all correspondence): 1. A COPY OF YOUR CURRENT PERFORMANCE APPRAISAL OR A SIGNED STATEMENT THAT IT IS NOT AVAILABLE</p> <p>2. AN UPDATED SF 171, PERSONAL QUALIFICATIONS STATEMENT</p> <p>3. AN NRC FORM 115, VACANCY APPLICATION STATUS NOTICE (NRC Applicants only)</p> <p>4. OTHER (Specify)</p>					
FOR ADDITIONAL INFORMATION CONTACT				TELEPHONE NUMBER (include area code)	
SEND APPLICATION MATERIALS TO:					
Staffing Section, SPES Division of Organization and Personnel, ADM U.S. Nuclear Regulatory Commission Washington, DC 20545	Region I Personnel Office U.S. Nuclear Regulatory Commission 537 Park Avenue King of Prussia, PA 19406	Region II Personnel Office U.S. Nuclear Regulatory Commission 101 Mariner Street, Suite 3100 Atlanta, GA 30303	Region III Personnel Office U.S. Nuclear Regulatory Commission 300 Ross Street Oak Ridge, TN 37831	Region IV Personnel Office U.S. Nuclear Regulatory Commission 811 Main Plaza Drive, Suite 1000 Arlington, TX 76011	Region V Personnel Office U.S. Nuclear Regulatory Commission 1480 Marie Lane, Suite 210 Walnut Creek, CA 94596

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET	ADM:OP	NRCM 4108		Sheet	9-82
<input type="checkbox"/> CARD					
<input type="checkbox"/> PD/____ (Pad/Sheet per Pad)					
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)					
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)					
<input type="checkbox"/> LABEL					
<input type="checkbox"/> PC (Postal Card)					
<input type="checkbox"/> TC (Tab Card)					
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)					
<input type="checkbox"/> ENVL					
<input type="checkbox"/> OTHER (Specify)					
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST			
		<input type="checkbox"/> DESTROY: IMMEDIATELY	OTHER (SPECIFY)		
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORM 114A (9-82)	U.S. NUCLEAR REGULATORY COMMISSION		
CAREER OPPORTUNITY ANNOUNCEMENT (Continuation)			
ANNOUNCEMENT NUMBER	OPENING DATE	CLOSING DATE (close of business)	PAGE OF EXPIRATION DATE (For "Open End" Filled vacancies, remove posting on this date)

NRC FORM 114A
(9-82)

U.S. GOVERNMENT PRINTING OFFICE : 1982 O - 388-064

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input type="checkbox"/> US/_____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:OP	NRCM 4108 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	9-82

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 115

NRC Form 115 (5-82)		U.S. NUCLEAR REGULATORY COMMISSION		1 VACANCY ANNOUNCEMENT NUMBER
VACANCY APPLICATION STATUS NOTICE				2 DATE OF APPLICATION
INSTRUCTIONS. APPLICANTS MUST COMPLETE ITEMS 1 THROUGH 4. FAILURE TO DO SO WILL RESULT IN YOUR NOT BEING NOTIFIED OF THE DISPOSITION OF YOUR APPLICATION. IN ADDITION, APPLICANTS MUST ATTACH ALL MATERIALS REQUIRED BY THE VACANCY ANNOUNCEMENT.				
3 POSITION TITLE (for which applying)		SERIES AND GRADE		TO BE COMPLETED BY THE PERSONNEL OFFICE <input type="checkbox"/> Your application is complete and will not be considered for the vacancy. <input type="checkbox"/> Your application is incomplete and will not be considered because the following is also required: <input type="checkbox"/> An updated SF-171 <input type="checkbox"/> Your latest performance appraisal <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> You did not meet the requirements stated on the vacancy announcement. <input type="checkbox"/> Time in Grade _____ <input type="checkbox"/> Basic Qualifications _____ <input type="checkbox"/> You are qualified for the vacancy, your application has been forwarded to: <input type="checkbox"/> A rating official for further evaluation <input type="checkbox"/> The selecting official <input type="checkbox"/> A rating panel for further evaluation <input type="checkbox"/> Other (Specify) _____
ORGANIZATION				
4 NAME AND COMPLETE MAILING ADDRESS/NRC employees use Mail Stop:				
DISPOSITION OF APPLICATION MATERIALS				
TO BE COMPLETED BY THE PERSONNEL OFFICE				
FINAL REPORT		<input type="checkbox"/> You were among the best qualified candidates certified to the selecting official, but you were not selected for the position. <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> You were internally qualified for the position, but you were not among the best qualified candidates certified to the selecting official. <input type="checkbox"/> The Candidate(s) Selected Was (Were) _____		
<input type="checkbox"/> Vacancy cancelled <input type="checkbox"/> Internal Applicant was Selected <input type="checkbox"/> You were internally qualified for the position, but you were not among the best qualified candidates certified to the selecting official.		SIGNATURE PERSONNEL STAFFING SPECIALIST TELEPHONE NUMBER _____ DATE NOTICE SENT _____		
DISPOSITION OF APPLICATION MATERIALS		<input type="checkbox"/> RETURNED (Attached) <input type="checkbox"/> RETAINED WITH Major Production Record		

VACANCY FILE COPY

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 4 (Unit Sets/Number of Parts) 8 1/2 x 5 1/2" <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify) _____	ADM:OP		7540-00-NRC-0115X	HD	5-82
STATUS OF EXISTING STOCK					
<input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY:					
<input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			<input type="checkbox"/> OTHER (SPECIFY) _____		
STOCKING POINT					
<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 116

Name(s) of Traveler(s)				Authorization and Division			Home Phone		
				Government Request No.			Carrier Ticket No.		
				Carrier Agent			Office Contact		
From	City	Carrier	Flight/ Train #	Date	Time	Seat	Car	Code	
To					D				
To					A				
To					D				
To					A				
To					D				
To					A				
Remarks									

NRC-116
(7-75)

TRAVEL RESERVATION REQUEST
U.S. NUCLEAR REGULATORY COMMISSION

G.P.O. 1975-630-525

FORMS MANAGEMENT DATA					
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	ADM:FOS:TS			US/2	7-75
CARD					
PD/____ (Pad/Sheet per Pad)					
Y US/ 2 (Unit Sets/Number of Parts) 6 x 4 1/2"					
MP/____ (Multipage/Number of Parts)					
LABEL					
PC (Postal Card)					
TC (Tab Card)					
TP/____ (Tab Paper/Number of Parts)					
ENVL					
OTHER (Specify)					
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST	OTHER		
		DESTROY:			
		<input type="checkbox"/> IMMEDIATELY	(SPECIFY)		
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 117

NRC Form 117 10-82 NRCM 0904		U.S. NUCLEAR REGULATORY COMMISSION		DATE SUBMITTED
KEYPUNCH AND KEY VERIFYING SERVICES REQUEST				COMPLETION DATE REQUESTED
INSTRUCTIONS: Complete this form and attach it to source documents to be keypunched and key verified. Key punching is done by a contractor who makes pickups and delivers each workday. Work received before a pickup will go out the same day and is returned the next workday.				
TO: RM/DSS, KEYPUNCH SERVICES P 634 PHONE: 492 7713	1. FROM (Name) MAIL STOP	TELEPHONE NUMBER	2. NUMBER OF CARDS/FORMS ATTACHED	
			3. CONTAINS SENSITIVE DATA <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. SYSTEM NAME (or other description)				
5. SPECIAL INSTRUCTIONS FOR KEYPUNCH OPERATOR (if any)				
6. INSTRUCTIONS TO RM/DSS ("X" at applicable)				
<input type="checkbox"/> LIST COMPLETED WORK	<input type="checkbox"/> CALL WHEN WORK IS READY	<input type="checkbox"/> MAIL COMPLETED WORK		
OTHER (Specify):				
COMPLETED WORK RECEIVED (Signature of Recipient)		DATE	COMPLETED WORK MAILED (Signature of Sender)	
			DATE	

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET 8½ x 5½" <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	RM:D	NRCM 0904		Sheet	10-82
STATUS OF EXISTING STOCK					
<input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY)					
<input type="checkbox"/> DESTROY:					
<input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE					
STOCKING POINT					
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 119

TAG NUMBER	SERIAL NUMBER	MODEL NUMBER	MANUFACTURER
DESCRIPTION			PURCHASE ORDER NO. COST \$
PROPERTY ISSUED TO:			
NAME (Last, First, Middle Initial)		OFFICE/DIVISION	
ROOM NUMBER	BUILDING	SIGNATURE OF PERSON AUTHORIZED TO ISSUE PROPERTY	DATE ISSUED
<p>The NRC Property identified above requires unit accountability. The signer, below, has a positive duty to protect and conserve Government property issued to him/her (10 CFR 0.735-43, "Use of Government Property" and NRC Manual Chapter 5201, "Personal Property Management"). The signer will be relieved of accountability by surrendering the item to the NRC Property Custodian in return for this receipt.</p>			
SIGNATURE OF PERSON RECEIVING PROPERTY			DATE
NRC Form 119 U.S. NUCLEAR REGULATORY COMMISSION CUSTODIAL RECEIPT FOR SENSITIVE PERSONAL PROPERTY			

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/ _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 4 _____ (Unit Sets/Number of Parts), 8 1/2 x 5 1/2" <input type="checkbox"/> MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:PS	NRCM 5201 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0119X	HD	4-82

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 120

ACCESSION NUMBER	
BOX NUMBER	OFFICE/DIVISION/BRANCH
OF	DESCRIPTION OF CONTENTS
LOCATION NUMBER	
NRC Form 120 (7-81)	RECORD RETIREMENT IDENTIFIER
NUCLEAR REGULATORY COMMISSION	

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input type="checkbox"/> US/_____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____ (Multipage/Number of Parts) <input checked="" type="checkbox"/> LABEL, 8 ¹ / ₂ x 5 ¹ / ₂ " <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC:DM	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Label	7-81

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 121

NRC FORM 121	U.S. NUCLEAR REGULATORY COMMISSION OFFICE										REPORTING PERIOD														
TRAINING CONTROL AND INPUT																									
CC	NAME	SOCIAL SECURITY NUMBER	GR.	ORGANIZATION NAME	ORGANIZATION CODE	STARTING DATE	COMPLETION DATE	PERIOD	TYPE	SOURCE	DIRECT COST \$	INDIRECT COST \$	FY	ON-DUTY HOURS	NON-DUTY HOURS	PAGE NO.									
		3	11 12 13		14	21	22	27	28	29	30	31	32	35	36	39	40 41	42	45	46	49	50			
1																								1	
2																									2
3																									3
4																									4
5																									5
6																									6
7																									7
8																									8
9																									9
10																									10

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 14 x 8½" <input type="checkbox"/> CARD <input type="checkbox"/> PD/ (Pad/Sheet per Pad) <input type="checkbox"/> US/ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:MDT	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	1-76

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 123

FACE

IN THE EVENT CLASSIFIED MATTER IS LOST, COMPROMISED OR POSSIBLY COMPROMISED

1. The matter should be reported immediately to the NRC Division of Security (27 8th Street) during working hours, such notification can be obtained through the Philip Building Federal Protective Office on duty phone (202) 422-7773.
2. If a loss occurs at a classified facility, a Security Officer (SO) should be notified.
3. Additionally, if a loss occurs outside a classified area, if an alleged or suspected violation of Federal law is involved, the local office of the FBI (202) 422-7773 should be immediately notified.

DO NOT DISCUSS THE INCIDENT WITH OTHER THAN THE PERSONS MENTIONED ABOVE, OR OTHER AUTHORIZED PERSONS.

NRC Form 123
(7-79)

REVERSE

U.S. Nuclear Regulatory Commission, Washington, D.C. AUTHORITY TO HAND-CARRY CLASSIFIED MATTER

To: _____ Expiration: _____

You are hereby authorized to hand carry CONFIDENTIAL or SECRET matter within the continental limits of the United States in accordance with the provisions of NRC Chapter and Appendix 2101.

This authorization applies only when it is operationally necessary to hand carry classified matter.

The instructions on the reverse side are to be followed in the event that any classified matter being hand carried is lost, compromised or possibly compromised.

Card No. _____ Authorized by: _____
(Division Office Director)

Signature of Person Authorized to Hand Carry

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input checked="" type="checkbox"/> CARD 3 1/2 x 2 1/2", h to h PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2105 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	W 7540-00-NRC-0123X	HD	7-79
			STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)		

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 125

UNITED STATES
NUCLEAR REGULATORY COMMISSION
BUILDING AND OPERATIONS BRANCH

WORK REQUEST

No. 10005

REQUESTED BY	DIVISION	TELEPHONE NO.
LOCATION OF WORK	ROOM NO.	DATE
		AM
		PM

WORK REQUESTED

ASSIGNED TO	<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> SERVICE
-------------	------------------------------------	----------------------------------

ACTION TAKEN

COMPLETED BY	DATE	AM
		PM
COST CODE	TOTAL MAN-HOURS	MATERIAL COST

NRC-125 (6-80)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input checked="" type="checkbox"/> TP/ 2 ____ (Tab Paper/Number of Parts) 5-3/4 x <input type="checkbox"/> INVL 6-1/2" <input type="checkbox"/> OTHER (Specify)	ADM:FOS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	7540-00-NRC-0125X	HD	6-80

NRC FORM 126 (12-79) NRCM 2101	U.S. NUCLEAR REGULATORY COMMISSION CLASSIFIED DOCUMENT RECEIPT			
TO _____ FROM _____	POSTAL NUMBER _____ DATE MAILED _____	INSTRUCTIONS 1. Verify addressee's classified mailing address. 2. Describe document by subject or title and originator. List Secret and accountable Confidential enclosures. Indicate type of document e.g. Ltr., Rpt., or Dwg. 3. Show classification and extra markings. 4. Forward original and duplicate to addressee. 5. Retain copy pending return of signed original by addressee.		
DESCRIPTION <small>MUST BE UNCLASSIFIED</small>	DOCUMENT NUMBER <small>(IF NUMBERED)</small>	DATE OF DOCUMENT	COPY NUMBER AND SERIES	CLASSIFICATION
TO AVOID TRACER ACTION PLEASE SIGN AND RETURN THIS RECEIPT TO SENDER IMMEDIATELY				
I have received the document(s) listed above and assume responsibility for safeguarding in accordance with security regulations.				
Signature of addressee or name of addressee and signature of recipient _____		Date _____		
Received for addressee by _____ <small>(to be used only by mail rooms)</small>		Date _____		

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 3 (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2105 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0126X	HD	12-79

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 127

NRC FORM 127 (7-75)	U.S. NUCLEAR REGULATORY COMMISSION	DATE						
WEEKLY OVERTIME REPORT		BRANCH CHIEF'S SIGNATURE						
NAME	HOURS WORKED							TOTAL
	SUN	MON	TUE	WED	THUR	FRI	SAT	

NRC FORM 127 (7-75)

FORMS MANAGEMENT DATA					
		1/83			
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="checked" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS;BO	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	7-75
			STOCKING POINT		
			<input type="checkbox"/> WAREHOUSE <input checked="checked" type="checkbox"/> PROMULGATING OFFICE (ONLY)	<input type="checkbox"/> SUPPLY ROOMS	

U.S. NUCLEAR REGULATORY COMMISSION COURIER ASSIGNMENT RECORD	DATE	TIME CALLED																				
		p.m.	CONSOLE	a.m.																		
NRC FORM 128 (7-75)	COURIER	ASSIGNMENT																				

NRC FORM 128 (7-75)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/_____ (Pad/Sheet per Pad) US/_____ (Unit Sets/Number of Parts) MP/_____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM: FOS :BO	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	7-75

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 130

NRC FORM 130 (8-76)		U.S. NUCLEAR REGULATORY COMMISSION			
OVERTIME WORK REPORT					
TO: <i>T & A Clerk</i>			FROM: Name - Last, First, Middle Initial (Please Print)		
I certify that I have worked the time indicated on this report.			<input type="checkbox"/> OVERTIME		<input type="checkbox"/> COMPENSATORY TIME
			DATE	NO. OF HOURS	TIME
					FROM a.m. TO a.m. p.m. p.m.
JUSTIFICATION					
EMPLOYEE'S SIGNATURE			DATE	<input type="checkbox"/> ASSIGNMENT VERIFIED	
				SUPERVISOR'S SIGNATURE	
				DATE	

NRC FORM 130 (8-76)

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET 8 x 5" <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:CSS		W7540-00-NRC-0130X	HD	8-76
STATUS OF EXISTING STOCK					
		<input type="checkbox"/> USE FIRST	<input type="checkbox"/> OTHER (SPECIFY)		
		<input type="checkbox"/> DESTROY:			
		<input type="checkbox"/> IMMEDIATELY			
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
STOCKING POINT					
		<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 131, FACE

**IMPORTANT
INSTRUCTIONS TO VENDOR**

1. Complete and mail this card as soon as a firm shipping date is ascertained.
2. Failure to forward this NOTICE OF CONFIRMATION will result in unnecessary follow up action.

NOTICE OF CONFIRMATION
NRC FORM 131 (8-80)

NOTICE OF CONFIRMATION

PURCHASE ORDER NO.		NAME OF VENDOR	
QUOTED DELIVERY DATE		EXPECTED SHIPPING DATE	
PROPOSED SHIPPING METHOD			
DATE		SIGNATURE	
FILL IN BELOW ONLY IF PARTIAL SHIPMENTS ARE EXPECTED			
EXPECT TO SHIP PARTIAL: Date and item numbers.		COMMENTS - This space to be used when quoted dates and expected dates are not the same.	
EXPECT TO SHIP BALANCE: Date and item numbers.			

DETACH AND MAIL

NRC FORM 131, REVERSE

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555



OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 12904 WASHINGTON, DC
POSTAGE WILL BE PAID BY ADDRESSEE

U.S. Nuclear Regulatory Commission
Division of Contracts
Washington, D.C. 20555

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

TEAR OFF BEFORE MAILING

**NOTICE
OF CONFIRMATION**

PLEASE FURNISH COMPLETE
INFORMATION AS LISTED ON
THE REVERSE OF THIS CARD.

FORMS MANAGEMENT DATA				1/83															
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE														
SHEET	ADM; DC	<table border="1"> <tr> <th colspan="2">STATUS OF EXISTING STOCK</th> </tr> <tr> <td><input type="checkbox"/> USE FIRST DESTROY:</td> <td>OTHER (SPECIFY)</td> </tr> <tr> <td><input type="checkbox"/> IMMEDIATELY</td> <td></td> </tr> <tr> <td><input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE</td> <td></td> </tr> <tr> <th colspan="2">STOCKING POINT</th> </tr> <tr> <td><input type="checkbox"/> WAREHOUSE</td> <td><input type="checkbox"/> SUPPLY ROOMS</td> </tr> <tr> <td><input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)</td> <td></td> </tr> </table>	STATUS OF EXISTING STOCK		<input type="checkbox"/> USE FIRST DESTROY:	OTHER (SPECIFY)	<input type="checkbox"/> IMMEDIATELY		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		STOCKING POINT		<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS	<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			PC	8-80
STATUS OF EXISTING STOCK																			
<input type="checkbox"/> USE FIRST DESTROY:			OTHER (SPECIFY)																
<input type="checkbox"/> IMMEDIATELY																			
<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE																			
STOCKING POINT																			
<input type="checkbox"/> WAREHOUSE			<input type="checkbox"/> SUPPLY ROOMS																
<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)																			
CARD																			
PD/____ (Pad/Sheet per Pad)																			
US/____ (Unit Sets/Number of Parts)																			
MP/____ (Multipage/Number of Parts)																			
LABEL																			
<input checked="" type="checkbox"/> PC (Postal Card), 8 X 3 1/4", buff																			
TC (Tab Card)																			
TP/____ (Tab Paper/Number of Parts)																			
ENVL																			
OTHER (Specify)																			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 136
 (Rev. 11-81)
 NRC-136 (2-78)

NRC FORM 136
 Approved by OMB
 2150-0049
 (Rev. 4-78)

U. S. NUCLEAR REGULATORY COMMISSION
 WASHINGTON, D. C.

SECURITY TERMINATION STATEMENT

NAME:	PRESENT EMPLOYER:
CONTRACT NUMBER OR OTHER IDENTIFYING NUMBER:	FACILITY OR INSTALLATION WHERE TERMINATED:
DATE OF TERMINATION:	

I make the following statement in connection with the forthcoming termination of my access authorization granted by the Nuclear Regulatory Commission:

1. I have destroyed in accordance with NRC security regulations or transferred to persons designated by the Nuclear Regulatory Commission all classified documents and material with which I was charged or which I had in my possession.
2. I shall not reveal to any person any National Security Information, Restricted Data, or other classified information of which I have gained knowledge except as authorized by law, regulations of the Nuclear Regulatory Commission, or in writing by officials of the Nuclear Regulatory Commission empowered to grant permission for such disclosure.
3. I am aware that the Atomic Energy Act of 1954 and U.S. Code, Title 18, "Crimes and Criminal Procedures," prescribe penalties for unauthorized disclosure of Restricted Data, Formerly Restricted Data, and other information relating to the national defense.
4. I am aware that I may be subject to criminal penalties if I have made any statement of material facts knowing that such statement is false or if I willfully conceal any material fact (Title 18, U.S. Code, Section 1001).
5. I understand that the Nuclear Regulatory Commission desires to be informed when persons who have been granted NRC access authorization propose to travel to Communist-controlled countries. This does not apply to individuals who obtain NRC access authorization and receive access to NRC classified information solely as employees of other Government agencies or their contractors.

(Normally, an individual will not be asked to forego any travel unless the travel is of such nature as to be considered unwise from the standpoint of personal safety, or there are special circumstances existing which would make such travel unwise from the standpoint of the security of the atomic energy program. The NRC's security interest in such travel normally diminishes as the period of access to National Security Information, Restricted Data, or other classified information becomes more remote.)

 (Signature of Person Conducting Interview)

 (Signature of Person Whose Access Authorization Is Being Terminated)

 (Title of Position)

 (Date)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2101 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0136X	HD	4-81

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 137

U.S. NUCLEAR REGULATORY COMMISSION

PAGE _____ OF _____

PHYSICAL INVENTORY RECORD

DATE _____

PREPARED BY _____

NRC FORM 137
(10-78)

TAG NUMBER (NRC TN)	SERIAL NUMBER (ISN)	MODEL NUMBER	MANUFACTURER	DESCRIPTION	(LOCATION) (LOGID)		ACCOUNT (OPAC)
					BLD	ROOM	
1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32
33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56
57	58	59	60	61	62	63	64
65	66	67	68	69	70	71	72
73	74	75	76	77	78	79	80

FORMS MANAGEMENT DATA						
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET 14 x 8 1/2"	ADM:FOS:PS		7540-00-NRC-0137X	HD	10-78
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/____ (Pad/Sheet per Pad)	STATUS OF EXISTING STOCK				
<input type="checkbox"/>	US/____ (Unit Sets/Number of Parts)	<input type="checkbox"/> USE FIRST		OTHER (SPECIFY)		
<input type="checkbox"/>	MP/____ (Multipage/Number of Parts)	<input type="checkbox"/> DESTROY IMMEDIATELY				
<input type="checkbox"/>	LABEL	<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
<input type="checkbox"/>	PC (Postal Card)	STOCKING POINT				
<input type="checkbox"/>	TC (Tab Card)	<input checked="" type="checkbox"/> WAREHOUSE		<input checked="" type="checkbox"/> SUPPLY ROOMS		
<input type="checkbox"/>	TP/____ (Tab Paper/Number of Parts)	PROMULGATING OFFICE (ONLY)				
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 138A

NRC FORM 138A (4-81)		U.S. NUCLEAR REGULATORY COMMISSION				PAGE	OF	PAGES
PROPERTY DATA BASE MAINTENANCE RECORD (ADDITIONS)								DATE
								PREPARED BY
TAG NUMBER (NRC TN)	SENSITIVE CODE (NRCS)	COMPONENT FLAG (COMPF)	CAPITAL ASSET CODE (CAC)		*Sensitive Items Only **Redistributable Items Only All change transactions must have: NRCTN, NRCS, and COMPF.			
IDENTIFICATION CODE (NRCIC)				ACCOUNT CODE (OPAC)				
LOCATION CODE (LOCID)		ITEM SERIAL NUMBER (ISN)						
LAST ASSIGNED DATE		REQUISITION DATE		PURCHASE ORDER DATE		REPLACEMENT DATE (RPDAT)		
YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY
PURCHASE ORDER NUMBER (PONR)				PURCHASE ORDER COST (PODOL)				
*NAME (Last, First Initial, Middle Initial)				**PROJECT NUMBER (PRJNR)		**REDISTRIBUTABLE DATE		
						YEAR	MONTH	DAY

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET 8 x 5"		ADM: FOS: PS		7540-00-NRC-0138A	HD	4-81
<input type="checkbox"/> CARD						
PD/_____(Pad/Sheet per Pad)						
US/_____(Unit Sets/Number of Parts)						
MP/_____(Multipage/Number of Parts)						
LABEL						
PC (Postal Card)						
TC (Tab Card)						
TP/_____(Tab Paper/Number of Parts)						
ENVL						
OTHER (Specify)						
			STATUS OF EXCESS STOCK			
			USE FIRST DESTROY:	OTHER (SPECIFY)		
			<input type="checkbox"/> IMMEDIATELY			
			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
			STOCKING POINT			
			<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS		
			PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 138B

NRC FORM 138B (11-78)		U.S. NUCLEAR REGULATORY COMMISSION		PAGE	PAGES		
<p align="center">PROPERTY DATA BASE MAINTENANCE RECORD <i>(Deletions)</i></p>				OF			
				DATE			
				PREPARED BY			
TAG NUMBER <i>(NRC/N)</i>	SENSITIVE CODE <i>(NRC/S)</i>	COMPONENT FLAG <i>(COMP/F)</i>		<p align="center">DISPOSITION CODES</p> <p>A - Transfer of property to another government agency</p> <p>B - Equipment traded in</p> <p>C - Equipment destroyed</p> <p>D - Equipment lost or stolen</p> <p>E - Miscellaneous</p>			
DISPOSITION ORDER NUMBER		DISPOSITION CODE	DISPOSITION DATE				
			YEAR MONTH DAY				

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET 8½ x 3½" <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:PS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	7540-00-NRC-0138B	HD	11-78
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 139

NRC FORM 139
10 75

U. S. NUCLEAR REGULATORY COMMISSION
OFFICE OF THE CONTROLLER
DIVISION OF ACCOUNTING

PAGE _____ OF _____ C/D NO. _____
NO. _____
DATE _____

DAILY RECORD OF REMITTANCES

BANK	TYPE	DATE	NO. CK. M.O. OR RECEIPT	PAYER AND DESCRIPTION	AMOUNT	ACCOUNT NO.	BILL NO.	TYPE OF COLLECTION	APPROPRIATION OR SYMBOL
------	------	------	-------------------------------	-----------------------	--------	----------------	-------------	-----------------------	----------------------------

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET 14 x 8 1/2" <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:A	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	8-75
			STOCKING POINT		
			<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		

NRC FORMS FACSIMILE HANDBOOK

NRC Form 140A
(10-75)
NRCM 2001

NRC FORM 140A, PAGE 1

U. S. NUCLEAR REGULATORY COMMISSION SECURITY SURVEY REPORT			
1. FACILITY NAME AND ADDRESS	2. DATE OF SURVEY	3. HIGHEST IMPORTANCE RATING	
	4. HIGHEST CLASSIFICATION OF		
	a. DOCUMENTS	b. MATERIALS	c. WORK
	5. SPECIAL NUCLEAR MATERIAL CLASSIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO UNCLASSIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER INTERESTS INCLUDED IN THIS REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. CLASSIFIED MAILING ADDRESS	7. FACILITY'S SECURITY AGENT		
	8. COMPOSITE SECURITY RATING OF FACILITY <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		
	9. DATE OF PREVIOUS SURVEY AND SECURITY RATING (Date) (Rating)		
10. DESCRIPTION OF PREMISES AND VICINITY			
11. NATURE OF SECURITY INTERESTS AND CONTRACT, PURCHASE ORDER, INQUIRY OR ACCESS PERMIT NUMBER			
12. DISTRIBUTION	13. RESPONSIBLE FIELD OFFICE(S)		
	14. SURVEYING OFFICE		
	15. REPORT PREPARED BY		
	16. REPORT APPROVED BY		

Page 1

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET 8 1/2 x 22" fold to 8 1/2 x 11"	ADM:SEC	NRCM 2101		MP/2	10-75
<input type="checkbox"/> CARD					
<input type="checkbox"/> PD/____ (Pad/Sheet per Pad)					
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)					
<input checked="" type="checkbox"/> MP/ 3 (Multipage/Number of Parts)					
<input type="checkbox"/> LABEL					
<input type="checkbox"/> PC (Postal Card)					
<input type="checkbox"/> TC (Tab Card)					
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)					
<input type="checkbox"/> ENVL					
<input type="checkbox"/> OTHER (Specify)					
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST DESTROY:			
		<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS			
		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

SECURITY SURVEY REPORT					
<p>A. PHYSICAL BARRIERS</p> <p>1. ADEQUACY _____</p> <p>2. PROTECTION OF OPENINGS _____</p> <p>3. SOUNDPROOFING _____</p> <p>RATING _____ <input style="width: 50px;" type="text"/></p>	<p>F. SECURITY OF DOCUMENTS IN STORAGE</p> <p>1. STORAGE CONTAINERS _____</p> <p>2. GUARDING SYSTEM _____</p> <p>3. CONTROL OF PERSONNEL ACCESS _____</p> <p>RATING _____ <input style="width: 50px;" type="text"/></p>				
<p>B. PERSONNEL IDENTIFICATION AND CONTROL</p> <p>1. ADEQUACY OF SYSTEM _____</p> <p>2. IDENTIFICATION MEDIA _____</p> <p>3. ENFORCEMENT _____</p> <p>RATING _____ <input style="width: 50px;" type="text"/></p>	<p>G. SECURITY VIOLATIONS</p> <p>1. KNOWLEDGE OF REGULATIONS _____</p> <p>2. REPORTING PROCEDURES _____</p> <p>RATING _____ <input style="width: 50px;" type="text"/></p>				
<p>C. PROTECTIVE ALARMS</p> <p>1. UTILIZATION _____</p> <p>2. TYPES _____</p> <p>3. INSPECTION AND TEST _____</p> <p>4. SENSITIVITY _____</p> <p>5. RESPONSE _____</p> <p>6. EMERGENCY POWER _____</p> <p>RATING _____ <input style="width: 50px;" type="text"/></p>	<p>H. SECURITY EDUCATION</p> <p>1. INDOCTRINATION _____</p> <p>2. CONTINUING PROGRAM _____</p> <p>3. FAMILIARITY WITH SECURITY REQUIREMENTS _____</p> <p>4. TERMINATION INTERVIEWS _____</p> <p>5. SECURITY INFRACTION PROCEDURES _____</p> <p>RATING _____ <input style="width: 50px;" type="text"/></p>				
<p>D. PROTECTIVE PERSONNEL</p> <p>1. STRENGTH AND DEPLOYMENT _____</p> <p>2. QUALIFICATIONS _____</p> <p>3. TRAINING _____</p> <p>4. WEAPONS AND OTHER EQUIPMENT _____</p> <p>5. ORDERS _____</p> <p>6. PROTECTIVE COMMUNICATIONS _____</p> <p>7. SUPERVISION _____</p> <p>8. EMERGENCY PLANS _____</p> <p>9. EFFICIENCY _____</p> <p>RATING _____ <input style="width: 50px;" type="text"/></p>	<p>I. PERSONNEL CLEARANCE</p> <p>1. PRE-EMPLOYMENT PRACTICES _____</p> <p>2. TYPES AND NUMBERS OF CLEARANCES AND ACCESS AUTHORIZATIONS _____</p> <p>3. SUBMISSION AND TERMINATION PROCEDURES _____</p> <p>RATING _____ <input style="width: 50px;" type="text"/></p>				
<p>E. CLASSIFIED DOCUMENT CONTROL</p> <p>1. PREPARATION _____</p> <p>2. DRAFTS AND WORKSHEETS _____</p> <p>3. TRANSMISSION AND RECEIPT _____</p> <p>4. REPRODUCTION _____</p> <p>5. ACCESS CONTROL _____</p> <p>6. SECURITY WHILE IN USE _____</p> <p>7. INVENTORY _____</p> <p>8. ACCOUNTABILITY _____</p> <p>9. UNACCOUNTED-FOR DOCUMENTS _____</p> <p>10. DESTRUCTION _____</p> <p>RATING _____ <input style="width: 50px;" type="text"/></p>	<p>T.S. DOCUMENTS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>WEAPON DATA</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>R & D REPORTS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>OTHER DOCUMENTS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>OVERALL</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>RATE EACH ITEM: G—Good, F—Fair, P—Poor, DNA—Does Not Apply</p>					

DETACH THIS PAGE BEFORE SUBMITTING REPORT
if items on this page are NOT applicable

SECURITY SURVEY REPORT

K. SECURITY OF MATERIALS IN USE

- 1. CLASSIFIED MATERIALS
- 2. STRATEGICALLY IMPORTANT MATERIALS

RATING

L. SECURITY OF MATERIALS IN STORAGE

- 1. STORAGE CONTAINERS
- 2. OPEN STORAGE
- 3. GUARDING SYSTEM
- 4. CONTROL OF PERSONNEL ACCESS

RATING

M. PROTECTIVE LIGHTING

- 1. PERIMETERS
- 2. ENTRANCES
- 3. INTERIOR AREAS AND STRUCTURES
- 4. EMERGENCY LIGHTING

RATING

N. SHIPMENT SECURITY

- 1. COMPLIANCE WITH APPROVED MEANS OF SHIPMENT
- 2. SHIPPING CONTAINERS
- 3. ADVANCE NOTIFICATIONS TO RECIPIENTS
- 4. EMERGENCY NOTIFICATION PROCEDURES
- 5. PROTECTION OF CLASSIFIED ASPECTS

RATING

O. COMMUNICATIONS SECURITY

- 1. CRYPTOGRAPHIC OPERATIONS
 - a. AREA PROTECTION
 - b. ACCESS CONTROLS
 - c. SAFEGUARDING CRYPTOGRAPHIC MATERIAL
 - d. INTERNAL PROCEDURES
- 2. CODE WORDS
 - a. CONTROLS
 - b. REPORTING
 - c. PROCEDURES

RATING

P. SECURITY EVALUATION

- 1. STAFFING
- 2. APPLICATION OF SECURITY REGULATIONS
- 3. EFFICIENCY

RATING

RATE EACH ITEM: G—Good, F—Fair, P—Poor, DNA—Does Not Apply

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 141

DO NOT TYPE BEYOND THIS LINE

START TYPING HERE

DO NOT TYPE BEYOND THIS LINE

OFFICE OF THE CONTROLLER DIVISION OF BUDGET

DO NOT TYPE BEYOND TOP AND BOTTOM BLUE LINES

NRC FORM 141
(4-79)
SHOOT AT 74%

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 14 x 10 $\frac{1}{2}$ ", nonrepro blue ink <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input type="checkbox"/> US/_____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:B	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	4-79



FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input checked="" type="checkbox"/> PD/50 (Pad/Sheet per Pad) - label <input type="checkbox"/> US/ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ (Multipage/Number of Parts) <input checked="" type="checkbox"/> LABEL, 3 1/2 x 2 1/2, red ink on white <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC:DM	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0142X	PD	8-76

U.S. NUCLEAR REGULATORY COMMISSION NRC FORM 145 (1-80)		REPORTING TWA UNIT	
OFFICE/DIVISION		PAY PERIOD ENDING	
REQUEST AND AUTHORIZATION FOR IRREGULAR OR OCCASIONAL OVERTIME OR COMPENSATORY TIME (See Chapter 4136 for requirements. All blocks MUST BE COMPLETED.)		COMPENSATED BY PAYMENT COMPENSATORY TIME OFF	
Authorization for payment or for compensatory time off in lieu of payment for irregular or occasional work in excess of 8 hours in a day or in excess of 40 hours per week is requested as follows:		EXPLANATION OR JUSTIFICATION	
NAME	DATE	O/T HOURS	
SUPERVISOR'S SIGNATURE		APPROVING OFFICIAL'S SIGNATURE	
RECOMMENDED		APPROVED	

GPO 870 184

NRC FORM 145 (1-80) SUPERSEDES PREVIOUS EDITIONS WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

FORMS MANAGEMENT DATA						
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	RM:A	NRCM 4136	7540-00-NRC-0145X	HD	6-80
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/ _____ (Pad/Sheet per Pad)					
<input type="checkbox"/>	US/ _____ (Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/ _____ (Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/ _____ (Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					
			STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <input type="checkbox"/> OTHER (SPECIFY)			
			STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

1/73

NRC FORM 148 (4-76) NRCM 4139		U.S. NUCLEAR REGULATORY COMMISSION UNIT (DC use only)	
VOUCHER FOR PROFESSIONAL SERVICES			
INSTRUCTIONS <i>This form shall be completed by all NRC consultants for claiming compensation for official authorized personal services. A signed original and two copies should be submitted to the NRC office authorizing the service.</i>			
TO: U.S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE		STREET ADDRESS	
		CITY	STATE
		ZIP CODE	SOCIAL SECURITY NUMBER
DESCRIPTION OF CLAIM (All blocks must be completed)			
CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED
PERIOD COVERED: (Dates)	FROM	TO	DOLLARS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @ \$	CENTS
	NUMBER OF HOURS	PER HOUR @ \$	
RETIRED ANNUITANT:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	TOTAL AMOUNT CLAIMED
CERTIFICATION I CERTIFY that the above account is just and true in all respects, that my statement of services correctly sets forth the services on official business, that the payment therefore has not been received, and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost reimbursable contractors. _____ (Claimant's Signature) _____ (Date of Certification)		OFFICE OF THE CONTROLLER USE ONLY	
		DIFFERENCE	
		AMOUNT VERIFIED CORRECT	
		SIGNATURE	
		APPROVAL I CERTIFY that the above claim is just, that the above services were officially requested and performed, and that the expenses claimed are authorized. _____ (Approving Officer's Signature) _____ (Date Approved)	

NRC FORM 148 REPLACES FORM AEC 148 WHICH IS OBSOLETE AND EXISTING STOCK SHOULD BE DESTROYED.

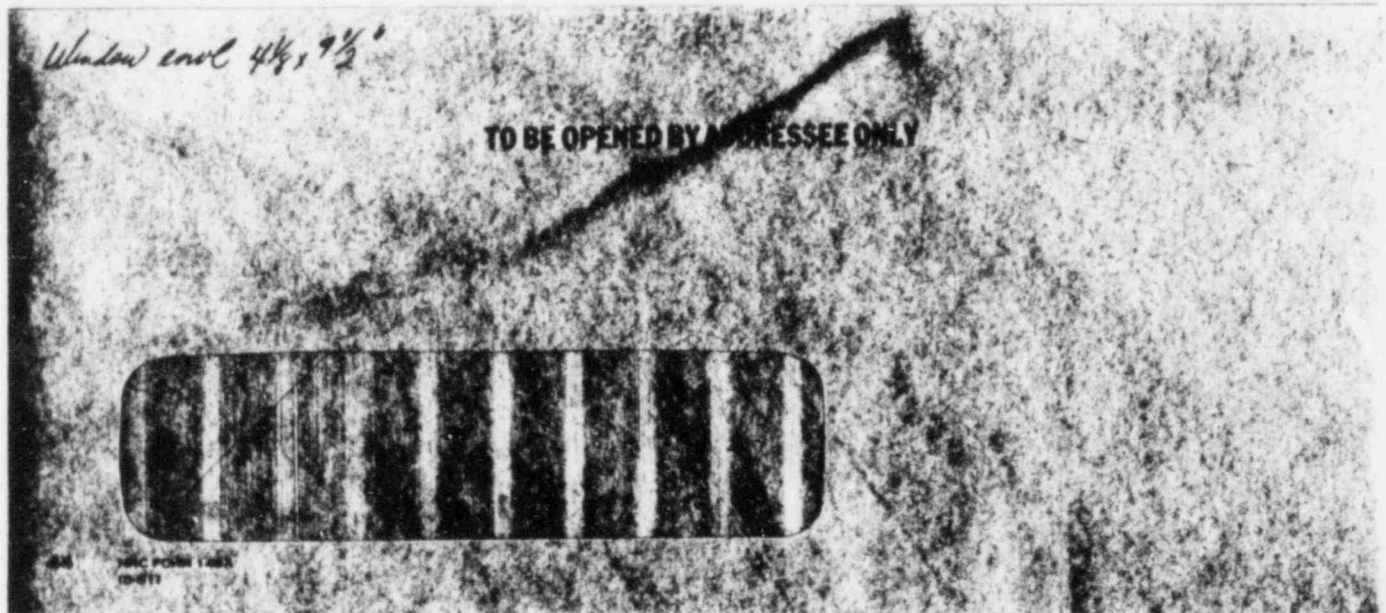
FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:A	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0148X	HD	4-76

NRC FORMS FACSIMILE HANDBOOK

NRC FORMS 149 AND 149A

TO BE OPENED BY ADDRESSEE ONLY

NRC Form 149
(4-77)



FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET	ADM:OP		7540-00-NRC-0149X	HD	4-77
<input type="checkbox"/> CARD			7540-00-NRC-0149A	HD	5-81
PD/____ (Pad/Sheet per Pad)					
US/____ (Unit Sets/Number of Parts)					
MP/____ (Multipage/Number of Parts)					
<input type="checkbox"/> LABEL					
<input type="checkbox"/> PC (Postal Card)					
<input type="checkbox"/> TC (Tab Card)					
TP/____ (Tab Paper/Number of Parts)					
<input checked="" type="checkbox"/> ENVL 149-blue; 149A-kraft, 4 1/8" x 9 1/2" x					
<input type="checkbox"/> OTHER (Specify)					
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST			
		<input type="checkbox"/> DESTROY: IMMEDIATELY			
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		OTHER (SPECIFY)			
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS			
		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 150
(2-76)

NRC FORM 150, REVERSE

DATA FILE EXTERIOR LABEL WORKSHEET

PURPOSE: This form will be the reference for all magnetic disk/cell/reel labels completed by Data Control.

ORIGINATOR: Programming Staff

COMPLETION: Complete for only one program per page, as follows:

Box Nos

- 11 - 16 - Creation Date (YYMMDD)
- 17 - 26 - Project No. - Program No.: 1401 - System Identification (MIS02, MIS03, etc.) and Program Number (P0075, FS375, etc.); 360 - SSMMPPP, Left Justified (SSMM300 thru 999 are valid program numbers)
- 27 - Classification: U - Unclassified; C - Confidential; S - Secret; T - Top Secret.
- 23 - 44 - Customer Last Name and Initial: Name Left Justified; initial in 44.
- 46 - File: Leave Blank.
- 47 - 49 - Days Retention: Specify number of days retention is required; 001 thru 996.

Use 997 to indicate tapes containing test data for program test. Use 998 to indicate tapes containing computer programs. Use 999 to indicate indefinite retention.
- 50 - 57 - Data File ID Code: Self-explanatory.
- 58 - 69 - Data File Identifier: The name of the data file or Data Set, Left Justified.
- 77 - System: 1 = 1401; 3 = 360.
- 78 - Track: 7 or 9.
- 79 - Density: 2 = 200; 5 = 556; 8 = 800.

JOB NUMBER _____

DATA FILE EXTERIOR LABEL

DISK/CELL REEL NUMBER OF DISK/CELL REEL

CREATION DATE (YYMMDD) PROGRAM NO.

TIME 24 HOUR CUSTOMER LAST NAME AND INITIALS

CLASSIFICATION

DATA FILE ID CODE DATA FILE IDENTIFIER

DAYS RETENTION

AS OF DATE (YYMMDD)

OFF. INIT. TRACK DENSITY

NRC FORM 150A (8/79)

KEYPUNCH COPY

01002

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input checked="" type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input checked="" type="checkbox"/> TP/3____ (Tab Paper/Number of Parts) 7 1/2 x 4 1/2" <input type="checkbox"/> ENVL yellow (plus 1/2" marginal strip) <input type="checkbox"/> OTHER (Specify)	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		TP/3	8-79
			STOCKING POINT		
			<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 151
(8-75)

NRC FORM 151, FACE

U. S. NUCLEAR REGULATORY COMMISSION

Page ____ of ____

MAGNETIC FILE REQUIREMENTS

JOB NUMBER _____
INPUT FILES REQUIRED FROM DATA LIBRARY

INPUT PROCEDURE	STEP NAME	PROGRAM FROM	DATA FILE IDENTIFIER (DSNAME)	TAPE DISK OR DATA CELL	REMARKS

OUTPUT FILES CREATED

OUTPUT FROM PROCEDURE	STEP NAME	PROGRAM NUMBER	DATA FILE IDENTIFIER (DSNAME)	TAPE DISK OR DATA CELL	RETENTION CYCLE	REMARKS

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify) _____	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) _____ STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	8-75

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 151, REVERSE

NRC FORM 151
(8-75)

MAGNETIC FILE REQUIREMENTS

PURPOSE:

This form details input and output tape, disk and/or data cell requirements for each program by step.

All magnetic files must be indicated on this form in the logical order of use. If a file may come from more than one program or go to more than one procedure, explain fully in remarks. If more space is needed for remarks, attach extra pages to this form.

ORIGINATOR:

Analyst/Programmer

COMPLETION:

A. INPUT FILES REQUIRED FROM DATA LIBRARY

1. Input to Procedure: The procedure number which requires the data file.
2. Step Name: The step name of the program that created the data set.
3. Program From: The program number that created the data file.
4. Data File Identifier (DSNAME): The name of the file created by the program in column "Program From".
5. Tape, Disk or Data Cell: Indicate tape, disk or data cell.
6. Remarks: Self-explanatory.

B. OUTPUT FILES CREATED

1. Output From Procedure: The procedure number that has a magnetic file output.
2. Step Name: The step name of the program that created the data set.
3. Program Number: The program number that created the data file.
4. Data File Identifier (DSNAME): The name of the data file.
5. Tape, Disk or Data Cell: Indicate tape, disk or data cell.
6. Retention Cycle: The number of days the file is to be retained.
7. Remarks: Self-explanatory.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 153

NRC FORM 153 (8-75)	U. S. NUCLEAR REGULATORY COMMISSION	JOB NUMBER DATE PREPARED
RESTART INSTRUCTIONS		
PROCEDURE STEP(S):		
ACTION REQUIRED:		
PROCEDURE STEP(S):		
ACTION REQUIRED:		
PROCEDURE STEP(S):		
ACTION REQUIRED:		
PROCEDURE STEP(S):		
ACTION REQUIRED:		

NRC FORM 153

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	8075

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 156

NRC FORM 156 (9-75)		U. S. NUCLEAR REGULATORY COMMISSION		PAGE
DOCUMENT RECORD				
APPLICANT			DOCKET NUMBER	
DATE DOCKETED	DESCRIPTION OF DOCUMENTS * * * DENOTES SENT TO NRC PDR * * * * DENOTES SENT TO LOCAL PDR			
CONTINUED ON NEXT PAGE				

NRC FORM 156 (9-75)

FORMS MANAGEMENT DATA						1/83
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET	ADM:TI DC:RS				Sheet	9-75
<input type="checkbox"/> CARD						
PD/____ (Pad/Sheet per Pad)						
US/____ (Unit Sets/Number of Parts)						
MP/____ (Multipage/Number of Parts)						
<input type="checkbox"/> LABEL						
<input type="checkbox"/> PC (Postal Card)						
<input type="checkbox"/> TC (Tab Card)						
TP/____ (Tab Paper/Number of Parts)						
<input type="checkbox"/> ENVL						
<input type="checkbox"/> OTHER (Specify)						
			STATUS OF EXISTING STOCK			
			<input type="checkbox"/> USE FIRST	OTHER		
			<input type="checkbox"/> DESTROY:	(SPECIFY)		
			<input type="checkbox"/> IMMEDIATELY			
			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
			STOCKING POINT			
			<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC Form 157A, Page 2 (12-82)		REACTOR OPERATOR OPERATING AND ORAL EXAMINATION SUMMARY REPORT	
		EVALUATION	
*For each unsatisfactory ("U"), list the page number(s) of the operating oral examination notes on which the unsatisfactory responses are explained.		RO	*Page Number for "U"
1. OPERATING	<input type="checkbox"/> DISCUSSION <input type="checkbox"/> DEMONSTRATION		
1.1	Pre-startup or Instrument Checks		
1.2	Console Operations		
	a. Manipulations		
	b. Understanding		
2.	FACILITY EQUIPMENT		
	a. Major		
	b. Auxiliary		
	c. Engineered Safeguards Systems		
3.	INSTRUMENTATION		
	a. Nuclear		
	b. Process		
4.	PLANT PROTECTION		
5.	PROCEDURES		
	a. Normal		
	b. Abnormal		
	c. Emergency		
6. a.	REACTIVITY EFFECTS (Except Console Operation)		
b.	THERMODYNAMICS AND HYDRAULICS		
7.	ADMINISTRATIVE REQUIREMENTS		
8.	EMERGENCY PLAN		
9.	RADIATION PROTECTION AND SAFETY		
10.	RESPONSIBILITIES		
COMMENTS			

NRC Form 157A, Page 3 (12-82)		OPERATING AND ORAL EXAMINATION NOTES		EVALUATION
A. OPERATING DEMONSTRATION				
		CHECK ONE		
REACTOR START-UP	START-UP SPECIFICATIONS	SIMULATOR DEMONSTRATION		
1.1	Pre startup or Instrument Checks Type of checkout: <i>(specify)</i>			
	1.1.1—Familiarity with check sheet			
	1.1.2 Accuracy when reading instruments			
	1.1.3 Understanding of what is being checked			
	1.1.4 Understanding of reasons for checkout			
	1.1.5 Effects of malfunctions			
	1.1.6 Knowledge of Control Room reference data			
	1.1.7 Plant parameter verification (ECP, heat balance, etc.)			
1.2	Console Operation			
	a. Initial conditions			
	b. Program			
	UNDERSTANDING			
	1.2.1 Ability to predict response for specified program			
	1.2.2 Understanding of instrument response			
	1.2.3 Knowledge of reactivity effects			
	MANIPULATIONS			
	1.2.4 Follows procedures			
	1.2.5 Observes and checks instrumentation			
	1.2.6 Ability to follow specified program accurately			
	1.2.7 Dexterity and "feel" for console controls			
COMMENTS: <i>(Required for "U")</i>				

NRC Form 157A, Page 4 (12-82)		SYSTEMS							
		A	B	C	D	E	F	G	H
B. CONTROL ROOM <i>(Major, Auxiliary and Engineered Safeguards Systems)</i>									
2.0	EQUIPMENT								
2.1	Purpose								
2.2	Flow Path								
2.3	Normal Parameters								
2.4	Components								
2.5	System Behavior and Response								
3.0	INSTRUMENTATION								
3.1	Detector								
3.2	Malfunction								
3.3	Control Room Indication								
4.0	PLANT PROTECTION								
4.1	Alarms/Setpoints								
4.2	Safety System Input								
4.3	Interlocks								
5.0	PROCEDURES								
5.1	Normal Procedures								
5.2	Abnormal Procedures								
5.3	Emergency Procedures								
6.0A	REACTIVITY EFFECTS								
6	THERMODYNAMIC ANALYSIS								
7.0	ADMINISTRATIVE REQUIREMENTS								
7.1	Technical Specifications								
7.2	Facility Requirements								
COMMENTS: <i>(Required for "U")</i>									

CONTINUED ON REVERSE

NRC Form 157A, Page 5
(12-82)

ES-303

COMMENTS (continued)

[Empty rectangular box for comments]

ES-303

NRC Form 157A, Page 6 (12-82)		SYSTEMS				
		A	B	C	D	E
B. CONTROL ROOM <i>(Nuclear and Radiation Instruments)</i>						
3.0	INSTRUMENTATION					
3.1	Detectors					
3.2	Malfunctions					
3.3	Control Room Indications					
3.4	Channel Components					
3.5	Compensation/Discriminator					
3.6	Input to Control System					
4.0	PLANT PROTECTION					
4.1	Alarms/Setpoints					
4.2	Safety System Input					
4.3	Interlocks					
5.0	PROCEDURES					
5.1	Normal Procedures					
5.2	Abnormal Procedures					
5.3	Emergency Procedure					
7.0	ADMINISTRATIVE REQUIREMENTS					
7.1	Technical Specifications					
7.2	Facility Requirements					
COMMENTS: <i>(Required for "U")</i>						

ES-303

NRC Form 157A, Page 7 (12-82)		SYSTEMS			
		A	B	C	D
B. CONTROL ROOM <i>(Electrical)</i>					
2.0	EQUIPMENT				
2.1	Purpose				
2.2	Flow Path				
2.3	Normal Parameters				
2.4	Components				
2.5	System Behavior or Response				
3.0	INSTRUMENTATION				
3.2	Interlocks				
3.4	Control Room Indication				
5.0	PROCEDURES				
5.1	Normal Procedures				
5.2	Abnormal Procedures				
5.3	Emergency Procedures				
7.0	ADMINISTRATIVE REQUIREMENTS				
7.1	Technical Specifications				
7.2	Facility Requirements				
COMMENTS: <i>(Required for "U")</i>					

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NRC Form 157A, Page B (12-82)		SYSTEMS					
		A	B	C	D	E	F
C. REACTOR AND AUXILIARY BUILDINGS <i>(Major Auxiliary, Electrical Safeguards Fuel Handling, R & Waste)</i>							
2.0	EQUIPMENT						
2.2	Flow Paths						
2.3	Normal Parameters						
2.4	Equipment Location						
2.5	System Behavior and Response						
3.0	INSTRUMENTATION						
3.8	Local Instrumentation						
5.0	PROCEDURES						
5.1	Normal procedures (Local)						
5.2	Abnormal Procedures (Local)						
5.3	Emergency Procedures (Local)						
6.0A	REACTIVITY EFFECTS						
B	THERMODYNAMIC ANALYSIS						
7.0	ADMINISTRATIVE REQUIREMENTS						
7.1	Technical Specifications						
7.2	Facility Requirements						
8.0	EMERGENCY PLAN						
8.1	Action Levels						
8.2	Response and Duties						
8.3	Other Emergencies (fire, security, etc.)						
9.0	RADIATION PROTECTION AND SAFETY						
9.1	Radiation Sources and Hazards						
9.2	Radiation Protection Procedures						
9.3	Knowledge and Use of Portable Instruments						
9.4	Waste Disposal Procedures						
10.0	RESPONSIBILITY						
COMMENTS:							

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NRC Form 157A, Page 9 (12-82)		SYSTEMS			
		A	B	C	D
D. DISCUSSIONS (Integrated Plant Response)					
2.0	EQUIPMENT				
	2.6 Components Response				
3.0	INSTRUMENTATION				
	3.4 Control Room Indicators				
	3.8 Automatic Control				
	3.9 Ability to Manipulate Manual Control				
4.0	PLANT PROTECTION				
	4.1 Automatic Actions				
	4.2 Alarm/Setpoints				
5.0	PROCEDURES				
	5.1 Normal Procedures				
	5.2 Abnormal Procedures				
	5.3 Emergency Procedures				
6.0	REACTIVITY EFFECTS AND THERMODYNAMIC ANALYSIS				
	6.3 Coefficient Effects				
	6.6 Transient Analysis				
7.0	ADMINISTRATIVE REQUIREMENTS				
	7.1 Technical Specifications				
	7.2 Facility Requirements				
COMMENTS (Required for "U")					

ES-303

NRC Form 157A, Page 10 (12-82)	EVALUATION
D. DISCUSSION	
6.0 PRINCIPLES OF NUCLEAR POWER PLANT OPERATION	
A. REACTIVITY EFFECTS (<i>Nuclear Theory</i>)	
6.1 Subcritical Multiplication	
6.2 Delayed Neutrons Effect	
6.3 Coefficients	
6.4 Poison Effects	
6.5 Long Term Exposure Effects	
B. THERMODYNAMICS AND HYDRAULICS	
6.6 Steam Tables	
6.7 Pump Characteristics	
6.8 Instrumentation	
6.9 Inadequate Core Cooling	
COMMENTS (<i>Required for "U"</i>)	

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 157B, PAGE 2

NRC Form 157B, Page 2
(12-82)

ES 301

SENIOR OPERATOR UPGRADE OPERATING AND ORAL EXAMINATION SUMMARY REPORT		
DESCRIPTION	EVALUATION	
	SRO	PAGE NUMBER
1. CONTROL ROOM		
1.1 Shift Turnover		
1.1.1 Logs and Records		
1.2 Control Room Data		
1.2.1 Technical Specifications		
1.2.2 Procedures		
1.2.3 Radiation Protection		
1.2.4 Piping and Instrumentation Drawings		
1.2.5 Computer		
1.2.6 Estimated Critical Position Determination		
2. RESPONSIBILITY AND AUTHORITY		
2.1 Emergency Plans		
2.2 Plant Operation		
2.3 Fuel Loading		
2.4 Surveillance		
2.5 Security		
3. DISCUSSIONS		
3.1 Transients		
3.2 Reactivity Effects		
3.3 Thermodynamics		
COMMENTS		

NRC Form 157B, Page 4
(1282)

ET 304

OPERATING AND EXAMINATION NOTES <i>(Continued)</i>	EVALUATION
2. RESPONSIBILITY AND AUTHORITY	
2.1. Emergency Plans	
a. Duties	
b. Types of Emergencies	
c. Evaluation Criteria	
d. Personnel Assignments	
2.2. Plant Operations	
2.2.1. Startup	
2.2.2. Shutdown	
a. Normal	
b. Automatic	
c. Outside control room	
d. Hot standby, cold shutdown	
2.3. Fuel Handling	
2.3.1. Storage	
2.3.2. Refueling	
2.4. Surveillance Testing	
2.4.1. Instrumentation and Control	
2.4.2. Other <i>(Specify)</i>	
2.5. Security	
COMMENTS	
<input type="checkbox"/> COMMENTS CONTINUED ON THE REVERSE	

3. DISCUSSION (Continued)	EVALUATION
3.2 Reactivity Effects	
3.2.1 Power Increases and Decreases	
3.2.2 Axial and Radial Limits, Bases	
3.2.3 Long Term Exposure Effects	
3.2.4 Xenon Oscillations	
3.2.5 Shutdown Margin	
3.2.6 Dropped Rod	
3.2.7 Subcritical Multiplication	
3.2.8 Stuck Rod	
3.3 Thermodynamics and Hydraulics	
3.3.1 Steam Tables	
3.3.2 Pressure-Temperature Curves	
3.3.3 Instrumentation	
3.3.4 Pump Characteristics	
3.3.5 Inadequate Core Cooling	
3.3.6 Operational Analysis	
3.3.7 Water Hammer	
3.3.8 Heat Balance	
COMMENTS	

COMMENTS CONTINUED ON THE REVERSE

NRC Form 157C, Page 1 (12-82)		U.S. NUCLEAR REGULATORY COMMISSION		DOCKET NUMBER 55-	
SENIOR OPERATOR EXAMINATION REPORT				TYPE OF EXAM	
CANDIDATE'S NAME		REACTOR		LOCATION	
WRITTEN EXAMINATION					
SENIOR OPERATOR (Section 55.22)	ADMINISTERED BY:		DATE		<input type="checkbox"/> WAIVED
	GRADED BY:		GRADE		<input type="checkbox"/> EVALUATION
	CATEGORY GRADES 5 _____ % 6 _____ % 7 _____ % 8 _____ %				<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
OPERATING TEST					
(Section 55.22)	ADMINISTERED BY:		DATE		<input type="checkbox"/> WAIVED <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> HDT <input type="checkbox"/> GOLD
SIMULATOR TEST					
(Section 55.22)	ADMINISTERED BY:		DATE		<input type="checkbox"/> WAIVED <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
COMMENTS					
RECOMMENDATION			SIGNATURE - EXAMINER		DATE
<input type="checkbox"/> APPROVE FOR SENIOR LICENSE					
<input type="checkbox"/> DO NOT APPROVE FOR SENIOR LICENSE					
ISSUE LICENSE (Signature)			DENY APPLICATION (Signature)		DATE

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/ _____ (Pad/Sheet per Pad) <input type="checkbox"/> US/ _____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ 11 (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NRR:HFS:OLB	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		MP/11	12-82
			STOCKING POINT		
			<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)		

SENIOR OPERATOR OPERATING AND ORAL EXAMINATION SUMMARY REPORT		EVALUATION	
<i>*For each unsatisfactory ("U"), list the page number(s) of the operating oral examination notes on which the unsatisfactory responses are explained.</i>		SRO	*PAGE NUMBER FOR "U"
		1. OPERATING <input type="checkbox"/> DISCUSSION <input type="checkbox"/> DEMONSTRATION	
1.1 Pre startup and Instrument Checks			
1.2 Console Operation			
a. Manipulations			
b. Understanding			
1.3 Plant Direction and Control			
2. FACILITY EQUIPMENT			
a. Major			
b. Auxiliary			
c. Engineered Safeguards Systems			
3. INSTRUMENTATION			
a. Nuclear			
b. Process			
4. PLANT PROTECTION			
5. PROCEDURES			
a. Normal			
b. Abnormal			
c. Emergency			
6. a. REACTIVITY EFFECTS (Except Console Operation)			
b. (THERMODYNAMICS AND HYDRAULICS)			
7. ADMINISTRATIVE REQUIREMENTS			
8. RESPONSIBILITIES AND AUTHORITIES			
9. a. Radiation Protection and Control			
b. Emergency Plan			
c. Other Duties and Responsibilities			
COMMENTS:			

OPERATING AND ORAL EXAMINATION NOTES		
A. OPERATING DEMONSTRATION		EVALUATION
CHECK ONE		
REACTOR STARTUP	STARTUP CERTIFICATION	SIMULATOR DEMONSTRATION
1.1 Pre-Startup or Instrument Checks, Type of Checkout (specify) _____		
1.1.1 Familiarity with checksheet		
1.1.2 Accuracy when reading instruments		
1.1.3 Understanding of what is being checked		
1.1.4 Understanding of reasons for checkout		
1.2 Console Operation		
a. Initial conditions:		
b. Program:		
c. Understanding		
1.2.1 Ability to predict response for specific program		
1.2.2 Understanding of instrument response		
1.2.3 Knowledge of reactivity effects		
d. Manipulations		
1.2.4 Follows procedures		
1.2.5 Observes and checks instrumentation		
1.2.6 Ability to follow specified program accurately		
1.2.7 Dexterity and "feel" for console controls		
1.3 Plant Direction and Control		
1.3.1 Ability to direct plant operation		
1.3.2 Plant parameter verification (ECP, heat balance, etc.)		
1.3.3 Technical specification requirements		
1.3.4 Equipment OOS requirements		
COMMENTS		

		SYSTEMS							
		A	B	C	D	E	F	G	H
B. CONTROL ROOM <i>(Major, Auxiliary and Engineered Safeguards Systems)</i>									
2.0	EQUIPMENT								
2.1	Purpose								
2.2	Flow Path								
2.3	Normal Parameters								
2.4	Components								
2.5	System Behavior and Response								
3.0	INSTRUMENTATION								
3.1	Detector								
3.2	Malfunction								
3.3	Control Room Indication								
4.0	PLANT PROTECTION								
4.1	Alarms/Setpoints								
4.2	Safety System Input								
4.3	Interlocks								
5.0	PROCEDURES								
5.1	Normal Procedures								
5.2	Abnormal Procedures								
5.3	Emergency Procedures								
6.0	A. Reactivity Effects								
	B. Thermodynamic Analysis								
7.0	ADMINISTRATIVE REQUIREMENTS								
7.1	Technical Specifications								
7.2	Facility Requirements								
COMMENTS (Required for "U")									

CONTINUED ON REVERSE

NRC FORM 157C, Page 5
(12-82)

ES-301

COMMENTS (Continued)

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B. CONTROL ROOM (Nuclear and Radiation Instruments)		SYSTEMS				
		A	B	C	D	E
3.0	INSTRUMENTS					
3.1	Detectors					
3.2	Malfunctions					
3.3	Control Room Indications					
3.4	Channel Components					
3.5	Compensation/Discriminator					
3.6	Input to Control System					
4.0	PLANT PROTECTION					
4.1	Alarms/Setpoints					
4.2	Safety System Input					
4.3	Interlocks					
5.0	PROCEDURES					
5.1	Normal Procedures					
5.2	Abnormal Procedures					
5.3	Emergency Procedure					
7.0	ADMINISTRATIVE REQUIREMENTS					
7.1	Technical Specifications					
7.2	Facility Requirements					
COMMENTS: (Required for "U")						

		SYSTEMS			
		A	B	C	D
B. CONTROL ROOM <i>(Electrical)</i>					
2.0	EQUIPMENT				
2.1	Purpose				
2.2	Flow Path				
2.3	Normal Parameters				
2.4	Components				
2.5	System Behavior or Response				
3.0	INSTRUMENTS				
3.2	Interlocks				
3.4	Control Room Indication				
5.0	PROCEDURES				
5.1	Normal Procedures				
5.2	Abnormal Procedures				
5.3	Emergency Procedures				
7.0	ADMINISTRATIVE REQUIREMENTS				
7.1	Technical Specifications				
7.2	Facility Requirements				
COMMENTS: <i>(Required for "U")</i>					

D. DISCUSSIONS (Integrated Plant Response)		SYSTEMS			
		A	B	C	D
2.0	EQUIPMENT				
2.6	Components Response				
3.0	INSTRUMENTS				
3.4	Control Room Indications				
3.8	Automatic Control				
3.9	Ability to Manipulate Manual Control				
4.0	PLANT PROTECTION				
4.1	Automatic Actions				
4.2	Alarm/Setpoints				
5.0	PROCEDURES				
5.1	Normal Procedures				
5.2	Abnormal Procedures				
5.3	Emergency Procedures				
6.0	REACTIVITY EFFECTS AND THERMODYNAMIC ANALYSIS				
6.3	Coefficient Effects				
6.6	Transient Analysis				
7.0	ADMINISTRATIVE REQUIREMENTS				
7.1	Technical Specifications				
7.2	Facility Requirements				
COMMENTS (Required for "U")					

D. DISCUSSION	EVALUATION
6.0 THEORY OF NUCLEAR POWER PLANT OPERATION	
A. REACTIVITY EFFECT (<i>Nuclear Theory</i>)	
6.A.1 Subcritical Multiplication	
6.A.2 Delayed Neutrons Effect	
6.A.3 Coefficients	
6.A.4 Poison Effects	
6.A.5 Long Term Exposure Effects	
6.A.6 Axial and Radial Limits	
6.A.7 Shutdown Margin	
6.A.7 Safety Limits	
B. THERMODYNAMICS AND HYDRAULICS	
6.B.1 Steam Tables	
6.B.2 Instrumentation	
6.B.3 Pump Characteristics	
6.B.4 Inadequate Core Cooling	
6.B.5 DNB, MCP, etc.	
6.B.6 Operational Analysis	
8.0 RESPONSIBILITY AND AUTHORITY	
A. RADIATION PROTECTION CONTROL	
8.A.1 Source and Hazards of Radiation	
8.A.2 Exposure Limits (10 CFR 20, Facility)	
8.A.3 Portable Instrumentation (Knowledge and Use)	
8.A.4 Procedures (RWF, containment entry, etc.)	
8.A.5 Release Permits (gaseous, liquid, purge)	
B. EMERGENCY PLAN IMPLEMENTING PROCEDURES	
8.B.1 Duties	
8.B.2 Classification	
8.B.3 Evaluation Criteria	
8.B.4 Personnel Assignments	
C. ADDITIONAL DUTIES AND RESPONSIBILITIES	
8.C.1 Surveillance Testing	
a. Instrumentation and Control	
b. Other (<i>Specify</i>)	
8.C.2 Security	
8.C.3 Shift Turnover	

NRC FORM 157C, Page 11
(12-82)

ES-305

COMMENTS (Continued)

[Empty rectangular box for comments]

COMMITTEE CORRESPONDENCE

SOCIETY/COMMITTEE:

ADDRESS CORRESPONDENCE TO:

SUBJECT:

U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555

AGENDA ITEM:
FILE NO.:

DATE:

TO:

NRC FORM 158
(10-75)
GPO 914-707

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	RES	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	7540-00-NRC-0158X	HD	10-75

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 160

NRC FORM 160 (10-81) NRCM 0233		U.S. NUCLEAR REGULATORY COMMISSION		1. DATE OF REQUEST	2. DATE DELIVERY REQUESTED
REQUEST FOR FORMS MANAGEMENT SERVICES				4. TYPE OF FORMS ACTION REQUIRED ("X" one) NEW <input type="checkbox"/> REVISION <input type="checkbox"/> DISCONTINUANCE (Complete Items 1, 4, 6, 9, & 21)	
3. FROM (Office, Division, Branch, Section) PERSON TO CONSULT FOR REFERENCE MAIL STOP TELEPHONE NUMBER				9a. THIS FORM SUPERSEDES FORM NUMBER(S)	
5. TITLE OF FORM				b. DISPOSITION OF STOCK DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW/REVISED FORM RECEIVED <input type="checkbox"/> DATE _____	
6. FORM NUMBER (if available)		7. PRESCRIBING DIRECTIVE (if applicable, attach copy)		10. METHOD OF COMPLETING ENTRIES <input type="checkbox"/> TYPEWRITER <input type="checkbox"/> HAND <input type="checkbox"/> ADP EQUIPMENT	
8. EXPLAIN: a. NECESSITY AND INTENDED USE OF NEW OR REVISED FORM b. REASON FOR DISCONTINUANCE OF EXISTING FORM (if form is superseded by another form, please identify by form number)				11. PERSONS COMPLETING PROPOSED FORM PUBLIC: <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> LICENSEE <input type="checkbox"/> OTHER (Specify) _____ EMPLOYEE: <input type="checkbox"/> ORIGINATING OFFICE <input type="checkbox"/> OTHER NRC OFFICES <input type="checkbox"/> OTHER FEDERAL AGENCIES	
16. PRIVACY ACT STATEMENT <input type="checkbox"/> NRC FORM 163, "PRIVACY ACT STATEMENT REQUEST," ATTACHED. (If proposed form solicits an individual's social security account number or other personal data subject to the Privacy Act of 1974, a completed NRC form 163 must accompany this request.)				12. FREQUENCY OF USE <input type="checkbox"/> ONE TIME ONLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> OTHER (Specify) _____	
19. FILING INFORMATION				13. USER ORGANIZATION(S) <input type="checkbox"/> NRC-WIDE <input type="checkbox"/> REGIONAL OFFICES <input type="checkbox"/> OTHER (Specify) _____	
a. No. of copies prepared	b. Final Filing Organization	c. Filed By (Date, name, number, etc.)	d. Filed In (Folder, card box, unit file, etc.)	e. Recommended Retention	14. FORM STOCKING PT. <input type="checkbox"/> ORIGINATING OFFICE <input type="checkbox"/> WAREHOUSE & SUPPLY <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> OTHER (Specify) _____
					15. ESTIMATED ANNUAL USAGE
21. SIGNATURE - AUTHORIZING OFFICIAL TITLE				17. QUANTITY REQUESTED SIZE	
RETURN COMPLETED FORM TO: DOCUMENT MANAGEMENT BRANCH, TIDC				18. CONSTRUCTION <input type="checkbox"/> SHEET <input type="checkbox"/> PAD (No. _____) <input type="checkbox"/> TAB <input type="checkbox"/> UNIT SET (No. _____) <input type="checkbox"/> CARD <input type="checkbox"/> MULTI-SET (No. _____) <input type="checkbox"/> OTHER (Specify) _____	
				20. PAPER AND INK (Leave blank if unknown)	
				a. PAPER <input type="checkbox"/> COLOR <input type="checkbox"/> KIND (Bond, offset, writing, etc.) <input type="checkbox"/> WEIGHT _____ <input type="checkbox"/> INK <input type="checkbox"/> COLOR _____	
				22. COST ESTIMATED \$ _____ ACTUAL \$ _____	

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	ADM:TIDC:DM	NRCM 0233		Sheet	10-81
<input type="checkbox"/>	CARD		STATUS OF EXISTING STOCK			
<input type="checkbox"/>	PD/_____ (Pad/Sheet per Pad)		<input type="checkbox"/> USE FIRST DESTROY	<input type="checkbox"/> OTHER (SPECIFY)		
<input type="checkbox"/>	US/_____ (Unit Sets/Number of Parts)		<input type="checkbox"/> IMMEDIATELY			
<input type="checkbox"/>	MP/_____ (Multipage/Number of Parts)		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
<input type="checkbox"/>	LABEL		STOCKING POINT			
<input type="checkbox"/>	PC (Postal Card)		<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
<input type="checkbox"/>	TC (Tab Card)		<input checked="" type="checkbox"/>	PROMULGATING OFFICE (ONLY)		
<input type="checkbox"/>	TP/_____ (Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 161

NRC FORM 161 (1-82) NRCM 0233		U.S. NUCLEAR REGULATORY COMMISSION	
FORM STATUS NOTICE		NATURE OF ACTION	
		<input type="checkbox"/> NEW <input type="checkbox"/> REORDER <input type="checkbox"/> REVISED <input type="checkbox"/> FORM SUPERSEDED	<input type="checkbox"/> DISCONTINUED <input type="checkbox"/> FORM SUPERSEDED BY <input type="checkbox"/> OTHER (Specify)
NRC FORM NUMBER	STOCK NUMBER	EDITION DATE	REQUEST NUMBER
	7540 NRC		
TITLE (Optional)		REORDER POINT	QUANTITY ON HAND
SIGNATURE - FORM SUPPLY COORDINATOR (S)			DATE
REORDER POINT REVISED		SHIPMENT DATE	
ADDITIONAL INFORMATION			
DISPOSITION OF EXISTING STOCK		STOCKING POINT	
<input type="checkbox"/> DESTROY <input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK AVAILABLE DATE _____	<input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> WAREHOUSE AND SUPPLY ROOMS <input type="checkbox"/> CONTROLLED ISSUANCE <input type="checkbox"/> OTHER (Specify) _____	
CONSTRUCTION OF FORM			
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts)	<input type="checkbox"/> PC (Postal card) <input type="checkbox"/> TC (Tab card) TP/ _____ (Tab Paper/Number of Parts) ENVL (Envelope)	<input type="checkbox"/> MP/ _____ (Multipage/Number of Pages) <input type="checkbox"/> LABEL <input type="checkbox"/> OTHER (Specify) _____	
ORIGINATING OFFICE		USER	
<input type="checkbox"/> NRC HEADQUARTERS	<input type="checkbox"/> REGIONAL OFFICES <input type="checkbox"/> OTHER FEDERAL & COMMERCIAL ORGANIZATIONS	<input type="checkbox"/> OTHER (Specify) _____	
SIGNATURE - FORMS MANAGEMENT REPRESENTATIVE			DATE
RECEIVING INFORMATION			
ACTION	SIGNATURE	DATE	ACTION
PLACED IN STOCK			POSTED
OLD STOCK DISPOSED OF ACCORDING TO THE INSTRUCTIONS PROVIDED ABOVE			

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 5 (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify) _____	ADM:TIDC:DM	NRCM 0233 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		US, 5	1-82

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 162

NRC FORM 162 (11-81) NRCM 0233		U.S. NUCLEAR REGULATORY COMMISSION		DATE OF REQUEST	
REQUEST FOR REVIEW OF FORM					
<input type="checkbox"/> REORDER <input type="checkbox"/> SPECIAL					
This form must be completed and returned to the Document Management Branch by the "Due Date" specified to maintain an operating level of subject form. Failure to comply will result in a year's supply of the form being reordered without change.					DUPLICATE DATE
TO: NAME			FROM and RETURN TO:		
PROGRAM OFFICE			DOCUMENT MANAGEMENT BRANCH DIVISION OF TECHNICAL INFORMATION AND DOCUMENT CONTROL		
BUILDING		ROOM NO.	BUILDING	ROOM NO.	TELEPHONE NO.
FORM NUMBER	FORM TITLE (Copy attached)				
EDITION DATE					
Please review subject form to insure it is current and its continued use is warranted. A year's supply will be procured unless responsible program official recommends otherwise. Check or complete the following items as appropriate:					
<input type="checkbox"/> FORM IS CURRENT AND NO REVISIONS ARE ANTICIPATED FOR AT LEAST ONE YEAR <input type="checkbox"/> REVISIONS PENDING IN _____ MONTH(S). <input type="checkbox"/> MINOR REVISIONS REQUIRED. (Indicate details on attached copy.) <input type="checkbox"/> MAJOR REVISIONS REQUIRED. (Submit a completed NRC Form 160, "Request for Forms Management Services," together with a draft of proposed revised form.) <input type="checkbox"/> OBSOLETE AND MAY BE DISCONTINUED.			DISPOSITION OF EXISTING STOCK (Complete for revised or obsolete form.) <input type="checkbox"/> USE FIRST (Not to exceed six months.) <input type="checkbox"/> DESTROY WHEN NEW STOCK IS AVAILABLE. <input type="checkbox"/> DESTROY IMMEDIATELY. <input type="checkbox"/> OTHER (Specify) _____		
AUTHORIZING OFFICIAL'S SIGNATURE		TITLE	TELEPHONE NO.	DATE	

NRC FORM 162 (11-81)

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET, 8½ x 5½", yellow	ADM:TI DC:DM	NRCM 0233		PD/50	11-81	
<input checked="" type="checkbox"/> CARD		STATUS OF EXISTING STOCK				
<input type="checkbox"/> PD/ 50 (Pad/Sheet per Pad)		<input type="checkbox"/> USE FIRST				OTHER (SPECIFY)
<input type="checkbox"/> US/ (Unit Sets/Number of Parts)		<input type="checkbox"/> DESTROY IMMEDIATELY				
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<input type="checkbox"/> LABEL		STOCKING POINT				
<input type="checkbox"/> PC (Postal Card)		<input type="checkbox"/> WAREHOUSE				<input type="checkbox"/> SUPPLY ROOMS
<input type="checkbox"/> TC (Tab Card)		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				
<input type="checkbox"/> TP/ (Tab Paper/Number of Parts)						
<input type="checkbox"/> ENVL						
<input type="checkbox"/> OTHER (Specify)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 163

NRC Form 163 (8-80) NRCM 0210	U.S. NUCLEAR REGULATORY COMMISSION PRIVACY ACT STATEMENT REQUEST	1. FORM NUMBER AND DATE
2. FORM TITLE		
3. AUTHORITY (Where social security number is requested among other items of personal information, and the authority for requesting such number differs from the other items, state both authorities)		
4. PRINCIPAL PURPOSE(S)		
5. ROUTINE USE(S)		
6. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION		
7. RESPONSIBILITY		8. SYSTEM MANAGER(S) AND ADDRESS
a. ORGANIZATION	d. SIGNATURE AUTHORIZING OFFICIAL	
b. PERSON TO CONTACT	e. TELEPHONE NO. f. TITLE	
c. LOCATION (Building, room no. and mail stop)	g. DATE PRIVACY ACT STATEMENT SUBMITTED	
DIVISION OF RULES AND RECORDS USE ONLY		
TO: FORMS OFFICER DOCUMENT MANAGEMENT BRANCH, TIDC		
The attached form does not fall under the provisions of the PA of 1974, therefore it does not require a PA statement. This request for a PA statement is approved pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579); the above statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form _____ This information is maintained in a system of records designated as _____ and described as _____.		
SIGNATURE DIRECTOR (OR DESIGNEE), DIVISION OF RULES AND RECORDS		DATE

NRC Form 163
(8-80)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM;DRR	NRCM 0233 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	8-80

NRC FORMS FACSIMILE HANDBOOK

NRC FORMS 165A AND 165B

165A, FACE
 UNITED STATES
 NUCLEAR REGULATORY COMMISSION
 WASHINGTON, D. C. 20555
 OFFICIAL BUSINESS
 PENALTY FOR PRIVATE USE, \$300



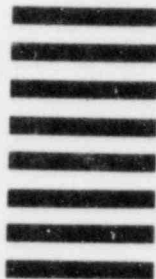
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LPDR COORDINATOR
 DIVISION OF RULES AND RECORDS
 OFFICE OF ADMINISTRATION
 U. S. NUCLEAR REGULATORY COMMISSION
 WASHINGTON, D. C. 20555



NRC FORM 165-A
 (8-80)

NRC FORM 165B, FACE

NRC FORM 165B, REVERSE

UNITED STATES
 NUCLEAR REGULATORY COMMISSION
 WASHINGTON, D. C. 20555

Dear _____

I would appreciate receiving _____

Sincerely,

Signature: _____

Organization: _____

U.S. Nuclear Regulatory Commission
 Washington, DC 20555

NRC FORM 165-B
 (5-81)

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input checked="" type="checkbox"/> PC (Postal Card), 5 x 3" <input type="checkbox"/> TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	ADM:DRR ADM:TIDC:L	STATUS OF EXISTING STOCK		PC PC	8-80 10-76	
		<input type="checkbox"/> USE FIRST DESTROY:				OTHER (SPECIFY)
		<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE				
		STOCKING POINT				
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS				
		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 166

AGENT	REQUISITION NUMBER	PURCHASE ORDER NUMBER
DATE INITIATED		
DATE RECEIVED		
REQUESTING OFFICE		
ITEMS AND/OR SERVICES		
CONTRACTOR		
OTHER METHOD OF PROCUREMENT		

NRC FORM 166
(6-78)

U.S. NUCLEAR REGULATORY COMMISSION

REQUISITION LOG

FORMS MANAGEMENT DATA					
					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input checked="" type="checkbox"/> CARD, 8 x 5, blue <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:DC:SP	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Card	6-78

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 169

Form NRC 169 14-751 NRCM 2001		UNITED STATES NUCLEAR REGULATORY COMMISSION		NO. _____	
FACILITY DATA REPORT					
1. FACILITY NAME AND LOCATION	2. CHANGE ON MASTER FACILITY REGISTER		3. IMPORTANCE RATING		
	FACILITY <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	INTEREST <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> AP		
	OTHER (Specify)				
4. ADDRESS FOR CLASSIFIED MAIL	5. CONTRACT P.O. OR A.P. NO(S)				
	6. OFFICES INVOLVED				
	RESPONSIBLE FIELD OFFICE	RESPONSIBLE AREA OFFICE	SURVEYING OFFICE		
	7. HIGHEST CLASSIFICATION OF				
	DOCUMENTS	MATERIAL	WORK		
8. HIGHEST MATERIAL SECURITY GROUP					
9. NATURE OF SECURITY INTEREST, IF ADDITION OR CHANGE, OR SECURITY TERMINATION INFORMATION, IF DELETION, OR OLD ADDRESS, IF CHANGED					
10. BASIS FOR FACILITY APPROVAL					
11. DISTRIBUTION (Item to be filled in by Division of Security, Headquarters)	12. PREPARED BY (Field)		DATE		
	13. APPROVED BY (Field)		DATE		
	14. RECORDED (Division of Security, Headquarters)		DATE		
15. THIS REPORT AMENDS, SUPERSEDES OR DELETES FOR _____					

FORMS MANAGEMENT DATA						
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET		ADM:SEC	NRCM 2101		Sheet	4-75
<input type="checkbox"/> CARD			STATUS OF EXISTING STOCK			
PD/_____(Pad/Sheet per Pad)			<input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
US/_____(Unit Sets/Number of Parts)			OTHER (SPECIFY)			
MP/_____(Multipage/Number of Parts)						
LABEL						
PC (Postal Card)						
TC (Tab Card)						
TP/_____(Tab Paper/Number of Parts)						
ENVL						
OTHER (Specify)						
			STOCKING POINT			
			<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS			
			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 170

RESPONSIBLE OFFICE				SURVEYING OFFICE			
CONTRACT OR P. O. NO.							
COMMENCEMENT DATE				TERMINATION DATE		PRIMARY FUNCTION	
NATURE OF WORK AND SECURITY INTEREST							HIGHEST CLASSIFICATION
							CONTRACT
							WORK
							DOCUMENTS
							MATERIAL
							OTHER RESP. O. O.
							1
							2
							3
							4
5							
FACILITY SECURITY AGENT							

16-53343-4

SURVEY AND INSPECTION RECORD																							
YEAR												YEAR											
JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG.	SEP.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.	MAY	JUN	JULY	AUG.	SEP.	OCT.	NOV.	DEC.
19												19											
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19												19											
19												19											
JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	IMP. RTG.											
FACILITY												ADDRESS											

TYPIST PLEASE NOTE—THIS SCALE CORRESPONDS TO TYPEWRITER (PICA) SCALE—SET PAPER GUIDES SO THAT CARD SCALE WILL REGISTER WITH MACHINE SCALE WHEN CARD IS TURNED INTO WRITING POSITION. START INDEX THREE (3) POINTS FROM LEFT EDGE OF CARD. USE OTHER POINTS OF SCALE FOR OTHER DIVISIONS OF VISIBLE TITLE. SET TABULATORS TO INSURE PERFECT ALIGNMENT OF EACH DIVISION OF INFORMATION. FOLD BACK OR REMOVE STUB AFTER TYPING. USE NEW TYPEWRITER BIBBON.

NRC FORM 170 (10-75)
NRCM 2001
FACILITY DATA CARD
U. S. NUCLEAR REGULATORY COMMISSION

U. S. GOVERNMENT PRINTING OFFICE 16-53343-4

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD, 8 x 5 3/4" (incl. 3/4" perf) PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:SEC	NRCM 2001 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Card	10-75
			STOCKING POINT		
			<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 171A

NRC FORM 171A		U. S. NUCLEAR REGULATORY COMMISSION <small>APPROVED BY GME 1/80/DM</small>		TRACKING NUMBER A001504 DATE OF REQUEST	
MICROFORM DUPLICATION REQUEST					
3. DIAZO SPECIFICATIONS					
DUPLICATES THE ATTACHED		MICROFORM		APERTURE CARD	
MICROFORM PACKAGE OR APERTURE CARD IDENTIFYING NUMBER		NUMBER OF		MICROFORM PACKAGE OR APERTURE CARD IDENTIFYING NUMBER	
		MICROFORM COPIES			
1				10	
2				11	
3				12	
4				13	
5				14	
6				15	
7				16	
8				17	
9				18	
4. BILLING DATA			5. REQUESTER DATA (if different from billing data)		
NAME			NAME		
ORGANIZATION (if applicable)			ORGANIZATION (if applicable)		
ADDRESS (Street or P.O. Box number)			ADDRESS (Street or P.O. Box number)		
CITY		STATE	CITY		STATE
ZIP CODE		ZIP CODE	TELEPHONE		EXTENSION
AREA CODE	NUMBER	TELEPHONE	AREA CODE	NUMBER	EXTENSION
<input type="checkbox"/> HOLD FOR REQUESTER FOR PAYMENT UPON PICKUP <input type="checkbox"/> HOLD FOR REQUESTER AND CHARGE TO ACCOUNT NUMBER			<input type="checkbox"/> MAIL TO THE BILLING ADDRESS WITH INVOICE <input type="checkbox"/> MAIL TO THE BILLING ADDRESS AND CHARGE TO ACCOUNT NUMBER		
6. SPECIAL INSTRUCTIONS					
DATE/TIME STAMP					
ORDERED			COMPLETED		

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>3</u> (Unit Sets/Number of Parts) <u>8 1/2</u> x <u>14</u> " <input type="checkbox"/> MP/_____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	SECY:PDR	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0171A	HD	11-82

NRC FORM 171B		U.S. NUCLEAR REGULATORY COMMISSION Approved by OMB REG-80-006		REQUESTOR NUMBER B 001504																																																																																																																																																																																																																																																																																																																																																																																																																																				
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INSTRUCTIONS: 1. See the back of each microfiche card for instructions. 2. Submit separate requests for each microfiche of the same size. Submit one request for up to three separate microfiche cards. 3. Indicate the type of microfiche (16mm or 35mm) and the aperture card size (5/8" or 1/2") under the corresponding section. 4. Paper copies of all pages of the microfiche are desired. 5. The microfiche card number, the OMB No. 1545-0047, and the date of the microfiche card should be indicated by placing an "X" in the appropriate grid number.																																																																																																																																																																																																																																																																																																																																																																																																																																								
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FORMS MANAGEMENT DATA					1783
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET CARD PD/____ (Pad/Sheet per Pad) X US/ 3 (Unit Sets/Number of Parts), 8 1/2 x 14" MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	SECY: PDR	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY IMMEDIATELY WHEN NEW STOCK IS AVAILABLE <input type="checkbox"/> OTHER (SPECIFY) STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	W7540-00-NRC-01718	HD	11-82

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 173

NRC FORM 173 (5-79)		U.S. NUCLEAR REGULATORY COMMISSION		ORDER NUMBER
STANDARD ORDER FOR DOE WORK				DATE
				ISSUED TO: (DOE Office)
PERFORMING ORGANIZATION AND LOCATION				ACCOUNTING CITATION APPROPRIATION SYMBOL
FIN TITLE				B&R NUMBER
				FIN NUMBER
				WORK PERIOD - THIS ORDER FIXED <input type="checkbox"/> ESTIMATED <input type="checkbox"/> FROM: TO:
OBLIGATION AVAILABILITY PROVIDED BY:				
A THIS ORDER				\$
B TOTAL OF ORDERS PLACED PRIOR TO THIS DATE WITH THE PERFORMING ORGANIZATION UNDER THE SAME "APPROPRIATION SYMBOL" AND THE FIRST FOUR DIGITS OF THE "B&R NUMBER" CITED ABOVE				\$
C TOTAL ORDERS TO DATE (TOTAL A & B)				\$
D AMOUNT INCLUDED IN "C" APPLICABLE TO THE "FIN NUMBER" CITED IN THIS ORDER				\$
FINANCIAL FLEXIBILITY: <input type="checkbox"/> FUNDS WILL NOT BE REPROGRAMMED BETWEEN FINs. LINE D CONSTITUTES A LIMITATION ON OBLIGATIONS AUTHORIZED. <input type="checkbox"/> FUNDS MAY BE REPROGRAMMED NOT TO EXCEED ± 10% OF FIN LEVEL UP TO \$50K. LINE C CONSTITUTES A LIMITATION ON OBLIGATIONS AUTHORIZED.				
STANDARD TERMS AND CONDITIONS PROVIDED DOE ARE CONSIDERED PART OF THIS ORDER UNLESS OTHERWISE NOTED.				
ATTACHMENTS THE FOLLOWING ATTACHMENTS ARE HEREBY MADE A PART OF THIS ORDER: <input type="checkbox"/> STATEMENT OF WORK <input type="checkbox"/> ADDITIONAL TERMS AND CONDITIONS <input type="checkbox"/> OTHER			SECURITY <input type="checkbox"/> WORK ON THIS ORDER IS NOT CLASSIFIED. <input type="checkbox"/> WORK ON THIS ORDER INVOLVES CLASSIFIED INFORMATION. NRC FORM 187 IS ATTACHED.	
REMARKS (Reference the proposal by number and date, and indicate if the attached statement of work modifies the DOE proposal):				
ISSUING AUTHORITY			ACCEPTING ORGANIZATION	
SIGNATURE			SIGNATURE	
TITLE			TITLE	
NRC FORM 173 (5-79)			DATE	

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET	RM:B		7540-00-NRC-0173X	HD	5-79
<input type="checkbox"/> CARD					
<input type="checkbox"/> PD/ (Pad/Sheet per Pad)					
<input type="checkbox"/> US/ (Unit Sets/Number of Parts)					
<input type="checkbox"/> MP/ (Multipage/Number of Parts)					
<input type="checkbox"/> LABEL	STATUS OF EXISTING STOCK				
<input type="checkbox"/> PC (Postal Card)	<input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		<input type="checkbox"/> OTHER (SPECIFY)		
<input type="checkbox"/> TC (Tab Card)	STOCKING POINT				
<input type="checkbox"/> TP/ (Tab Paper/Number of Parts)	<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS				
<input type="checkbox"/> ENVL	PROMULGATING OFFICE (ONLY)				
<input type="checkbox"/> OTHER (Specify)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 174, PARTS 1 - 6

U.S. NUCLEAR REGULATORY COMMISSION

OPERATOR LICENSE

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and subject to the conditions and limitations incorporated herein, the Nuclear Regulatory Commission hereby licenses:

LICENSE NO. OP -

DOCKET NO. 55 -

EFFECTIVE DATE

AMENDED DATE

to manipulate all controls of the following facility or facilities:

This license is subject to the provisions of Section 55.31 of the U.S. Nuclear Regulatory Commission's regulations, Title 10, Code of Federal Regulations, Chapter 1, Part 55, with the same force and effect as if fully set forth herein.

In manipulating the controls of the above facility or facilities, the licensee shall observe the operating procedures and other conditions specified in the facility license which authorizes operation of the facility or facilities and shall comply with the following conditions:

- The licensee shall wear corrective eyeglasses while performing the activities for which he is licensed.
-

The issuance of this license is based upon examination of the licensee's qualifications, including the representations and information contained in his application for license filed under the docket number indicated above.

Unless sooner terminated, this license shall expire two years from the effective date.

A copy of this license has been made available to the facility licensee indicated below.

For the Nuclear Regulatory Commission

Director, Division of Human Factors Safety
Office of Nuclear Reactor Regulation

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	NRR:HFS:OL	10 CFR 55	*W7540-00-NRC-0174X	HD	2-82
CARD					
PD/____ (Pad/Sheet per Pad)					
X US/ 8 (Unit Sets/Number of Parts) within					
X MP/ 2 (Multipage/Number of Parts) same					
LABEL set					
PC (Postal Card)					
TC (Tab Card)					
TP/____ (Tab Paper/Number of Parts)					
ENVL					
OTHER (Specify)					
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST	OTHER (SPECIFY)		
		<input type="checkbox"/> DESTROY:			
		<input type="checkbox"/> IMMEDIATELY			
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 174, PARTS 7 AND 8



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

• LICENSE NO. OP -
DOCKET NO. 55 -
EFFECTIVE
DATE
AMENDED
DATE

Subject: NOTIFICATION OF LICENSE EXPIRATION

Dear Licensee

In accordance with the provisions of NRC Regulation, 10 CFR Part 55, your existing license is valid until a determination on your renewal application is made, provided that your complete application for renewal in accordance with Section 55.33, is received by this office at least thirty days before the expiration date of your existing license. Applications should be submitted in triplicate, except that only one copy of NRC Form 396 is required.

This notice of your license expiration is sent for your convenience, and it should not be inferred that similar notices will be sent in the future. The responsibility for submitting a timely application for renewal remains with the licensee.

Enclosure:
NRC Form 396, Certificate of
Medical Examination (Licensee only)

Sincerely,

Director, Division of Human Factors Safety
Office of Nuclear Reactor Regulation

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 176

NRC FORM 176
(8-80)
NRCM 2101

U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555

SECURITY ACKNOWLEDGMENT

I,, in anticipation of my security clearance or access authorization by the United States Nuclear Regulatory Commission, make the following statement with the understanding and intent that my statement will be used by the NRC in carrying out its obligation to protect the security of Restricted Data and National Security Information.

1. I understand that it is the policy of the NRC to control the dissemination of Restricted Data and National Security Information in such a manner as to assure the common defense and security.
2. I understand that, in carrying out the aforesaid policy, the NRC has issued and will issue and revise, as circumstances require, certain instructions and regulations pertaining to the control and dissemination of Restricted Data and National Security Information.
3. I shall not reveal to any person any Restricted Data or National Security Information, of which I gain knowledge as a result of my employment, assignment, or duties, except in accordance with official instructions and regulations of the NRC or except as may be hereafter authorized by officials empowered to grant such authority.
4. I understand that the provisions of the Atomic Energy Act of 1954 prescribe the penalties for the disclosure of Restricted Data to unauthorized persons, and the provisions of U. S. Code, Title 18, "Crimes and Criminal Procedures," prescribe penalties for the disclosure to unauthorized persons of information respecting the national defense, and for loss, destruction or compromise of such information through gross negligence.
5. I understand that revealing or disclosing Restricted Data or National Security Information to any unauthorized person may constitute sufficient cause for termination of my association with the nuclear regulatory program.
6. I understand that the Nuclear Regulatory Commission desires to be informed when persons granted NRC security clearance propose to travel to communist controlled countries in order to inform the individual of the possible risks to personal safety in view of the classified information known to the individual. The NRC's security interest in such travel normally diminishes as the period of access to Restricted Data or National Security Information becomes more remote.
7. I understand that I am to notify the NRC Division of Security as soon as it is practicable of all arrests, charges (including charges that are dismissed), or detentions by Federal, State or other law enforcement authorities, for any violation of any Federal law, State law, county or municipal law, regulation or ordinance, other than traffic violations for which a fine of \$50 or less was imposed, occurring during any period in which I may hold NRC clearance or which occurred subsequent to the completion of the Personnel Security Questionnaire which I executed on _____
(Insert date of Personnel Security Questionnaire)

DATE	SIGNATURE
PLACE AT WHICH SECURITY ACKNOWLEDGMENT IS SIGNED	NAME OF EMPLOYER

NRC FORM 176 (8-80) SUPERSEDES PREVIOUS EDITIONS.

GPO 916-746

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/_____ (Pad/Sheet per Pad) US/_____ (Unit Sets/Number of Parts) MP/_____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2101 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	7540-00-NRC-0176X	HD	8-80

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 178, FACE

NRC Form 178
(4-76)
NRCM 4108

U. S. NUCLEAR REGULATORY COMMISSION

CANDIDATE EVALUATION, CERTIFICATION AND SELECTION RECORD

TO: (Authorized selecting official)	PERSONNEL ACTION REQUEST NUMBER	POSITION NUMBER	CERTIFICATE NUMBER
	POSITION TITLE		GRADE
	DIVISION OR OFFICE		
	BRANCH AND SECTION		

PART B - CERTIFICATION RECORD

THIS CERTIFIES THAT:

- a. Part A contains a proper listing and categorization of candidates in accordance with the NRC Merit System and other applicable provisions of NRC Manual Chapter 4108.
- b. The candidates listed below comprise an appropriate group in accordance with the NRC Merit System and other applicable provisions of NRC Manual Chapter 4108 from which a selection may properly be made.

SIGNATURE OF PERSONNEL OFFICER OR OTHER OFFICIAL AUTHORIZED TO MAKE CERTIFICATION TITLE DATE

PART C - SELECTION RECORD

THE FOLLOWING CANDIDATE(S) HAVE BEEN SELECTED FOR THE POSITION(S) DESIGNATED.

SIGNATURE OF SELECTING OFFICIAL TITLE DATE

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET, h to h	ADM:OP	NRCM 4108	7540-00-NRC-0178X	HD	4-76	
<input type="checkbox"/> CARD		STATUS OF EXISTING STOCK				
<input type="checkbox"/> PD/____ (Pad/Sheet per Pad)		<input type="checkbox"/> USE FIRST				OTHER (SPECIFY)
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)		<input type="checkbox"/> DESTROY: IMMEDIATELY				
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
<input type="checkbox"/> LABEL		STOCKING POINT				
<input type="checkbox"/> PC (Postal Card)	<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS				
<input type="checkbox"/> TC (Tab Card)	PROMULGATING OFFICE (ONLY)					
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)						
<input type="checkbox"/> ENVL						
<input type="checkbox"/> OTHER (Specify)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 178, REVERSE

U. S. NUCLEAR REGULATORY COMMISSION

CANDIDATE EVALUATION, CERTIFICATION AND SELECTION RECORD

PART A - CANDIDATE EVALUATION RECORD										
CANDIDATES	STATUS	REQUIRED KNOWLEDGE, SKILLS AND ABILITIES (SPECIFY)						REFERENCE	INTERVIEW	FINAL EVALUATION
		KNOWLEDGE OF OCCUP. FIELD(S)								

Show the "STATUS" of the candidate by one of the following symbols, as appropriate:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>"E" - NRC Employee</p> <p>"F" - Former NRC Employee or a Former or Present Employee of another Government Agency</p> <p>"NV" - Other Candidates without Veterans Preference</p> | <p>"10pd" - 10 Point Preference Eligible with 10% or more disability</p> <p>"10p" - 10 Point Preference Eligible with less than 10% disability</p> <p>"5p" - 5 Point Preference Eligible</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Approved: _____

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 179

NRC Form 179 (1-76)	U. S. NUCLEAR REGULATORY COMMISSION			
SKETCH SHEET				
MADE BY	CHECKED BY	APPROVED	SCALE	
DATE			SHEET NO.	
			JOB NO.	

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input checked="" type="checkbox"/> CARD PD/ <u>50</u> (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM: FOS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0179X	PD	1-76

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 182

NRC FORM 182 (12-75) NRCM 2101	U.S. NUCLEAR REGULATORY COMMISSION ACTIVITY REPORT ON SECURITY ALARM SYSTEMS, NRC BUILDINGS	BUILDING	RELIEF
TO:	FROM: Officer in-Charge SIGNATURE	DATE	EXPLANATIONS AND REMARKS
ZONE	LOCATION	SYSTEM OFF	
SYSTEM ON	REQUESTED BY	SYSTEM ON	
SYSTEM OFF	SYSTEM ON	SYSTEM ON	

NRC FORM 182 (12-75)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/_____(Pad/Sheet per Pad) US/_____(Unit Sets/Number of Parts) MP/_____(Multipage/Number of Parts) LABEL PC (Personal Card) TC (Tab Card) TP/_____(Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:SEC	NRCM 2101 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	12-75

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 183, FACE

NRC FORM 183 (12-75) NRCM 2101	U. S. NUCLEAR REGULATORY COMMISSION	
REPORT OF SECURITY INFRACTION		
PART I - NOTIFICATION OF INFRACTION		
1. TO: DIVISION/OFFICE IN WHICH INFRACTION OCCURRED	2. FROM: DIVISION OF SECURITY	
3. NATURE OF INFRACTION		
4. DETAILS OF INFRACTION		
5. SIGNATURE	TITLE DIRECTOR, DIVISION OF SECURITY	6. DATE
PART II - REPORT BY DIVISION CONCERNED		
1. TO: DIVISION OF SECURITY	2. FROM: DIVISION IN WHICH INFRACTION OCCURRED	
3. NAME OF PERSON ACKNOWLEDGING RESPONSIBILITY	TITLE	
4. HIGHEST CLASSIFICATION OF MATERIAL INVOLVED CONFIDENTIAL <input type="checkbox"/> SECRET <input type="checkbox"/> TOP SECRET <input type="checkbox"/>		
5. WAS RESTRICTED DATA INVOLVED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
6. REASON OR CAUSE FOR INFRACTION		
7. CORRECTIVE ACTION TAKEN (See reverse side for suggested disciplinary action)		
8. SIGNATURE OF DIVISION/OFFICE DIRECTOR	TITLE	9. DATE

NRC FORM 183 (12-75)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h <input type="checkbox"/> CARD <input type="checkbox"/> PD/ _____ (Pad/Sheet per Pad) <input type="checkbox"/> US/ _____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2101 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		Sheet	12-75
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

SUGGESTED DISCIPLINARY ACTION

NRC Appendix 2101

3. *Suggested Schedule of Disciplinary Action.* Except in cases where consideration is being given to suspension or termination of access authorization for serious security infractions affecting the common defense and security, the following schedule of disciplinary action is suggested for infractions occurring within any 12-month period.

- a. *First Infraction.* An interview with the person committing the infraction to impress him with the seriousness of the matter, determine the reason for the infraction, call attention to pertinent regulations, and modify office procedures, if necessary, to prevent a recurrence.

The interview shall be conducted:

- (1) (Appropriate for regional office employees).
 - (2) In the case of a Headquarters employee other than the head of a division or office, by the director, deputy director, or assistant director of the employee's division or office; in the case of a head of a division or office, by the person to whom he is administratively responsible.
 - (3) (Appropriate for contractor employees).
- b. *Second Infraction.* Interview as in a. above, followed by a written reprimand to the employee warning that another infraction makes him subject to suspension without pay. A notation that an interview was held, and a copy of the written reprimand shall be made a part of the employee's personnel and security files.
- c. *Third Infraction.* Interview as in a. above, followed by a suspension without pay for 3 working days together with written notification to the employee that a subsequent infraction makes him liable for dismissal for cause. A notation that an interview was held, and a copy of the suspension letter shall be made a part of the employee's personnel and security files.
- d. *Subsequent Infractions.* A determination should be made as to whether the employee should be dismissed for cause. If he is not dismissed, other appropriate disciplinary action such as additional suspension without pay should be taken. The employee's personnel and security files shall be documented as to the action taken.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 184

OFFICE		NRC FORM 184 12-75 NRCM 2401		U. S. NUCLEAR REGULATORY COMMISSION	
SAFE NUMBER		CLASSIFIED REPOSITORY MONITOR RECORD			
MONTH	YEAR 19				
DAY	LOCKER	TIME	MONITOR	TIME	REMARKS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
REMARKS: _____					

NRC FORM 184 (12-75)

FORMS MANAGEMENT DATA					1/83						
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE						
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM SEC	NRCM 2101	W7540-00-NRC-0184X	HD	6-81						
STATUS OF EXISTING STOCK											
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> USE FIRST DESTROY:</td> <td style="width: 50%; border: none;"><input type="checkbox"/> OTHER (SPECIFY)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> IMMEDIATELY</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE</td> <td style="border: none;"></td> </tr> </table>						<input type="checkbox"/> USE FIRST DESTROY:	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> IMMEDIATELY		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	
<input type="checkbox"/> USE FIRST DESTROY:	<input type="checkbox"/> OTHER (SPECIFY)										
<input type="checkbox"/> IMMEDIATELY											
<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE											
STOCKING POINT											
<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)											

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 186, PART 2

NRC FORM 186 (PART I) (7-77)		U.S. NUCLEAR REGULATORY COMMISSION			WORK REQUEST NUMBER (ADPS US ONLY)	
ADP WORK REQUEST						
A. ELEMENTS INVOLVED						
JOBS	PROCEDURES	PROGRAMS	REPORTS	DATA SETS	MISCELLANEOUS	
B. TEST PLAN						
C. ALL SYSTEM CHANGES REVIEWED AND ACCEPTED FOR IMPLEMENTATION						
USER'S SIGNATURE			IMPLEMENTATION DATE		DATE	
PROJECT MANAGER'S SIGNATURE					DATE	

NRC FORM 186 (PART I) (7-77)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	7-77

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 186, PART 3

NRC FORM 186 (PART III) (7-77)		U.S. NUCLEAR REGULATORY COMMISSION		WORK REQUEST NUMBER (ADPS use only)	
ADP WORK REQUEST					
A. COMPLETION CHECKLIST					
ITEMS			INITIALS		
			PROGRAMMER	PROJECT MANAGER	
DOCUMENTATION CHANGED AND DISTRIBUTED.	DOCUMENT SPEC.				
DATA CONTROL INSTRUCTIONS AND JCL CHANGED/TESTED	DATA CONTROL				
PROCEDURES CATALOGED.					
PROGRAMS CATALOGED.					
FILES CONVERTED.					
REMARKS:					
DATE WORK STARTED	DATE WORK COMPLETED	TOTAL MANHOURS: _____			
B. PROGRAMMER/ANALYST					
SIGNATURE				DATE	
C. SYSTEM SUPPORT SUPERVISOR					
SIGNATURE				DATE	

NRC FORM 186 (PART III) (7-77)

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY <input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	7-77
		STOCKING POINT			
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

INSTRUCTIONS FOR COMPLETING NRC FORM 187

NRC Form 187, "Security/Classification Requirements", including attachments and supplements, furnishes the basis for providing security and classification requirements to prime contractors, subcontractors or others (e.g., bidders) who have or may have an NRC contractual relationship which requires access to classified information or matter, access on a continuing basis (in excess of 30 days) to NRC Headquarters controlled buildings or otherwise requires NRC photo identification or card-key badges.

Who Uses NRC Form 187: All organizations which have or may have an NRC contractual relationship of the nature set forth above.

When to Use: Responsibility for initiation of NRC Form 187 rests with the Office or Division sponsoring a contract, project, or consultant, or requesting that classified work be conducted (e.g., at a Department of Energy (DOE) National Laboratory).

Early preparation and submission of this form will help assure that all necessary classification and security actions are completed prior to the required contract or subcontract date. Experience has shown that the lack of necessary information or information submitted too closely to the date of the beginning of contract performance delays the security-contractual process.

Where to Send: Send two (2) copies of this form to the NRC Division of Contracts when the interest does not involve a DOE security interest or consultant. If the interest involves a DOE National Laboratory or Consultant and does not require action by the Division of Contracts one (1) copy of the form should be forwarded directly from the responsible Office or Division to the Division of Security.

Preparation: Item instructions correspond to the numbered items on the NRC Form 187, "Security/Classification Requirements."

1. Check 1a, b, c, or d as applicable. Item 1d will be utilized for consultants or others who do not fall under 1a, b, or c. If item 1a is appropriate, enter the data identifying the IFB, RFP, and RFQ. If this requirement is for a prime contract enter the NRC contract number in 1b, as well as the estimated date of completion. If NRC Form 187 is used for a subcontract, enter in item 1c the necessary identifying data in addition to identifying the prime contractor in 1b. Where block 1a has been completed, blocks 3, 4, and 5 will be left blank, except in the case of a proposed noncompetitive award or a request for an award based on an unsolicited proposal.
2. Check either 2a, b, or c as appropriate. The Division of Contracts will complete the effective date of the requirements.
3. If the NRC Form 187 is not for a follow-on contract, check block "Does Not Apply". If it is for a follow-on contract, enter preceding contract identification number from which this contract evolves and its actual or anticipated completion date.
4. If a prime contract is intended, complete item 4a to show the complete name and address of the prime contractor's facility which will receive classified matter or be otherwise involved in the performance of the prime contract referenced in item 1b. The Division of Security will evaluate the information furnished on the form and complete item 4b.

If other than a prime contract or subcontract is involved, e.g., a proposed noncompetitive award or a request for an award based on an unsolicited proposal, complete item 4a as in the case of a prime contract. The Division of Security will complete item 4b.
5. If a subcontract is intended, complete item 5a to show the complete name and address of the subcontractor's facility which will receive classified information or be otherwise involved in performance of the subcontract referenced in 1c. The Division of Security will evaluate the information furnished on the form and complete item 5b.
6. Include project title and a brief unclassified statement setting forth sufficient information to identify the nature of the project.

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
SHEET	ADM:SEC	NRCM 2101	7540-00-NRC-0187X	HD	4-80	
CARD		STATUS OF EXISTING STOCK				
PD/_____ (Pad/Sheet per Pad)		<input type="checkbox"/> USE FIRST				OTHER
US/_____ (Unit Sets/Number of Parts)		DESTROY:				
<input checked="" type="checkbox"/> MP/ 4 _____ (Multipage/Number of Parts), h e o h		<input type="checkbox"/> IMMEDIATELY				(SPECIFY)
LABEL		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
PC (Postal Card)		STOCKING POINT				
TC (Tab Card)		<input checked="" type="checkbox"/> WAREHOUSE				<input checked="" type="checkbox"/> SUPPLY ROOMS
TP/_____ (Tab Paper/Number of Parts)		PROMULGATING OFFICE (ONLY)				
ENVL						
OTHER (Specify)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 187, INSTRUCTION PAGE 2

7. Check appropriate boxes in each of the seven columns for all items. Completion of this section should be coordinated with the sponsoring Office Authorized Classifier as well as the Project Manager to assure complete and accurate information.

8. Prime contractors listed in 4a will submit proposed releases to the NRC Division of Contracts for approval prior to release. Subcontractors shall be instructed to submit proposed releases through the prime contractor listed in 4a to the NRC Division of Contracts.

9. Check the applicable block(s) to indicate the manner in which classification guidance will be conveyed for any contract, subcontract, or other activity involved.

When the block "Nature of Classification Guidance" is used, identify the areas of classified information involved and, in particular, provide adequate unclassified narrative comment to describe specific items of information within these areas which may require classification guidance.

10. Furnish name and title of position of authorized classifier if Division of Security is not checked.

11. The Division of Contracts will assure distribution of this document when completed to all responsible organizations.

12. After reviewing the NRC Form 187 to assure adequacy, the officials cited will complete item 12.

Additional comments relating to any of the items may be included under "Remarks," to assure that reviewers evaluate the information properly.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 187, FACE

NRC FORM 187 (4-80) NRCM 2101		U.S. NUCLEAR REGULATORY COMMISSION			AUTHORITY The policies, procedures, and criteria of NRCM 2101, NRC Security Program, apply to performance of this contract, subcontract or other activity.					
SECURITY/CLASSIFICATION REQUIREMENTS										
1. REASON FOR REQUIREMENT		CONTRACT NUMBER OR OTHER IDENTIFYING NUMBER <small>(Prime contract number must be shown for all subcontracts)</small>		PROJECTED COMPLETION DATE		2. THIS SUBMISSION IS <small>(See note below)</small>				
a. INVITATION FOR BID, REQUEST FOR PROPOSAL OR REQUEST FOR QUOTE						a. ORIGINAL				
b. PRIME CONTRACT						b. REVISED <small>(Supersedes all previous submissions)</small>				
c. SUBCONTRACT						c. OTHER <small>(Specify)</small>				
d. OTHER <small>(Specify)</small>										
3. FOR FOLLOW-ON CONTRACT, ENTER PRECEDING CONTRACT NUMBER AND DATE COMPLETED. <input type="checkbox"/> DOES NOT APPLY										
CONTRACT NUMBER					DATE COMPLETED					
4a. NAME OF PRIME CONTRACTOR, OFFEROR, OTHER <small>(Specify)</small>				b. NAME OF RESPONSIBLE SECURITY OFFICE						
STREET ADDRESS				STREET ADDRESS						
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE			
5a. NAME OF SUBCONTRACTOR <small>(Specify)</small>				b. NAME OF RESPONSIBLE SECURITY OFFICE						
STREET ADDRESS				STREET ADDRESS						
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE			
6. PROJECT TITLE AND OTHER IDENTIFYING INFORMATION										
7. PERFORMANCE WILL REQUIRE				YES	NO	TS	S	C	%SI	RD
a. ACCESS TO NRC FACILITIES ONLY.										
b. ACCESS TO CLASSIFIED MATTER OR OTHER CLASSIFIED INFORMATION.										
c. RECEIPT, STORAGE, OR OTHER SAFEGUARDING OF CLASSIFIED DOCUMENTS.										
d. GENERATION OF CLASSIFIED DOCUMENTS.										
e. ACCESS TO CLASSIFIED COMSEC MATERIAL OR OTHER CLASSIFIED COMSEC INFORMATION.										
f. ACCESS TO CLASSIFIED MATTER OR CLASSIFIED INFORMATION POSSESSED BY ANOTHER AGENCY.										
g. USE OF AN AUTOMATIC DATA PROCESSING SYSTEM.										
h. ACCESS TO NRC HEADQUARTERS, POSSESSION OF NRC PHOTO IDENTIFICATION OR CARD KEY BADGES.										
i. OTHER <small>(Specify)</small>										
8. INFORMATION PERTAINING TO THESE REQUIREMENTS OR THIS PROJECT, EVEN THOUGH SUCH INFORMATION IS CONSIDERED UNCLASSIFIED, SHALL NOT BE RELEASED FOR DISSEMINATION EXCEPT AS APPROVED BY:										
NAME <small>(Signature)</small>					CONTRACTING OFFICER <small>(Signature)</small>					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 187, REVERSE

9. SECURITY CLASSIFICATION REQUIREMENTS		
a. GUIDANCE FURNISHED IN WRITING BY AUTHORIZED CLASSIFIER AND ATTACHED OR AS STATED IN 9b BELOW		
b. GUIDANCE FURNISHED IN WRITING BY DIVISION OF SECURITY AND ATTACHED OR AS STATED IN 9c BELOW		
c. NATURE OF CLASSIFICATION GUIDANCE <i>(Indicate in space below)</i>		
10. CLASSIFICATION REVIEW OF CONTRACTOR/SUBCONTRACTOR REPORT(S) AND OTHER DOCUMENTS WILL BE CONDUCTED BY		
NAME OF AND TITLE OF POSITION OF AUTHORIZED CLASSIFIER		
<input type="checkbox"/>		<input type="checkbox"/> DIVISION OF SECURITY
11. REQUIRED DISTRIBUTION OF NRC FORM 187 (Check appropriate boxes)		
SPONSORING NRC OFFICE OR DIVISION (Item 12a)	PRIME CONTRACTOR (Item 4a)	
DIVISION OF SECURITY (Item 12b)	SUBCONTRACTOR (Item 5a)	
DIVISION OF CONTRACTS (Item 12c)	RESPONSIBLE SECURITY OFFICE <i>(Items 4b and 5b)</i>	
SECURITY/CLASSIFICATION REQUIREMENTS FOR SUBCONTRACTS RESULTING FROM THIS CONTRACT WILL BE APPROVED BY THE OFFICIALS NAMED IN ITEMS 12b AND 12c BELOW.		
12. THE SECURITY/CLASSIFICATION REQUIREMENTS AND ATTACHMENTS REFERENCED HEREIN HAVE BEEN APPROVED BY THE OFFICIALS NAMED IN 12a AND b BELOW. FINAL CONTRACTING APPROVAL BY THE DIRECTOR, DIVISION OF CONTRACTS OR HIS REPRESENTATIVE IS TO BE INCLUDED IN 12c BELOW.		
NAME	SIGNATURE	DATE
a. DIRECTOR, OFFICE OR DIVISION		
b. DIRECTOR, DIVISION OF SECURITY		
c. DIRECTOR, DIVISION OF CONTRACTS		
REMARKS		

NRC FORMS FACSIMILE HANDBOOK

NRC FORMS 188, 188A & 188B, FACE

IF SECRET, ARE RECEIPTS ENCLOSED?

NRC Form 188 (7-75)

To Be Used Only for the Transmission of
SECRET and CONFIDENTIAL
Between Offices in the U.S. Nuclear Regulatory Commission

The document(s) transmitted in this envelope contain(s) Restricted Data as defined in the Atomic Energy Act of 1954 as amended, and/or National Security Information as defined in Executive Order 11652. Its dissemination or the revelation of its contents in any manner to an unauthorized person is prohibited and may result in severe criminal penalty.

1 USE BLOCKS CONSECUTIVELY		2 VOID PREVIOUS BLOCK		3 WRITE CLEARLY	
NAME AND OFFICE		ROOM NO. AND BUILDING	NAME AND OFFICE		ROOM NO. AND BUILDING
1 NAME	RM. NO.	9 NAME	RM. NO.		
OFFICE	BUILD.	OFFICE	BUILD.		
2 NAME	RM. NO.	10 NAME	RM. NO.		
OFFICE	BUILD.	OFFICE	BUILD.		
3 NAME	RM. NO.	11 NAME	RM. NO.		
OFFICE	BUILD.	OFFICE	BUILD.		
4 NAME	RM. NO.	12 NAME	RM. NO.		
OFFICE	BUILD.	OFFICE	BUILD.		
5 NAME	RM. NO.	13 NAME	RM. NO.		
OFFICE	BUILD.	OFFICE	BUILD.		
6 NAME	RM. NO.	14 NAME	RM. NO.		
OFFICE	BUILD.	OFFICE	BUILD.		
7 NAME	RM. NO.	15 NAME	RM. NO.		
OFFICE	BUILD.	OFFICE	BUILD.		
8 NAME	RM. NO.	16 NAME	RM. NO.		
OFFICE	BUILD.	OFFICE	BUILD.		

IF SECRET, ARE RECEIPTS ENCLOSED?

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET	ADM:SEC	NRCM 2101	7540-00-NRC-0188X	HD	7-75
<input type="checkbox"/> CARD					
<input type="checkbox"/> PD/____ (Pad/Sheet per Pad)					
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)					
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)					
<input type="checkbox"/> LABEL					
<input type="checkbox"/> PC (Postal Card)					
<input type="checkbox"/> TC (Tab Card)					
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)					
<input checked="" type="checkbox"/> ENVL chain, 188 - 9 1/2" x 12 1/2"; 188A -					
<input type="checkbox"/> OTHER (Specify) 11 x 14"; 188B - 13 x 16 1/2", Red ink					
		STATUS OF EXISTING STOCK	7540-00-NRC-0188A	HD	7-75
		<input type="checkbox"/> USE FIRST	7540-00-NRC-0188B	HD	7-75
		<input type="checkbox"/> OTHER (SPECIFY)			
		DESTROY:			
		<input type="checkbox"/> IMMEDIATELY			
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS			
		PROMULGATING OFFICE (ONLY)			


**NEVER LEAVE
CLASSIFIED
DOCUMENTS
UNATTENDED**

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SECRET and CONFIDENTIAL
Between Offices in NRC**

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NRC FORMS FACSIMILE HANDBOOK

NRC FORM 189, FACE

NRC FORM 189 (3-81)		U.S. NUCLEAR REGULATORY COMMISSION			DATE OF PROPOSAL		
 PROJECT AND BUDGET PROPOSAL FOR NRC WORK		<input type="checkbox"/> NEW		FIN NUMBER			
		<input type="checkbox"/> REVISION NO.		NRC B&R NUMBER			
PROJECT TITLE				CONTRACTOR ACCOUNT NUMBER			
NRC OFFICE				DOE B&R NUMBER			
DOE CONTRACTOR				CONTRACTOR ACCOUNT NUMBER			
SITE				DOE B&R NUMBER			
COGNIZANT PERSONNEL		ORGANIZATION	FTS PHONE NUMBER		PERIOD OF PERFORMANCE		
NRC PROJECT MANAGER					STARTING DATE		
OTHER NRC TECHNICAL STAFF					COMPLETION DATE		
DOE PROJECT MANAGER							
CONTRACTOR-PROJECT MANAGER							
PRINCIPAL INVESTIGATOR(S)							
STAFF YEARS OF EFFORT (Round to nearest tenth of a year)		FY	FY	FY	FY	FY	
Direct Scientific/Technical							
Other Direct (Graded)							
TOTAL DIRECT STAFF YEARS							
COST PROPOSAL							
Direct Salaries							
Material and Services (Excluding ADP)							
ADP Support							
Subcontracts							
Travel Expenses		Foreign	Domestic				
Indirect Labor Costs							
Other (Specify)							
General and Administrative (\$)							
TOTAL OPERATING COST							
CAPITAL EQUIPMENT							
FIN CHARGED: _____							
TOTAL PROJECT COST							
FY _____		OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
MONTHLY FORECAST EXPENSE		APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER

NRC FORM 189
(3-81)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:B	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0189X	HD	3-81

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 189, REVERSE

NRC FORM 189 (3-81)	U.S. NUCLEAR REGULATORY COMMISSION	FIN NUMBER
PROJECT AND BUDGET PROPOSAL FOR NRC WORK		DATE

PROJECT TITLE

DOE PROPOSING ORGANIZATION

FORECAST MILESTONE CHART: Scheduled to Start — — Completed (Shown in Quarter Year)
 PROVIDE ESTIMATED DOLLAR COST FOR EACH TASK FOR EACH FISCAL YEAR

TASK	FY				FY				FY				FY			
	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
SCHEDULE																
	COST															
SCHEDULE																
	COST															
SCHEDULE																
	COST															
SCHEDULE																
	COST															
SCHEDULE																
	COST															
TOTAL ESTIMATED PROJECT COST																

PROJECT DESCRIPTION: (Provide narrative descriptions of the following topics in the order listed. Attach an plain paper to this NRC Form 189. If an item is not applicable, so state.)

1. OBJECTIVE OF PROPOSED WORK
2. SUMMARY OF PRIOR EFFORTS
3. WORK TO BE PERFORMED AND EXPECTED RESULTS
4. DESCRIPTION OF ANY FOLLOW-ON EFFORTS
5. RELATIONSHIP TO OTHER PROJECTS
6. REPORTING SCHEDULE
7. SUBCONTRACTOR INFORMATION
8. LIST NEW CAPITAL EQUIPMENT REQUIRED
9. DESCRIBE SPECIAL FACILITIES REQUIRED
10. CONFLICT OF INTEREST INFORMATION

SEE NRC MANUAL CHAPTER 1102 FOR ADDITIONAL INFORMATION

APPROVAL AUTHORITY—SIGNATURE	DATE
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PROPRIETARY INFORMATION

NOTICE

THE ATTACHED DOCUMENT CONTAINS "PROPRIETARY INFORMATION" AND SHOULD BE HANDLED AS NRC "OFFICIAL USE ONLY" INFORMATION. IT SHOULD NOT BE DISCUSSED OR MADE AVAILABLE TO ANY PERSON NOT REQUIRING SUCH INFORMATION IN THE CONDUCT OF OFFICIAL BUSINESS AND SHOULD BE STORED, TRANSFERRED, AND DISPOSED OF BY EACH RECIPIENT IN A MANNER WHICH WILL ASSURE THAT ITS CONTENTS ARE NOT MADE AVAILABLE TO UNAUTHORIZED PERSONS.

COPY NO. _____
 DOCKET NO. _____
 CONTROL NO. _____
 REPORT NO. _____
 REC'D W/LTR DTD. _____

NRC Form 190
(4-78)

PROPRIETARY INFORMATION

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 8½ x 14", yellow <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	7540-00-NRC-0190X	HD	4-78
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)			

**NRC FORMS FACSIMILE HANDBOOK
OFFICIAL USE ONLY INFORMATION**

NRC FORM 190B

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NRC FORM 190B
19-90

OFFICIAL USE ONLY INFORMATION

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 8 1/2 x 14" <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	W7540-00-NRC-0190B	HD	9-80
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 193

NRC Form 193 (7-78)
NRCM 1501

UNITED STATES
NUCLEAR REGULATORY COMMISSION

RECEIPT FOR TRANSPORTATION REQUEST BOOK

T. R. Numbers to Book No.....

Issued to Date.....

Receipt is acknowledged of Transportation

Request Book as indicated above

Please return signed receipt to

.....
(Signature of Traveler)

.....
(Title)

FORMS MANAGEMENT DATA				1/83											
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE									
<input checked="" type="checkbox"/>	SHEET 8 x 5 1/2"	RM:A	NRCM 1501	W7540-00-NRC-0193X	HD	7-78									
<input type="checkbox"/>	CARD														
<input type="checkbox"/>	PD/..... (Pad/Sheet per Pad)														
<input type="checkbox"/>	US/..... (Unit Sets/Number of Parts)														
<input type="checkbox"/>	MP/..... (Multipage/Number of Parts)														
<input type="checkbox"/>	LABEL														
<input type="checkbox"/>	PC (Postal Card)														
<input type="checkbox"/>	TC (Tab Card)														
<input type="checkbox"/>	TP/..... (Tab Paper/Number of Parts)														
<input type="checkbox"/>	ENVL														
<input type="checkbox"/>	OTHER (Specify)	<table border="1"> <tr> <th colspan="2">STATUS OF EXISTING STOCK</th> </tr> <tr> <td><input type="checkbox"/> USE FIRST DESTROY:</td> <td><input type="checkbox"/> OTHER (SPECIFY)</td> </tr> <tr> <td><input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE</td> <td></td> </tr> <tr> <th colspan="2">STOCKING POINT</th> </tr> <tr> <td><input checked="" type="checkbox"/> WAREHOUSE</td> <td><input type="checkbox"/> SUPPLY ROOMS</td> </tr> <tr> <td colspan="2">PROMULGATING OFFICE (ONLY)</td> </tr> </table>		STATUS OF EXISTING STOCK		<input type="checkbox"/> USE FIRST DESTROY:	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE		STOCKING POINT		<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS	PROMULGATING OFFICE (ONLY)	
STATUS OF EXISTING STOCK															
<input type="checkbox"/> USE FIRST DESTROY:	<input type="checkbox"/> OTHER (SPECIFY)														
<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE															
STOCKING POINT															
<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS														
PROMULGATING OFFICE (ONLY)															

NRC FORM 197 (1081)	U.S. NUCLEAR REGULATORY COMMISSION TECHNICAL ASSIGNMENT CONTROL FORM	FACS NUMBER _ _ _ _ _ _ _ _ _ _ _ _ _ _
NEW ASSIGNMENT	NEW INFORMATION	

SECTION I: REQUEST DATA

PREPARED BY			DATE PREPARED* MO DAY YR		
FACILITY NAME AND ASSIGNMENT TITLE (Limit to 120 characters)*			PLANNED ACCOMPLISHMENT NUMBER*		
REQUEST CONTACT*	REQUESTER'S INITIALS	REQUESTING ORGANIZATION*	REQUESTING TARGET DATE MO DAY YR		
REQUESTING REMARKS (Limit to 120 characters)			MULTI-PLANT ACTION NUMBER		

SECTION II: SYSTEMS CONTROL DATA

A. OPERATING REACTOR ACTIONS					
PRIORITY					DOCKET*
1 <input type="checkbox"/>		2 <input type="checkbox"/>		3 <input type="checkbox"/>	
INITIATION DATE* MO DAY YR	AMENDMENT FEE CLASS*			IV <input type="checkbox"/>	
			N/A <input type="checkbox"/>		
B. TOPICAL REPORT REVIEWS					
VENDOR'S NAME				REPORT IDENTIFICATION SYMBOL (A) PROPRIETARY (P)	
REPORT DATE MO DAY YR	ADDITIONAL INFORMATION REQUEST DATE MO DAY YR			(A) NON PROPRIETARY VERSION (N/P)	
SUBMIT DATE MO DAY YR	LETTER TO VENDOR DATE MO DAY YR	ACCEPTED		(A) NON PROPRIETARY REPORT	
		NOT ACCEPTED			
		WITHDRAWN			

SECTION III: REVIEW DATA

REVIEWER'S SURNAME	(A) REVIEWER'S INITIALS*	(B) ESTIMATED HOURS	COMPLETION DATE	
			(C) ESTIMATED MO DAY YR	(D) ACTUAL MO DAY YR

NRC FORM 197 (1081) *REQUIRED ENTRIES

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SKETCH <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)	Sheet	10-81

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 197B

NRC Form 197B (11-82)		U.S. NUCLEAR REGULATORY COMMISSION			FAC NUMBER		
NMSS ACTIVITY ASSIGNMENT CONTROL FORM					L		
NEW ASSIGNMENT <input type="checkbox"/>		NEW INFORMATION <input type="checkbox"/>			*REQUIRED ENTRIES		
PREPARED BY							
(A1) TITLE GENERAL DESCRIPTION (Use in (20) space)						(A2) PPSAS NUMBER	
(A3) REQUEST CONTACT		(A4) REQUESTER'S INITIALS		(A5) REQUESTING ORGANIZATION		(A6) ACTIVITY CODE	
(A7) DATE PREPARED		(A8) APPROVED TARGET DATE		(A9) PROPOSED TARGET DATE		(A10) ACTUAL COMPLETION DATE	
MO.	DAY	YR.	MO.	DAY	YR.	MO.	DAY
REVIEWER'S SURNAME	(C4) REVIEWER'S INITIALS		(C5) ESTIMATED HOURS	COMPLETION DATE			
LEAD REVIEWER				(C6) ACTUAL	MO.	DAY	YR.

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET	PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	11-82
<input type="checkbox"/> CARD						
<input type="checkbox"/> LABEL						
<input type="checkbox"/> PC (Postal Card)						
<input type="checkbox"/> TC (Tab Card)						

DATE		CASEWORK CONTROL FIELD		REQUEST		REV	
		DOCKET NUMBER		TYPE NUMBER		TYPE	
U.S. NUCLEAR REGULATORY COMMISSION CASEWORK CONTROL - NMSS (PPSAS) (*Required Entries)				<input type="checkbox"/> NEW RECORD <input type="checkbox"/> REPLACE INFO			
PROJECT DESCRIPTION (120 Characters)				CITY (15 Characters)		ZIP CODE (5 Characters)	
FACILITY NAME (30 Characters)		COUNTY (8 Characters)		STATE (2 Characters)		ZIP CODE (5 Characters)	
A3 *PPSAS NUMBER		A4 *APPLICATION DATE YEAR MONTH DAY		A5 *RECEIPT DATE YEAR MONTH DAY		A6 *COMPLETION DATES A7 ESTIMATED A8 ACTUAL YEAR MONTH DAY YEAR MONTH DAY	
A16 NRC NUMBER		A17 PROJECT HOURS A18 A19 A20 A21 A22 FEE NUMBERS		A23 *FEE INDI TOR FEE AMOUNT		A24 *INITIALS A10 A11 Br. Chief Proj. Mgr.	
*B1 MILESTONE NUMBER		*B2 MILESTONE DESCRIPTION (34 Characters)		MILESTONE DATES B3 ESTIMATED B4 ACT. (CUM) TOR YEAR MONTH DAY YEAR MONTH DAY		MILESTONE DATES B5 ORIGINAL B6 CURRENT B7 ACTUAL YEAR MONTH DAY YEAR MONTH DAY YEAR MONTH DAY	
*REVIEWER INITIALS (Up to 10) C1/C6 C4/C9 C2/C7 C5/C10 C3/C8							
B10 STATUS (25 characters) T. INCLUDE ASSOCIATED MILESTONE NUMBER							

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)		NMSS			Sheet	8-81
		STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		OTHER (SPECIFY)		
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC Form 197D (12-82)	TASK CONTROL Office of Nuclear Regulatory Research	U.S. NUCLEAR REGULATORY COMMISSION TASK NUMBER	
REQUESTER _____ ORGANIZATION _____		FIN _____	
BRANCH CHIEF _____		DECISION UNIT/PLANNED ACCOMP. NO. _____	
TASK TITLE (100 Characters) (Include CFR Cit., R. G. No., and Rev. No.)			
TASK SCOPE (200 Characters)			
TASK ACTION (Check one)			
<input type="checkbox"/> INITIATE NEW TASK <input type="checkbox"/> SCHEDULE OUT OF HOLD <input type="checkbox"/> SCHEDULE AFTER PUBLIC COMMENT PERIOD			
RES APPROVALS			
TASK LEADER _____ DATE _____	TECHNICAL EDITING SECTION LEADER (if editorial service is scheduled) _____ DATE _____		
BRANCH CHIEF _____ DATE _____	DEPUTY DIVISION DIRECTOR _____ DATE _____		
USER OFFICE APPROVALS (New Task Initiation Only)			
OFFICE/DIVISION (Check applicable)	APPROVAL	DATE	COGNIZANT INDIVIDUAL
<input type="checkbox"/> NRR			
<input type="checkbox"/> NMSS			
<input type="checkbox"/> IE			
<input type="checkbox"/> (Check applicable)			
COMMENTS			

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	RES	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	12-82
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC Form 197D (12-82)		U.S. NUCLEAR REGULATORY COMMISSION							
TASK CONTROL MILESTONES									
(WHEN APPLICABLE)									
MILESTONE NUMBER	DESCRIPTION	COMPLETION DATE			MILESTONE NUMBER	DESCRIPTION	COMPLETION DATE		
		MO	DAY	YR			MO	DAY	YR
	PETITION FOR RULEMAKING (EDO OR COMMISSION ACTION)					DRAFT GUIDE (ALL OTHERS)			
20	TFC APPROVED				20	TFC APPROVED			
103	INITIAL STAFF PAPER COMPLETE (INFO COPY TO CRGR/ACRS)*				100	INITIAL DRAFT COMPLETE			
400	FINAL REVIEW (AND AGREEMENT STATE REVIEW)* COMPLETE				480	DIVISION REVIEW COMPLETE			
495	RESOLUTION OF COMMENTS COMPLETE				495	RESOLUTION OF COMMENTS COMPLETE (TO EDITING)			
729	OFFICE CONCURRENCE				496	ACRS REVIEW COMPLETE*			
852	CRGR REVIEW COMPLETE*				705	COMMENT RESOLUTION MEMO FOR DD SIGNED BY BC			
854	ACRS REVIEW COMPLETE*				710	CONCURRENCE BY LEAD DIVISION IN USER OFFICE			
855	SUBMITTED TO EDO/COMMISSION				975	PRINTING & DISTRIBUTION AUTHORIZED BY RES DD			
1100	PROPOSED RULE OR NOTICE OF DENIAL PUBLISHED IN FEDERAL REGISTER				1000	PRINTED & ISSUED FOR COMMENT			
	ADVANCE NOTICE OF PROPOSED RULEMAKING (EDO OR COMMISSION ACTION)					ACTIVE GUIDE			
20	TFC APPROVED				1230	FORWARD GUIDE FOR DIV & ELD REVIEW (INFO COPY TO CRGR/ACRS)*			
102	INITIAL DRAFT COMPLETE (INFO COPY TO CRGR/ACRS)*				1480	DIVISION & ELD REVIEW COMPLETE			
440	FINAL DIVISION (AND AGREEMENT STATES)* REVIEW COMP				1490	SUBMISSION TO CRGR			
495	RESOLUTION OF COMMENTS COMPLETE				1492	CRGR REVIEW COMPLETE* (TO ACRS WINRR CONCUR)* (TO EDITING)			
500	OFFICE CONCURRENCE				1494	ACRS REVIEW COMPLETE*			
510	CRGR REVIEW COMPLETE*				1500	RESOLUTION OF COMMENTS COMPLETE			
510	ACRS REVIEW COMPLETE*				2790	COMMENT RESOLUTION MEMO FOR RES DIR SIGNED BY DD			
630	SUBMITTED TO EDO/COMMISSION				2760	OFFICE CONCURRENCE OBTAINED			
1200	ANPRM PUBLISHED IN FEDERAL REGISTER				3000	PRINTED AND ISSUED			
	PROPOSED RULE (EDO OR COMMISSION ACTION)					DRAFT ENVIRONMENTAL STATEMENT			
20	TFC PROPOSED				4080	DETERMINATION OF NEED/EA COMPLETE			
102	INITIAL DRAFT COMPLETE (INFO COPY TO CRGR/ACRS)*				4082	NOTICE OF INTENT ISSUED			
400	FINAL DIVISION (AND AGREEMENT STATES)* REVIEW COMPL				4084	SCOPING SUMMARY REPORT ISSUED			
495	RESOLUTION OF COMMENTS COMPLETE				4100	FIRST DRAFT OF DES COMPLETE			
729	OFFICE CONCURRENCE				4400	FINAL DIVISION REVIEW COMPLETE			
732	CRGR REVIEW COMPLETE*				4530	RESOLUTION OF COMMENTS COMPLETE (TO EDITING)			
734	ACRS REVIEW COMPLETE*				4580	DES PRINTED AND ISSUED			
735	SUBMITTED TO EDO/COMMISSION				4650	FEDERAL REGISTER NOTICE PUBLISHED			
1112	PROPOSED RULE PUBLISHED IN FEDERAL REGISTER					FINAL ENVIRONMENTAL STATEMENT			
	EFFECTIVE RULE (EDO OR COMMISSION ACTION)				4675	END OF DES COMMENT PERIOD			
1130	PREPARATION OF EFFECTIVE RULE COMPLETE (INFO COPY TO CRGR/ACRS)*				4690	FIRST DRAFT OF FES COMPLETE			
1400	FINAL DIVISION (AND AGREEMENT STATES)* REVIEW COMPL				5180	FINAL DIVISION REVIEW COMPLETE			
1500	RESOLUTION OF COMMENTS COMPLETE				5230	RESOLUTION OF COMMENTS COMPLETE (TO EDITING)			
1729	OFFICE CONCURRENCE				5240	ELD REVIEW COMPLETE			
1732	CRGR REVIEW COMPLETE*				5280	FES PRINTED AND ISSUED			
1734	ACRS REVIEW COMPLETE*				5500	FEDERAL REGISTER NOTICE PUBLISHED			
1790	SUBMITTED TO EDO/COMMISSION					STAFF REPORTS (PREPARED BY RES STAFF)			
2000	EFFECTIVE RULE PUBLISHED IN FEDERAL REGISTER				6070	TFC APPROVED			
	DRAFT GUIDE (CRGR REVIEW)				6095	INITIAL DRAFT COMPLETE			
20	TFC APPROVED				6470	DIVISION REVIEW COMPLETE			
102	INITIAL DRAFT COMPLETE (INFO COPY TO CRGR/ACRS)*				6485	RESOLUTION OF COMMENTS COMPLETE (TO EDITING)			
480	DIVISION REVIEW COMPLETE				6670	ELD REVIEW COMPLETE			
490	SUBMISSION TO CRGR/ACRS (WINRR CONCUR)				6700	DIVISION DIRECTOR'S MEMO COMPLETE			
492	CRGR REVIEW COMPLETE (TO ACRS WINRR CONCUR)* (TO EDITING)				7000	NUREG REPORT PRINTED AND ISSUED			
494	ACRS REVIEW COMPLETE*					CONTRACTOR REPORTS			
495	RESOLUTION OF COMMENTS COMPLETE				81000	PREPARE PROG ASSUMPTION LTR OR RPPA			
705	COMMENT RESOLUTION MEMO FOR DD SIGNED BY BC				81020	LET CONTRACT			
875	PRINTING AND DISTRIBUTION AUTHORIZED BY RES DD				81040	RECEIPT OF DRAFT REPORT			
1000	PRINTED AND ISSUED FOR COMMENT				81080	COMPLETE REVIEW OF DRAFT REPORT			
					81090	APPROPRIATE DISTRIBUTION OF CONTRACT REPORT			
					82000	NUREG REPORT PRINTED AND ISSUED			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 198

PART 1, FACE

NRC FORM 198 (7-78) NRCM 2101 U.S. NUCLEAR REGULATORY COMMISSION SECURITY CONTAINER INFORMATION INSTRUCTIONS 1. Complete Part 1. 2. Detach All Parts from Form Set. 3. Remove All Carbons.		1. BUILDING	2. ROOM NUMBER
		3. DATE COMBINATION LAST CHANGED	
4. CONTAINER NUMBER	5. OFFICE OR DIVISION	6. BRANCH OR SECTION	
7. IMMEDIATELY NOTIFY ONE OF THE FOLLOWING PERSONS, IF THIS CONTAINER IS FOUND OPEN AND UNATTENDED.			
EMPLOYER (List at least two persons)	WORK STATION	WORK PHONE	(Leave Blank)

NOTICE
 1. When the location of a repository is changed, notify the Division of Security.
 2. Combinations should be changed as follows:
 a. Every 12 months.
 b. Whenever persons having combination are reassigned, terminated, etc.
 c. Whenever combinations have been compromised.

WHEN USE OF THIS CONTAINER IS DISCONTINUED, PLEASE LOCK IN OPEN POSITION AND NOTIFY DIVISION OF SECURITY.
PART 1. ATTACH TO OUTSIDE OF SAFE.

PART 1, REVERSE

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e), 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 Nuclear Regulatory Commission on NRC Form 198. This information is maintained in a system of records designated as NRC-40 and described at 42 Federal Register 49097 (September 26, 1977).

- AUTHORITY** Sections 145 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2165 and 2201(i)), and Executive Order 11652.
- PRINCIPAL PURPOSE(S)** The information contained on this form is used in administering the NRC classified repository program by recording information concerning custodians of the repositories in order to protect classified information and material and to investigate matters relating to use of the repositories.
- ROUTINE USES** The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.
- WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** It is voluntary that you furnish the requested information. If the information is not furnished, you may be denied custody of the classified repository.
- SYSTEM MANAGER(S) AND ADDRESS** Director, Division of Security, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD 6 x 4" <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 3 (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2101 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0198	HD	7-78

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 198, PART 2

PART 2, FACE

NRC FORM 198 (7-78) NRCM 2101		U. S. NUCLEAR REGULATORY COMMISSION SECURITY CONTAINER INFORMATION INSTRUCTIONS		1. BUILDING	2. ROOM NUMBER
Complete the Container Combination on Reverse Side of this Copy.					
				COMBINATION LAST CHANGED	
4. CONTAINER NUMBER	5. OFFICE OR DIVISION	6. BUILDING OR SECTION			
7. IMMEDIATELY NOTIFY ONE OF THE FOLLOWING PERSONS, IF THIS CONTAINER IS FOUND OPEN AND UNATTENDED.					
EMPLOYER (List at least two persons)		WORK STATION	WORK PHONE	HOME PHONE	

SECRET
UNCLASSIFIED UNTIL FILLED IN

SEE REVERSE FOR
CONTAINER
COMBINATION
PART 2. INSERT IN ENVELOPE

PART 2, REVERSE

SECRET
UNCLASSIFIED UNTIL FILLED IN

CONTAINER COMBINATION

SECRET
UNCLASSIFIED UNTIL FILLED IN

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 198, PART 3

PART 3, FACE

NRC FORM 198 (7/78) HRCM 2107		U.S. NUCLEAR REGULATORY COMMISSION SECURITY CONTAINER INFORMATION INSTRUCTIONS		1. BUILDING	2. ROOM NUMBER
1. Insert the Completed Part 2 In Envelope. 2. Seal Envelope and Place in Security Container. 3. Notify Building Security/Guard Office.		3. DATE COMBINATION LAST CHANGED			
4. CONTAINER NUMBER	5. OFFICE OR DIVISION	6. BRANCH OR SECTION			
7. IMMEDIATELY NOTIFY ONE OF THE FOLLOWING PERSONS, IF THIS CONTAINER IS FOUND OPEN & UNATTENDED.					
EMPLOYER (List at least two persons)	WORK STATION	WORK PHONE	HOME PHONE		

SECRET
 UNCLASSIFIED UNTIL FILLED IN

WARNING
 WHEN COMBINATION ON REVERSE OF PART 2 IS ENCLOSED
 THIS ENVELOPE MUST BE SAFE-GUARDED IN ACCORDANCE
 WITH APPROPRIATE SECURITY REQUIREMENTS
PART 3 FORWARD TO BUILDING SECURITY/GUARD DESK.

PART 3, REVERSE

UNCLASSIFIED UNTIL FILLED IN
SECRET

SECRET
 UNCLASSIFIED UNTIL FILLED IN

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 199, FACE

NRC FORM 199 (2-76) NRCM 4109	U.S. NUCLEAR REGULATORY COMMISSION
PROBATIONARY PERIOD APPRAISAL	
NAME OF PROBATIONARY EMPLOYEE	PROBATIONARY PERIOD COMPLETION DATE
TO: SUPERVISOR'S NAME, OFFICE, DIVISION AND BRANCH; AND MAILING ADDRESS <div style="border: 1px solid black; width: 100%; height: 100%; display: flex; justify-content: space-between; align-items: center;"> { } </div>	

I. REQUEST FOR PROBATIONARY PERIOD APPRAISAL					
The employee named above will complete the required one-year probationary period on the date shown.					
Pursuant to NRC personnel management policies in Chapter 4109, the probationary employee's supervisor is responsible for appraising the employee's performance and certifying whether the employee's performance and conduct are satisfactory or less than satisfactory. This evaluation and certification should be accomplished by the eighth month of the employee's probationary period.					
Your appraisal of the employee should be made with careful reference to the requirements of the employee's job as stated in the position description.					
Please return this certification to the undersigned and do not hesitate to call me if any assistance is desired.					
Division of Organization and Personnel U.S. Nuclear Regulatory Commission Washington, D. C. 20555	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">PERSONNEL MANAGEMENT ANALYST</td> </tr> <tr> <td style="width:50%;">TELEPHONE NUMBER</td> <td style="width:50%;">DATE SIGNED</td> </tr> </table>	PERSONNEL MANAGEMENT ANALYST		TELEPHONE NUMBER	DATE SIGNED
PERSONNEL MANAGEMENT ANALYST					
TELEPHONE NUMBER	DATE SIGNED				

II. SUPERVISOR'S APPRAISAL AND CERTIFICATION	
I certify the above named probationary employee has been appraised by me against the requirements of the employee's position and is:	
<input type="checkbox"/> SATISFACTORY IN PERFORMANCE AND CONDUCT.	
<input type="checkbox"/> LESS THAN SATISFACTORY. A report of the employee's deficiencies is outlined below or attached.	
REMARKS:	
SUPERVISOR'S SIGNATURE	DATE SIGNED

NRC FORM 199 (2-76)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	APM:OP	NRCM 4109 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	2-76

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 199, REVERSE

Privacy Act Statement

Pursuant to 5 U.S.C. 552a(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 Nuclear Regulatory Commission on Form NRC-199. This information is maintained in a system of records designated as NRC-22 and described at 40 FEDERAL REGISTER 45342 (October 1, 1975).

1. Form Number:

NRC-199

2. Form Title:

Probationary Period Appraisal

3. Authority: Section 161(f), Atomic Energy Act of 1954, as amended, 42 U.S.C. 2201 (d).

4. Principal Purpose(s):

Information in this form is used by supervisors for reporting on the performance and conduct of employees during their period of probationary employment.

5. Routine Uses:

This information may be submitted to the Civil Service Commission in connection with grievances or complaints related to separation of probationary employees. In addition, the information may also be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about the employee.

6. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:

Disclosure of information is mandatory. Any supervisor refusing to furnish this information is subject to disciplinary action in accordance with NRC Manual Chapter 4171. Failure to provide the information will have no effect on the probationary employee.

7. Chief, Personnel Operations Branch
Division of Organization and Personnel
Office of Administration
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

FORM NRC-203
(1-75)

UNITED STATES
NUCLEAR REGULATORY COMMISSION

**AGREEMENT COVERING DISCOVERIES,
INVENTIONS, AND IMPROVEMENTS**

1. This Agreement is made by me with the United States Nuclear Regulatory Commission (hereinafter called the "Commission") in consideration of my engagement or employment by the Commission.
2. I hereby agree:
 - (a) To furnish the Commission with complete information on every invention, discovery or improvement, arising from or related to work conducted or sponsored by the Commission, and made or conceived by me during the period of my engagement or employment by the Commission;
 - (b) That the Commission shall have the sole power to determine whether or not and where a patent application shall be filed, and to determine the disposition of the title and the rights under any such invention, discovery or improvement, and under any application or patent that may result;
 - (c) That any claim for a pecuniary award or compensation under the Atomic Energy Acts of 1946 and 1954 hereby is waived with respect to such invention, discovery or improvement;
 - (d) That the judgment of the Commission on all such matters shall be accepted as final;
 - (e) To execute all documents and to do all things necessary or proper to carry out the judgment of the Commission. This will include aiding the Commission (at Government expense, by proper arrangement) in the prosecution of applications for patents, and in defense of the Government's rights, in any country.
3. The term "Commission" shall include any duly authorized representative of the United States Nuclear Regulatory Commission.

Witness _____

Date _____ (Signature) _____

CONSENT AND WAIVER

The foregoing Agreement of _____ is hereby consented to and approved this _____ day of _____ and all rights under any prior agreement are hereby waived to the extent of any conflict with such Agreement.

By _____
Its _____

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PREScribing DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:OP	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	1-75
STOCKING POINT					
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 204

SEE REVERSE PAGE

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 18½ x 11" <input type="checkbox"/> CARD PD/_____(Pad/Sheet per Pad) US/_____(Unit Sets/Number of Parts) MP/_____(Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/_____(Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC:DM		7540-00-NRC-0204X	HD	2-76
		STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST OTHER DESTROY: (SPECIFY)			
		<input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

		LEAVE CHART FOR _____ LEAVE YEAR												INSTRUCTIONS	
		U. S. NUCLEAR REGULATORY COMMISSION												Beginning with the first week of the Leave Year in January, enter the calendar dates of the weeks in the appropriate columns.	
NAME	Total Leave	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER		
		Week Beginning	Week Beginning	Week Beginning	Week Beginning	Week Beginning	Week Beginning	Week Beginning	Week Beginning	Week Beginning	Week Beginning	Week Beginning	Week Beginning	Week Beginning	Week Beginning
FOLD HERE															
														SIGNATURE OF APPROVING OFFICIAL	
														ORGANIZATIONAL UNIT	
														DATE	

NRC FORM 204
2/78

NOTE: This form is for use by supervisors to schedule the vacations and other planned absences of employees in the work unit. Its proper use should help to avoid employee forfeitures of leave at the end of the leave year.

UFC 8155-1

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552(a)(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 Nuclear Regulatory Commission on the form "Visitor Register." This information is maintained in a system of records designated as NRC-40 and described at 40 Federal Register 44533 (September 26, 1975).

1. **AUTHORITY** Sections 145 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2165 and 2201(i)), and Executive Order 11652.
2. **PRINCIPAL PURPOSE(S)** The information contained on this form is used in administering the NRC visitor control program by recording visitors entering and departing NRC offices and buildings in order to protect property, personnel, and classified information and material and to investigate matters relating to such entry. The register is also used to advise visitors of articles which are prohibited from NRC offices and buildings.
3. **ROUTINE USES** The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** It is voluntary that you furnish the requested information. If the information is not furnished, you may be denied admittance into an NRC office or building.
5. **SYSTEM MANAGER(S) AND ADDRESS** Director, Division of Security, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555

DPD 878 284

FORMS MANAGEMENT DATA						
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PREScribing DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET, 11 x 17", h to h	ADM:SEC	NRCM 2101	W7540-00-NRC-0205X	HD	2-76
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/_____ (Pad/Sheet per Pad)					
<input type="checkbox"/>	US/_____ (Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/_____ (Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/_____ (Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					
		STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
		STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 206

Name

See file

Date

Subject:

CONTROL CARD

NRC Form 206
(2-76)

U. S. NUCLEAR REGULATORY COMMISSION

FORMS MANAGEMENT DATA				1/83											
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE										
<input checked="" type="checkbox"/> SHEET, 5 x 3" <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input type="checkbox"/> US/_____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	SECY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">STATUS OF EXISTING STOCK</th> </tr> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> OTHER <i>(SPECIFY)</i> </td> </tr> <tr> <th colspan="2" style="text-align: center;">STOCKING POINT</th> </tr> <tr> <td style="width: 50%;"> <input type="checkbox"/> WAREHOUSE </td> <td style="width: 50%;"> <input type="checkbox"/> SUPPLY ROOMS </td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY) </td> </tr> </table>	STATUS OF EXISTING STOCK		<input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	<input type="checkbox"/> OTHER <i>(SPECIFY)</i>	STOCKING POINT		<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS	<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			Sheet	2-76
STATUS OF EXISTING STOCK															
<input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	<input type="checkbox"/> OTHER <i>(SPECIFY)</i>														
STOCKING POINT															
<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS														
<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)															

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 207

NRC FORM 207
(3-76)

U. S. NUCLEAR REGULATORY COMMISSION

SPECIAL MESSENGER SERVICE REQUEST

PICKUP FROM:

ITEM TO BE PICKED UP:

REQUESTED BY: _____ DATE _____

ROOM NUMBER _____ EXT _____

DELIVER TO:

REMARKS:

DATE OF PICKUP:

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET 5 1/2 x 8 1/2"	ADM:FOS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	7540-00-NRC-0207X	PD	3-76
<input type="checkbox"/>	CARD					
<input checked="" type="checkbox"/>	PD/100 (Pad/Sheet per Pad)					
<input type="checkbox"/>	US/ (Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/ (Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/ (Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)		STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 209


NRC FORM 209 (10-78)		U.S. NUCLEAR REGULATORY COMMISSION			
TRAVEL RESERVATIONS REQUEST					
TRAVELER'S NAME			HOME PHONE NO.		AMOUNT
DESTINATION			ADVANCE REQUESTED		\$
PURPOSE OF TRAVEL			DATE TICKET REQUIRED		DATE REQUIRED
AIRLINE RESERVATIONS					
AIRLINE FLIGHT NUMBER	DATE	DEPARTURE		ARRIVAL	
		AIRPORT	TIME	AIRPORT	TIME
LODGING RESERVATION					
NAME		LOCATION		DATE(S)	
RENTAL CAR RESERVATION					
RENTAL CAR REQUIRED			PICKUP AND RETURN POINT		
<input type="checkbox"/> NO <input type="checkbox"/> YES					
WHERE CAR WILL BE USED				APPROXIMATE MILEAGE	
TO BE ACCOMPANIED BY:					
REMARKS					

NRC FORM 209 (10-78)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 2 ____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	ADM:FOS:TS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	10-78

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 210

	UNITED STATES NUCLEAR REGULATORY COMMISSION WASHINGTON, D. C. 20555
<i>The enclosed material is sent to you in response to your request.</i>	
NRC FORM 210 (3-76) NRCM 0240	ACKNOWLEDGMENT/TRANSMITTAL

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 4 1/2 x 2 3/4" <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input type="checkbox"/> US/_____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC:DM	NRCM 0240 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0210X	HD	4-82

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 211, FACE

NRC FORM 211 (5-76)		U.S. NUCLEAR REGULATORY COMMISSION			
REQUEST FOR OFFICIAL CHANGE OF STATION ORDER INFORMATION IN ACCORDANCE WITH NRC TRAVEL REGULATIONS					
1. EMPLOYEE'S NAME			2. SOCIAL SECURITY NUMBER		
3. OFFICE/DIVISION		4. PRESENT DUTY STATION - AGENCY			
5. TRAVEL TO BEGIN ON OR ABOUT FOR EMPLOYEE		6. MODE OF TRAVEL FOR EMPLOYEE			
7. TRAVEL TO BEGIN ON OR ABOUT FOR DEPENDENTS		8. MODE OF TRAVEL FOR DEPENDENTS			
9. IF TWO AUTOMOBILES REQUIRED, STATE NEED FOR SECOND CAR					
10. TRAVEL FROM (CITY, COUNTY, STATE)		11. TRAVEL TO		12. DATE ONE YEAR AGREEMENT SIGNED	
13. LIST NAMES OF DEPENDENTS (Do not include married children or those 21 and over.)					
NAME	RELATIONSHIP	DATE OF BIRTH	NAME	RELATIONSHIP	DATE OF BIRTH
14.a. IF ROUND TRIP TO SEEK RESIDENCE REQUIRED <i>(New appointee not applicable)</i> <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			14.b. REASON ROUND-TRIP TO SEEK HOUSING REQUIRED		
14.c. MODE OF TRAVEL TO SEEK HOUSING			14.d. DATE(S) OF TRAVEL TO SEEK HOUSING		
15. TEMPORARY HOUSING REQUIRED <i>(New appointee not applicable)</i> <input type="checkbox"/> NO <input type="checkbox"/> WITH FAMILY <input type="checkbox"/> WITHOUT FAMILY				16. DATE OF MOVE	
17. ESTIMATED WEIGHT OF HOUSEHOLD EFFECTS	18.a. STORAGE REQUIRED <input type="checkbox"/> NO <input type="checkbox"/> YES		18.b. WHERE?	18.c. NUMBER OF DAYS STORAGE REQUIRED <input type="checkbox"/> 30 DAYS <input type="checkbox"/> 60 DAYS	
19. ANTICIPATED REAL ESTATE EXPENSE <i>(New appointee not applicable)</i>		19.a. ESTIMATED VALUE IF SELLING \$		19.b. ESTIMATED VALUE IF BUYING \$	
20. REMARKS					
21.a. SIGNATURE OF EMPLOYEE			22.a. SIGNATURE OF DIRECTOR OR DESIGNEE		
21.b. DATE			22.b. DATE		

NRC FORM 211 (5-76) SUPERSEDES AEC FORM HQ 2317

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:A	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0211X	HD	5-76

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 211, REVERSE

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(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 Nuclear Regulatory Commission on NRC Form 211. This information is maintained in a system of records designated as NRC-20 and described at 40 Federal Register 45342 (October 1, 1975).

1. **AUTHORITY** 5 U.S.C. 5701-9; Federal Travel Regulations (FTR); and FPMR 101-7.
2. **PRINCIPAL PURPOSE(S)** Information entered on this form is used to secure the required authorization, identification of traveler, and if required, travel advance funds.
3. **ROUTINE USES** Information from this form is used for preparation of NRC-279 (Request and Authorization for Official Travel) and NRC-279A (Request and Authorization for Official Travel (Change of Station)) which are used for transmittal to the U.S. Treasury to secure advance payments and to the Department of State for passports, if necessary, when travel is authorized. The information may also be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and Local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** It is voluntary that you furnish the requested information. If the requested information is not provided, however, authorization for official travel and reimbursement for expenses associated with such travel may be denied. Solicitation of the social security number is authorized under Executive Order 9397 dated November 22, 1943. The use of the social security number is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the social security number. Failure to provide the social security number may result in delayed processing.
5. **SYSTEM MANAGER(S) AND ADDRESS**
Controller, Office of the Controller
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 212, FACE

NRC FORM 212 (9-82) NRCM 4171	U.S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB 3150-0033	DATE _____ RETURN BY (Date) _____
QUALIFICATIONS INVESTIGATION		
The applicant named below has applied for a position in the NRC. Please rate the applicant against the items below in respect to the period of time you either supervised or were acquainted with the applicant. Include any comments you may feel are relevant. Please return the completed form to me by the return date indicated above, sealed in the enclosed envelope and marked <i>For Addressee Only</i> .		
TO: _____ _____ _____	APPLICANT'S NAME _____ POSITION APPLIED FOR _____ FROM: _____ PERSONNEL MANAGEMENT ANALYST DIVISION OF ORGANIZATION AND PERSONNEL U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555	
This form is used for investigating the qualifications of internal candidates for promotion/transfer and for external candidates for appointment. Items 22, 23 and 24 may be used by Personnel Management Analyst when additional items are required. The candidate should not be rated on those items which have been lined out by the Personnel Management Analyst as not applicable.	SUPERIOR ABOVE AVERAGE AVERAGE BELOW AVERAGE NO BASIS	
1. TECHNICAL COMPETENCE 2. EFFECTIVENESS IN MAKING DECISIONS OR RECOMMENDATIONS 3. ABILITY TO COMPREHEND PROBLEMS 4. EXTENT TO WHICH EMPLOYEE KEEPS ABREAST OF NEW DEVELOPMENTS 5. EFFECTIVE USE OF EQUIPMENT, MATERIALS AND TECHNIQUES RELATED TO WORK 6. THOROUGHNESS AND OBJECTIVITY IN CARRYING OUT WORK 7. ABILITY TO IDENTIFY PRIORITIES AND ORGANIZE WORK 8. ABILITY TO MEET DEADLINES 9. ABILITY TO SUPERVISE 10. ABILITY TO ESTABLISH EFFECTIVE WORK RELATIONSHIPS WITH a. SUBORDINATES b. CO WORKERS c. HIGHER LEVEL OFFICIALS d. REPRESENTATIVES OF INDUSTRY OR OTHER GOVERNMENT AGENCIES 11. ORAL EXPRESSION 12. WRITTEN EXPRESSION 13. ADAPTABILITY 14. EFFECTIVENESS IN TRAINING AND DEVELOPING SUBORDINATES 15. DEPENDABILITY 16. QUALITY OF WORK 17. INITIATIVE 18. CREATIVITY 19. AMOUNT OF WORK PRODUCED 20. ABILITY TO WORK EFFECTIVELY IN STRESSFUL SITUATIONS 21. WORK AND PERSONAL HABITS 22. _____ 23. _____ 24. _____ 25. HOW WOULD YOU RATE APPLICANT IN REGARD TO POTENTIAL FOR FILLING JOB FOR WHICH APPLIED? 26. WOULD YOU REHIRE THIS CANDIDATE? <input type="checkbox"/> YES <input type="checkbox"/> NO ADDITIONAL COMMENTS (Please continue on reverse)		
NOTE: Consistent with the Privacy Act of 1974, this evaluation may be revealed to the applicant upon his or her request. However, if you request, your identity and other identifying information will be kept confidential. Please indicate below whether you desire your identity to be kept confidential. This offer of confidentiality cannot be made to NRC supervisors completing this form. <input type="checkbox"/> MY IDENTITY MAY BE REVEALED <input type="checkbox"/> I REQUEST MY IDENTITY BE KEPT CONFIDENTIAL		
SIGNATURE _____	DATE _____	

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify) _____	ADM:OP	NRCM 4171 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) _____ STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	9-82

ADDITIONAL COMMENTS (Continued)

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552(a)(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 Nuclear Regulatory Commission on NRC Forms 212 and 212A. This information is maintained in systems of records designated as NRC-1, NRC-11, and NRC-28 and described at 40 Federal Register 45333, 45337, and 45344, respectively (October 1, 1975).

1. **AUTHORITY.** Section 161(d) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2201(d)), and 5 U.S.C. 1302.
2. **PRINCIPAL PURPOSE(S).** Information entered on this form is used to determine qualifications and suitability of applicants for employment with the NRC and of current NRC employees for reassignment, reinstatement, transfer, and promotion. The completed form may be used to examine, rate, and/or assess the employee's or prospective employee's qualifications.
3. **ROUTINE USES.** Information entered on this form is used by the Office of Personnel Management to resolve complaints and grievances regarding employment and promotion selections, and for audit and review. Information is also furnished to other Federal agencies relative to transfer or consideration of employment.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION.** Completion of this form by NRC supervisors on employees currently or formerly under their supervision is mandatory. Failure to complete the form may result in disciplinary action under NRC Manual Chapter 4171. Completion of the form by all other individuals is voluntary; however, failure to supply the requested information may result in the individual not receiving full consideration for the potential job.
5. **SYSTEM MANAGER(S) AND ADDRESS.** Chief, Staffing and Position Evaluation Branch or Chief, Personnel Resources and Employment Programs Branch, Division of Organization and Personnel, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 212A, FACE

NRC FORM 212A (9-82) NRCM 4171	U.S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB 3150-0034	DATE _____ RETURN BY: (Date) _____
QUALIFICATIONS INVESTIGATION		
The applicant named below has applied for a secretarial/clerical position in the NRC. Please rate the applicant against the items below in respect to the period of time you either supervised or were personally acquainted with the applicant. Include any comments you may feel are relevant. Please return the completed form to me by the return date indicated above, sealed in the enclosed envelope and marked <i>For Addressee Only</i> .		
TO: _____ _____ _____	APPLICANT'S NAME _____ POSITION APPLIED FOR _____ FROM: _____ PERSONNEL MANAGEMENT ANALYST DIVISION OF ORGANIZATION AND PERSONNEL U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555	
This form is used for investigating the qualifications of internal candidates for promotion/transfer and for external candidates for appointment. Items 19, 20 and 21 may be used by Personnel Management Analyst when additional items are required. The candidate should not be rated on those items which have been lined out by the Personnel Management Analyst as not applicable.	SUPERIOR ABOVE AVERAGE AVERAGE BELOW AVERAGE NO BASIS	
1. QUALITY OF WORK		
2. AMOUNT OF WORK PRODUCED		
3. TYPING		
4. SHORTHAND		
5. EFFECTIVE USE OF EQUIPMENT, MATERIALS AND TECHNIQUES RELATED TO WORK		
6. THOROUGHNESS AND OBJECTIVITY IN CARRYING OUT WORK		
7. ABILITY TO IDENTIFY PRIORITIES AND ORGANIZE WORK		
8. ABILITY TO MEET DEADLINES		
9. OFFICE SKILLS (Filing, photocopying, answering phones, etc.)		
10. ABILITY TO ESTABLISH EFFECTIVE WORK RELATIONSHIP WITH:		
a. CO WORKERS		
b. HIGHER LEVEL OFFICIALS		
c. REPRESENTATIVES OF INDUSTRY OR OTHER GOVERNMENT AGENCIES		
11. ORAL EXPRESSION		
12. WRITTEN EXPRESSION		
13. ADAPTABILITY		
14. DEPENDABILITY		
15. INITIATIVE		
16. CREATIVITY		
17. ABILITY TO WORK EFFECTIVELY IN STRESSFUL SITUATIONS		
18. WORK AND PERSONAL HABITS		
19.		
20.		
21.		
22. HOW WOULD YOU RATE APPLICANT IN REGARD TO POTENTIAL FOR FILLING JOB FOR WHICH APPLIED?		
23. WOULD YOU REHIRE THIS CANDIDATE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
24. RELATIONSHIP TO APPLICANT	<input type="checkbox"/> SUPERVISOR <input type="checkbox"/> CO-WORKER <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> OTHER (Specify)	
ADDITIONAL COMMENTS (Please continue on reverse)		
NOTE: Consistent with the Privacy Act of 1974, this evaluation may be revealed to the applicant upon his or her request. However, if you request, your identity and other identifying information will be kept confidential. Please indicate below whether you desire your identity to be kept confidential. This offer of confidentiality cannot be made to NRC supervisors completing this form.		
<input type="checkbox"/> MY IDENTITY MAY BE REVEALED <input type="checkbox"/> I REQUEST MY IDENTITY BE KEPT CONFIDENTIAL		
SIGNATURE _____	DATE _____	

NRC FORM 212A (9-82)

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:OP	NRCM 4171 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0212A	HD	9-82

ADDITIONAL COMMENTS (Continued)

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. §52(a)(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 Nuclear Regulatory Commission on NRC Forms 212 and 212A. This information is maintained in systems of records designated as NRC-1, NRC-11, and NRC-28 and described at 40 Federal Register 45333, 45337, and 45344, respectively (October 1, 1975).

1. **AUTHORITY.** Section 161(d) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2201(d)), and 5 U.S.C. 1302.
2. **PRINCIPAL PURPOSE(S).** Information entered on this form is used to determine qualifications and suitability of applicants for employment with the NRC and of current NRC employees for reassignment, reinstatement, transfer, and promotion. The completed form may be used to examine, rate, and/or assess the employee's or prospective employee's qualifications.
3. **ROUTINE USES.** Information entered on this form is used by the Office of Personnel Management to resolve complaints and grievances regarding employment and promotion selections, and for audit and review. Information is also furnished to other Federal agencies relative to transfer or consideration of employment.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION.** Completion of this form by NRC supervisors on employees currently or formerly under their supervision is mandatory. Failure to complete the form may result in disciplinary action under NRC Manual Chapter 4171. Completion of the form by all other individuals is voluntary; however, failure to supply the requested information may result in the individual not receiving full consideration for the potential job.
5. **SYSTEM MANAGER(S) AND ADDRESS.** Chief, Staffing and Position Evaluation Branch or Chief, Personnel Resources and Employment Programs Branch, Division of Organization and Personnel, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 216

SEE REVERSE PAGE

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input type="checkbox"/> US/_____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ <u>2</u> (Multipage/Number of Parts), 14 x 10- <input type="checkbox"/> LABEL 3/4" <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:OP	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		MP/2	5-80	
		STOCKING POINT				
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				

ORGANIZATION AND PERSONNEL ACTIVITIES REPORT FOR _____

- 1/ Technical and professional include all engineering and scientific employees together with those at GS-9 and above in the administrative series, e.g., GG-301, 501.
- 2/ Appointments and separations (F-T Perm.) include actions that result in a gain or loss, e.g., LWOP, RTD, Conversions, Pay Adjustments.

ORGANIZATIONAL UNIT	AUTHOR-IZED STRENGTH	FULL-TIME PERMANENT EMPLOYEES				EEO PROGRAM RESULTS				2/ MONTH'S ACTIVITIES (Full-Time Permanent)			PART-TIME TEMP. AND WAE	CONSUL-TANTS	HANDICAPPED		
		TOTAL	TECHNICAL AND PRO-FESSIONAL	ADMIN AND CLERICAL	INTERN	MINORITY EMPL.		WOMEN		APPT.	SEP.	REASSIGNMENTS			FULL-TIME PERM.	PART-TIME TEMP & WAE	
						TOTAL ON BOARD	FY GOAL	TOTAL ON BOARD	FY GOAL			GAINS					LOSSES
COMMISSION																	
ACRS ASLBP ASLAP																	
BOARDS AND PANELS																	
SECRETARY INSPECTION AND AUDITOR PUBLIC AFFAIRS CONGRESSIONAL AFFAIRS GENERAL COUNSEL POLICY EVALUATION																	
COMMISSION STAFF UNITS																	
EXECUTIVE DIRECTOR FOR OPERATIONS																	
ADMINISTRATION EXEC. LEGAL DIR. AEOD CONTROLLER EQUAL EMPLOY. OPP. INTERNAT'L PROG. STATE PROGRAMS MGT. & PROG. ANAL. SOBU																	
EDO STAFF UNITS																	
STANDARDS DEV. NUC. REACTOR REG. NMSS NUCLEAR REG. RES. INSPEC. & ENFORCE.																	
PROGRAM UNITS																	
TOTAL																	
PERSONNEL OPERATIONS ACTIVITIES (Perm. & Temp.)	TOTAL	REMARKS															
ACCESSIONS																	
PROMOTIONS																	
WGIS																	
CONVERSIONS																	
MASS TRANSFERS																	
SEPARATIONS																	
RETIREMENTS																	
MISCELLANEOUS																	
GRAND TOTAL																	

NRC FORMS FACSIMILE HANDBOOK

RECRUITMENT ACTIVITIES	APPLICATIONS RECEIVED					INITIAL NRC INTEREST	APPLICANTS INTERVIEWED	APPLICANTS SCHEDULED FOR INTERVIEWS	HANDICAPPED APPLICANTS HIRED
	TOTAL	FEMALE	MINORITY	MINORITY FEMALE	HANDI- CAPPED				
PROFESSIONAL/SCIENTIFIC & TECHNICAL									
PROFESSIONAL/ALL OTHERS									
COLLEGE INTERN									
COLLEGE COOP									
CLERICAL									
TOTAL									

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 217

NRC FORM 217
(4-76)
NRCM 2101
(PENDING ISSUANCE)

U.S. NUCLEAR REGULATORY COMMISSION

LOST BADGE REPORT

LOST BADGE INFORMATION (Please type or print)		
TO: PROTECTION BRANCH DIVISION OF SECURITY	LAST NAME - FIRST NAME - MIDDLE INITIAL	
	ORGANIZATION	
	APPROXIMATE DATE OF LOSS	DATE OF REPORT
EXPLANATION OF LOSS		
<p>I certify the badge issued me for use was lost and the above information is true and correct to the best of my knowledge and belief. I understand the badge which I have reported as lost is the property of the United States Government and also understand its counterfeiting, alteration, or misuse is a violation of Sec. 499 and 701, Title 18 U.S. Code.</p> <p>If and when I recover the badge, I agree to return it, without fail to the office of issue. I am aware of the fact that retention may constitute illegal possession of government property.</p>		
(SIGNATURE)		
TO BE COMPLETED BY PROTECTION BRANCH PERSONNEL		INSERT NUMBER
RECORDS TO BE DOCUMENTED	REPORT OF LOST BADGE	RETURN OF LOST BADGE
NRC FORM 89, BADGE REQUEST		
INSERT ACCOUNTABILITY		
LOST BADGE REPORT		
INITIALS		
REMARKS		

NRC FORM 217 (4-76)

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>2</u> (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2101 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0217X	US/2	4-76

NRC FORM 219
(12-81)
NRCM 0507

U.S. NUCLEAR REGULATORY COMMISSION
OFFICE OF ADMINISTRATION

NOTICE

OF UNSAFE OR UNHEALTHFUL WORKING CONDITIONS

TO:	INSPECTION MADE	
	LOCATION	
	DATE	

On the basis of the above stated inspection, it was found that the following unsafe or unhealthy working condition exists:

LOCATION	BASIS FOR THIS NOTICE	DESCRIPTION	DATE FOR CORRECTION

NRC Manual 0507, Appendix III, Part B-2, requires that a copy of this notice be posted in a conspicuous place at or near each place that the condition shown exists. This notice must remain posted until the cited condition is corrected or for three (3) working days, whichever period is longer.

Not to be altered, defaced or covered by other material.

COPY DISTRIBUTION:

1. POSTING
2. OFFICIAL IN CHARGE
3. SAFETY COMMITTEE
4. SAFETY INSPECTOR
5. BUILDING MANAGER
6. SUSPENSE

INSPECTOR _____
DATE _____

NRC FORM 219 (12-81)

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:FOS:BO	NRCM 0507 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	12-81

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 220

NRC FORM 220
(9-79)

U. S. NUCLEAR REGULATORY COMMISSION

DATE

VEHICLE ASSIGNMENT LOG

LICENSE NO.		UNIT NO.	
IN	OUT	ASSIGNED TO	REMARKS

LICENSE NO.		UNIT NO.	
IN	OUT	ASSIGNED TO	REMARKS

LICENSE NO.		UNIT NO.	
IN	OUT	ASSIGNED TO	REMARKS

LICENSE NO.		UNIT NO.	
IN	OUT	ASSIGNED TO	REMARKS

LICENSE NO.		UNIT NO.	
IN	OUT	ASSIGNED TO	REMARKS

LICENSE NO.		UNIT NO.	
IN	OUT	ASSIGNED TO	REMARKS

LICENSE NO.		UNIT NO.	
IN	OUT	ASSIGNED TO	REMARKS

NRC FORM 220 (9-79)

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	ADM:FOS:B0	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	9-79
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/____ (Pad/Sheet per Pad)					
<input type="checkbox"/>	US/____ (Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/____ (Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/____ (Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					

FACE

PLACE THIS CARD UNDER YOUR TELEPHONE

QUESTIONS TO ASK	
1. WHEN IS BOMB GOING TO EXPLODE?	
2. WHERE IS IT RIGHT NOW?	
3. WHAT DOES IT LOOK LIKE?	
4. WHAT KIND OF BOMB IS IT?	
5. WHAT WILL CAUSE IT TO EXPLODE?	
6. DID YOU PLACE THE BOMB?	
7. WHY?	
8. WHAT IS YOUR ADDRESS?	
9. WHAT IS YOUR NAME?	
E. ACT WORDING OF THE THREAT	
SEX OF CALLER	RACE
AGE	LENGTH OF CALL
NUMBER AT WHICH CALL IS RECEIVED	
TIME	DATE
<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	___/___/___

NRC FORM 221
(4-76)

U.S. NUCLEAR REGULATORY COMM.

BOMB THREAT

REVERSE

CALLER'S VOICE	
<input type="checkbox"/> CALM <input type="checkbox"/> ANGRY <input type="checkbox"/> EXCITED <input type="checkbox"/> SLOW <input type="checkbox"/> RAPID <input type="checkbox"/> SOFT <input type="checkbox"/> LOUD <input type="checkbox"/> LAUGHTER <input type="checkbox"/> CRYING <input type="checkbox"/> NORMAL <input type="checkbox"/> DISTINCT <input type="checkbox"/> SLURRED	<input type="checkbox"/> NASAL <input type="checkbox"/> STUTTER <input type="checkbox"/> LISP <input type="checkbox"/> RASPY <input type="checkbox"/> DEEP <input type="checkbox"/> RAGGED <input type="checkbox"/> CLEARING THROAT <input type="checkbox"/> DEEP BREATHING <input type="checkbox"/> CRACKING VOICE <input type="checkbox"/> DISGUISED <input type="checkbox"/> ACCENT _____ <input type="checkbox"/> FAMILIAR
IF VOICE IS FAMILIAR, WHO DID IT SOUND LIKE? _____ _____	
BACKGROUND SOUNDS	
<input type="checkbox"/> STREET NOISE <input type="checkbox"/> HOUSE NOISE <input type="checkbox"/> ANIMAL NOISE <input type="checkbox"/> CROCKERY <input type="checkbox"/> VOICES <input type="checkbox"/> PA SYSTEM <input type="checkbox"/> MUSIC <input type="checkbox"/> MOTOR <input type="checkbox"/> OFFICE EQUIPMENT <input type="checkbox"/> FACTORY MACHINERY	<input type="checkbox"/> CLEAR <input type="checkbox"/> STATIC <input type="checkbox"/> LOCAL CALL <input type="checkbox"/> LONG DISTANCE <input type="checkbox"/> TELEPHONE BOOTH OTHER: _____ _____ _____
THREAT LANGUAGE	
<input type="checkbox"/> WELL SPOKEN (EDUCATED) <input type="checkbox"/> FOUL <input type="checkbox"/> IRRATIONAL OTHER: _____	<input type="checkbox"/> INCOHERENT <input type="checkbox"/> TAPED <input type="checkbox"/> MESSAGE READ BY THREAT MAKER
REMARKS: _____ _____ _____	
REPORT CALL IMMEDIATELY TO	
SECURITY OPERATIONS CENTER, PHILLIPS BUILDING	
PHONE NUMBER 492-7500	
PERSON RECEIVING CALL	
NAME _____	
POSITION _____	
PHONE NUMBER	DATE
_____	___/___/___

NRC FORM 221 (4-76)

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input checked="" type="checkbox"/> CARD 4 x 11" <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2101 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	7540-00-NRC-0221X	HD	4-76

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 225

NRC FORM 225 (1-76) NRCM 2101 (Pending Issuance)		U. S. NUCLEAR REGULATORY COMMISSION						
FILE SUMMARY SHEET								
LAST NAME	GIVEN NAME	MIDDLE NAME	DATE OF BIRTH	NRC NUMBER				
INITIAL PROCESSING			DATE	REMARKS				
TYPE OF CLEARANCE REQUESTED								
PSQ AND FP CARD FORWARDED TO <input type="checkbox"/> CSC <input type="checkbox"/> FBI <input type="checkbox"/> OTHER								
FINGERPRINT CARD RECEIVED								
REQUEST TO DISCONTINUE RECEIVED								
REQUEST TO REOPEN RECEIVED								
COMPLETED NAC RECEIVED								
COMPLETED FULL FIELD INVESTIGATION RECEIVED <input type="checkbox"/> CSC <input type="checkbox"/> FBI <input type="checkbox"/> OTHER								
ANALYSIS								
DEROGATORY INFORMATION	INITIALS	DATE						
NONE								
NONSUBSTANTIAL								
SUBSTANTIAL								
REFERRED TO:	INTERVIEWED	BOARD HEARING						
CLEARANCE ACTIONS								
OFFICE SYMBOL	TYPE CLEARANCE	CLEARANCES GRANTED			TERMINATIONS			EMPLOYER AND JOB TITLE
		ACTION ¹	DATE	INITIALS	ACTION ²	DATE	INITIALS	
¹ Insert: Grant, Reinstatement, Ext., or Transf. Accepted. ² Insert: Term., Canceled (No Hire), Transf. to (Area), or Denied.								REMARKS
ADDITIONAL INVESTIGATION								
ACTION	DATE REQUESTED		DATE RECEIVED					
	CSC	FBI						
ADDITIONAL INVESTIGATION								
SUPPLEMENTAL FOR REINSTATEMENT								
REINVESTIGATION								
FISCAL YEAR	DATE REQUESTED		DATE RECEIVED	DATE CLEARANCE CONTINUED				
	FIELD INVESTIGATION	F & FP CHECK ONLY						

NRC FORM 225 (1-76)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2101		Sheet	1-76
STATUS OF EXISTING STOCK					
		<input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	OTHER (SPECIFY)		
STOCKING POINT					
		<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 229

NRC FORM 229 (4-78)		U.S. NUCLEAR REGULATORY COMMISSION		QUARTER ENDING:	
IMPREST FUND BALANCE VERIFICATION QUARTERLY REPORT				ACTUAL DATE OF VERIFICATION:	
TO: Division of Accounting Office of the Controller U.S. Nuclear Regulatory Commission Washington, D.C. 20555			FROM: REPORTING OFFICE		
			REGION OR DIVISION		
			REPORTING OFFICIAL		
NAME OF CASHIER			LOCATION OF FUND		
AUTHORIZED AMOUNT OF IMPREST FUND					\$
FUND ACCOUNTABILITY					
CASH ON HAND					\$
<i>I, the undersigned, certify that the total cash on hand was counted in my presence and the amount recorded above is correct.</i>					
SIGNATURE OF DESIGNATED PRINCIPAL OR ALTERNATE CASHIER					
UNCASHED TREASURY CHECKS					
UNPAID REIMBURSEMENT VOUCHERS:					
SUBVOUCHER NUMBERS			INCLUSIVE PERIODS		
FROM	TO		FROM	TO	
A.					
B.					
C.					
TRAVEL ADVANCES					
LOCAL TRAVEL					
INTERIM RECEIPTS FOR CASH					
VOUCHERED RECEIPTS					
UNVOUCHERED RECEIPTS					
TOTAL FUND ACCOUNTABILITY					\$
DIFFERENCE					\$
EXPLANATION OF DIFFERENCE					
<p><i>We, the undersigned, certify that the cash stated above has been verified by actual count and that all the items, unless otherwise noted under EXPLANATION OF DIFFERENCE, have been found to be in agreement with the requirements contained in the Treasury Fiscal Requirements Manual, Part IV, Chapters 3000 and 4000.</i></p>					
SIGNATURE		TITLE		DATE	
VERIFIER					
WITNESS					

NRC FORM 229 (4-78)

FORMS MANAGEMENT DATA						1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE		STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	RM:A				Sheet	4-78
<input type="checkbox"/>	CARD						
<input type="checkbox"/>	PD/_____(Pad/Sheet per Pad)		STATUS OF EXISTING STOCK				
<input type="checkbox"/>	US/_____(Unit Sets/Number of Parts)		<input type="checkbox"/> USE FIRST	<input type="checkbox"/> OTHER			
<input type="checkbox"/>	MP/_____(Multipage/Number of Parts)		<input type="checkbox"/> DESTROY:	<i>(SPECIFY)</i>			
<input type="checkbox"/>	LABEL		<input type="checkbox"/> IMMEDIATELY				
<input type="checkbox"/>	PC (Postal Card)		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
<input type="checkbox"/>	TC (Tab Card)		STOCKING POINT				
<input type="checkbox"/>	TP/_____(Tab Paper/Number of Parts)		<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS			
<input type="checkbox"/>	ENVL		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	OTHER (Specify)	<input type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 231

SEE REVERSE PAGE

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____(Pad/Sheet per Pad) <input type="checkbox"/> US/_____(Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____(Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____(Tab Paper/Number of Parts) <input checked="" type="checkbox"/> ENVL, Chain, 12 x 16", green ink <input type="checkbox"/> OTHER (Specify)	EDO	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0231X	HD	10-75

NRC FORM 231
(10-75)

To Be Used Only for the Transmission of
EXECUTIVE CONTROLLED CORRESPONDENCE
Between Offices in the
U.S. NUCLEAR REGULATORY COMMISSION

EXPEDITE DELIVERY — OPEN IMMEDIATELY
CONTINUE ROUTING OF ENCLOSED CORRESPONDENCE
IN THIS ENVELOPE

1 USE BLOCKS CONSECUTIVELY		2 VOID PREVIOUS BLOCKS		3 WRITE CLEARLY	
NAME AND OFFICE		ROOM NUMBER AND BUILDING	NAME AND OFFICE		ROOM NUMBER AND BUILDING
1 NAME		RM. NO.	16 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
2 NAME		RM. NO.	17 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
3 NAME		RM. NO.	18 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
4 NAME		RM. NO.	19 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
5 NAME		RM. NO.	20 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
6 NAME		RM. NO.	21 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
7 NAME		RM. NO.	22 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
8 NAME		RM. NO.	23 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
9 NAME		RM. NO.	24 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
10 NAME		RM. NO.	25 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
11 NAME		RM. NO.	26 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
12 NAME		RM. NO.	27 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
13 NAME		RM. NO.	28 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
14 NAME		RM. NO.	29 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
15 NAME		RM. NO.	30 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.

CONTINUE ON REVERSE

To Be Used Only for the Transmission of
EXECUTIVE CONTROLLED CORRESPONDENCE
 Between Offices in the
 U.S. NUCLEAR REGULATORY COMMISSION

EXPEDITE DELIVERY — OPEN IMMEDIATELY
 CONTINUE ROUTING OF ENCLOSED CORRESPONDENCE
 IN THIS ENVELOPE

1 USE BLOCKS CONSECUTIVELY		2 VOID PREVIOUS BLOCKS		3 WRITE CLEARLY	
NAME AND OFFICE	ROOM NUMBER AND BUILDING	NAME AND OFFICE	ROOM NUMBER AND BUILDING	NAME AND OFFICE	ROOM NUMBER AND BUILDING
31 NAME _____	RM. NO. _____	41 NAME _____	RM. NO. _____		
OFFICE _____	BLDG. _____	OFFICE _____	BLDG. _____		
32 NAME _____	RM. NO. _____	42 NAME _____	RM. NO. _____		
OFFICE _____	BLDG. _____	OFFICE _____	BLDG. _____		
33 NAME _____	RM. NO. _____	43 NAME _____	RM. NO. _____		
OFFICE _____	BLDG. _____	OFFICE _____	BLDG. _____		
34 NAME _____	RM. NO. _____	44 NAME _____	RM. NO. _____		
OFFICE _____	BLDG. _____	OFFICE _____	BLDG. _____		
35 NAME _____	RM. NO. _____	45 NAME _____	RM. NO. _____		
OFFICE _____	BLDG. _____	OFFICE _____	BLDG. _____		
36 NAME _____	RM. NO. _____	46 NAME _____	RM. NO. _____		
OFFICE _____	BLDG. _____	OFFICE _____	BLDG. _____		
37 NAME _____	RM. NO. _____	47 NAME _____	RM. NO. _____		
OFFICE _____	BLDG. _____	OFFICE _____	BLDG. _____		
38 NAME _____	RM. NO. _____	48 NAME _____	RM. NO. _____		
OFFICE _____	BLDG. _____	OFFICE _____	BLDG. _____		
39 NAME _____	RM. NO. _____	49 NAME _____	RM. NO. _____		
OFFICE _____	BLDG. _____	OFFICE _____	BLDG. _____		
40 NAME _____	RM. NO. _____	50 NAME _____	RM. NO. _____		
OFFICE _____	BLDG. _____	OFFICE _____	BLDG. _____		

EXPEDITE

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 232

SERIALLY NUMBERED

FROM	ACTION CONTROL COMPL. DEADLINE	DATES	CONTROL NO. 16901
TO	INTERIM REPLY		DATE OF DOCUMENT
	FINAL REPLY		PREPARE FOR SIGNATURE OF
	FILE LOCATION		<input type="checkbox"/> CHAIRMAN
			<input type="checkbox"/> EXECUTIVE DIRECTOR
			OTHER
DESCRIPTION <input type="checkbox"/> LETTER <input type="checkbox"/> MEMO <input type="checkbox"/> REPORT <input type="checkbox"/> OTHER		SPECIAL INSTRUCTIONS OR REMARKS	
ASSIGNED TO	DATE	INFORMATION ROUTING	

EXECUTIVE DIRECTOR FOR OPERATIONS
PRINCIPAL CORRESPONDENCE CONTROL

DO NOT REMOVE THIS COPY

UNSERIALY NUMBERED

FROM	ACTION CONTROL COMPL. DEADLINE	DATES	CONTROL NO.
TO	INTERIM REPLY		DATE OF DOCUMENT
	FINAL REPLY		PREPARE FOR SIGNATURE OF
	FILE LOCATION		<input type="checkbox"/> CHAIRMAN
			<input type="checkbox"/> EXECUTIVE DIRECTOR
			OTHER
DESCRIPTION <input type="checkbox"/> LETTER <input type="checkbox"/> MEMO <input type="checkbox"/> REPORT <input type="checkbox"/> OTHER		SPECIAL INSTRUCTIONS OR REMARKS	
ASSIGNED TO	DATE	INFORMATION ROUTING	

EXECUTIVE DIRECTOR FOR OPERATIONS
PRINCIPAL CORRESPONDENCE CONTROL

DO NOT REMOVE THIS COPY

FORMS MANAGEMENT DATA				1783	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET	EDO		PW7540-00-NRC-0232W W7540-00-NRC-02320	HD	6-80
<input type="checkbox"/> CARD					
PD/____ (Pad/Sheet per Pad)					
<input checked="" type="checkbox"/> US/ 9 (Unit Sets/Number of Parts) , 8 x 5"					
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)					
<input type="checkbox"/> LABEL					
<input type="checkbox"/> PC (Postal Card)					
<input type="checkbox"/> TC (Tab Card)					
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)					
<input type="checkbox"/> ENVL					
<input type="checkbox"/> OTHER (Specify)					
			STATUS OF EXISTING STOCK		
			<input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY)		
			<input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY		
			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		
			STOCKING POINT		
			<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS		
			<input type="checkbox"/> PROMULGATING OFFICE (ONLY)		

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 234

NRC FORM 234 16 761		U.S. NUCLEAR REGULATORY COMMISSION	
BLUE BAG MAIL SERVICE			
Complete this Portion and Give to Mail Person with Material Being Mailed.			
TO:	SENT		
	DATE		
	TIME		
FROM:	RECEIVED		
	DATE		
	TIME		
	BY: (Signature)		

DO NOT KEEP BLUE BAG - Return it to the Mail Person

BLUE BAG MAIL SENDER'S RECEIPT	
SENT	
DATE	TIME
BY:	
TO:	

Detach and Retain Completed Stub for Record.

NRC FORM 234 16 761

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE		STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET CARD 8 X 3" w/perf at 5" <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)		7540-00-NRC-0234X	HD	6-76
		OTHER (SPECIFY)				

PLACE
POSTAGE
HERE

FASTEN HERE FOR
RETURN MAILING

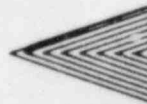
FOLD HERE

Division of Technical Information and
Document Control, 058
U.S. Nuclear Regulatory Commission
Washington, D. C. 20555

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555

TITLE

(SEE THE REVERSE OF THIS PART FOR LISTINGS)



IS THIS ADDRESS CORRECT
 YES
 NO, please indicate changes

To return the card, please reverse the fold, fasten and place postage in the space provided. Cards without postage cannot be accepted.

NRC FORM 235
(8-81)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PREScribing DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET 12 x 11"	ADM:TIDC:DM			Sheet	8-81
<input type="checkbox"/> CARD					
<input type="checkbox"/> PD/____ (Pad/Sheet per Pad)					
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)					
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)					
<input type="checkbox"/> LABEL					
<input type="checkbox"/> PC (Postal Card)					
<input type="checkbox"/> TC (Tab Card)					
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)					
<input type="checkbox"/> ENVL					
<input type="checkbox"/> OTHER (Specify)					
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST	<input type="checkbox"/> OTHER (SPECIFY)		
		<input type="checkbox"/> DESTROY:			
		<input type="checkbox"/> IMMEDIATELY			
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS			
		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 236
(5-79)
NRCM 2101

NRC FORM 236
U. S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

PERSONNEL SECURITY CLEARANCE REQUEST AND NOTIFICATION

PART I — REQUEST		
NAME LAST - FIRST - MIDDLE INITIAL		DATE OF REQUEST
SOCIAL SECURITY NUMBER	DATE OF BIRTH	Personnel security clearance action is requested for the individual identified herein. Preemployment reference checks as required by Manual Chapter 4108 have been made and found satisfactory.
DIVISION		
POSITION		ENCLOSURES: <input type="checkbox"/> PERSONNEL SECURITY QUESTIONNAIRE (Parts I & II) <input type="checkbox"/> FINGERPRINT CARD <input type="checkbox"/> SECURITY ACKNOWLEDGEMENT <input type="checkbox"/> AUTHORITY TO RELEASE INFORMATION <input type="checkbox"/> PHOTO BADGE REQUEST <input type="checkbox"/> FOREIGN RESIDENCE ADDENDUM <input type="checkbox"/> DATA REPORT ON SPOUSE <input type="checkbox"/> PERSONAL QUALIFICATIONS STATEMENT <input type="checkbox"/> OTHER (Specify):
<input type="checkbox"/> SENSITIVE ("Q") <input type="checkbox"/> NON-SENSITIVE ("L")		
TYPE OF ACTION REQUESTED: <input type="checkbox"/> INITIAL CLEARANCE <input type="checkbox"/> REINSTATEMENT OF CLEARANCE <input type="checkbox"/> UPGRADE OF CLEARANCE (Reassignment to a Sensitive Position) <input type="checkbox"/> DOWNGRADE OF CLEARANCE (Reassignment to a Non-Sensitive Position)		
REMARKS:		
DIVISION OF ORGANIZATION AND PERSONNEL (Signature)		

PART II — NOTIFICATION	
<input type="checkbox"/> Security approval has been given for employment of the above named individual in a position with sensitivity as indicated above. The appropriate level security clearance (i.e., "Q" or "L") will be granted the first day of employment.	
<input type="checkbox"/> Security approval has been given for the reassignment of the above named individual to a sensitive position. The following applies as indicated:	
<input type="checkbox"/> "Q" clearance is granted effective this date.	
<input type="checkbox"/> "L" clearance continues. You will be notified when "Q" clearance is granted.	
<input type="checkbox"/> Security records have been updated to reflect the reassignment of the above named individual to a non-sensitive position. "L" clearance is granted and "Q" clearance is terminated, both effective this date.	
REMARKS:	
It is the responsibility of the Division of Organization and Personnel to forward this information, either orally or in writing, to the requesting division. Notification to the individual may be made orally; in no case shall this notification be made in writing.	CASE FILE NUMBER EFFECTIVE DATE SIGNATURE DIVISION OF SECURITY

NRC FORM 236 (5-79)

FORMS MANAGEMENT DATA						
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 3 (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)		ADM:SEC	NRCM 2101 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	7540-00-NRC-0236X	HD	5-79

1/83

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 237, FACE

NRC FORM 237 (7-81) NRCM 2101		U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, D.C. 20545 APPROVED BY OMB 3150-0060 EXPIRES 4-30-83	
REQUEST FOR ACCESS AUTHORIZATION			
INSTRUCTIONS: Prepare in triplicate. Detailed instructions are on reverse.			1. DATE
2. TO: Chief Personnel Security Branch Division of Security U.S. Nuclear Regulatory Commission Washington, DC 20555		3. FROM:	
		4. SIGNATURE	
5. REQUEST THE BELOW NAMED APPLICANT, A U.S. CITIZEN, BE PROCESSED FOR AN NRC ACCESS AUTHORIZATION AT THE FOLLOWING LEVEL: <div style="text-align: center;"> <input type="checkbox"/> "Q" <input type="checkbox"/> "L" </div>			
6. NAME OF APPLICANT (Last, First, Middle)			7. DATE OF BIRTH
8. REMARKS:			
9. NRC SPONSORING OFFICE OR DIVISION (See instructions)		10. CONTRACT NUMBER OR OTHER IDENTIFYING NUMBER	
11. ENCLOSURES: <input type="checkbox"/> NRC FORM 1, PERSONNEL SECURITY QUESTIONNAIRE, (Part I) <input type="checkbox"/> NRC FORM 1, PERSONNEL SECURITY QUESTIONNAIRE, (Part II) (Sealed in NRC Form E-1, Envelope for Part II, Personnel Security Questionnaire.) <input type="checkbox"/> SF-88, DATA FOR NONSENSITIVE OR NONCRITICAL-SENSITIVE POSITION. <input type="checkbox"/> FD-258, FINGERPRINT CARDS (Two Copies). <input type="checkbox"/> NRC FORM 178, SECURITY ACKNOWLEDGEMENT. <input type="checkbox"/> NRC FORM 259, AUTHORITY TO RELEASE INFORMATION. <input type="checkbox"/> OTHER (Specify):		DO NOT WRITE IN THIS SPACE APPROVAL BY NRC SPONSORING OFFICIAL	

NRC FORM 237 (7-81)

FORMS MANAGEMENT DATA					
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, yellow, h to h <input type="checkbox"/> CARD <input checked="" type="checkbox"/> PD/ 50 (Pad/Sheet per Pad) <input type="checkbox"/> US/ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2101	7540-00-NRC-0237X	PD	7-81
STATUS OF EXISTING STOCK					
		<input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY:	<input type="checkbox"/> OTHER (SPECIFY)		
		<input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
STOCKING POINT					
		<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)		

1/83

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 237, REVERSE

INSTRUCTIONS

- A. **PURPOSE OF FORM:**
This form is to be used for requesting NRC access authorizations on personnel of NRC contractors, subcontractors, licensees, employees of other government agencies, or other individuals who are not applicants for employment with NRC.
- B. **WHO PREPARES FORM:**
The agency or firm employing the individual normally prepares this form (except in the case of a subcontractor in which case the prime contractor would prepare this form). The NRC Sponsoring Office or Division may prepare this form if it feels it would be more expedient.
- C. **APPROVALS REQUIRED:**
Item 4 must be signed by the agency or firm security officer (or other authorized official). If this request is in connection with an NRC contract, or anticipated contract (e.g. basic ordering agreement) Items 9 and 10 must be completed and the request must be approved in Item 12.
- D. **SUBMITTING REQUEST:**
All requests may be submitted to the address in Item 2; however, if approval in Item 12 is required, it would avoid delay in processing if this request is submitted through the approving official. Security forms completed by the applicant are to be firmly attached to this form.
- E. **PRIOR INVESTIGATIONS AND SECURITY CLEARANCES:**
To assist in the processing of this request, please list in Item 8:
1. Any prior investigations on the applicant. Give date, type (i.e. background investigation or national agency checks), and investigating agency; and,
 2. Any current or prior security clearances (i.e. access authorizations) held by the applicant with NRC or any other agency. Give dates held, level (i.e. Top Secret, Secret, Confidential, "Q", or "L"), and agency granting clearance.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 238

NRC FORM 238 (3-82) NRCM 0270	U.S. NUCLEAR REGULATORY COMMISSION
REQUEST FOR TELECOMMUNICATION SERVICES	
INSTRUCTIONS: Complete items 1 through 5. Retain the last copy, and forward the remaining three copies to the Telecommunications Branch. The third copy will be returned to the Contact indicating action and scheduled installation date. See NRCM 0270 for information on services.	
TO BE COMPLETED BY THE TELECOMMUNICATIONS BRANCH	
TO: TELECOMMUNICATIONS BRANCH, FOS, ADM	
1. DATE SERVICE REQUIRED	REQUISITIONING OFFICER
2. FROM (Person to Contact)	DATE VENDOR NOTIFIED
TELEPHONE NUMBER MAIL STOP	DATE BY WHICH WORK IS TO BE COMPLETED
ORGANIZATION (Office/Division/Branch)	BAC NUMBER BILLING NUMBER
3. DESCRIPTION OF SERVICES (Include Building, Room Number, Telephone and Station Number/Letter, Type of Telephone or Other Equipment, and Location Plan. When requesting data services, attach a Data Communications check list.)	
4. JUSTIFICATION (All auxiliary telephone station equipment and features, such as automatic dialing equipment, speaker phones, call directors, automatic ring lines (not lines, etc., must be justified on the basis of mission, goals, and operational need.)	
5. APPROVAL (Office/Division Director or Designee)	
SIGNATURE	TITLE DATE

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pa., <input checked="" type="checkbox"/> US/ 4 ____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:T	NRCM 0270 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	7540-00-NRC-0238X	HD	3-82
		STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 239

NRC FORM 239
(7-76)

U.S. NUCLEAR REGULATORY COMMISSION

CAR RENTAL PAYMENT

NAME	AUTH NO.	AMOUNT
		\$
ORGANIZATION CODE	R.A. NUMBER	TAX DED.
	3160200	\$

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:A	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	7540-00-NRC-0239X	HD	7-76
			STOCKING POINT		
			<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)		

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 240
(9-78)

NRC FORM 240
U.S. NUCLEAR REGULATORY COMMISSION

VOUCHER COVER SHEET

PURCHASE ORDER/CONTRACT NUMBER	
ALLOTMENT FUND CODE	
B & R NUMBER	
FIN	
FEE RETENTION	
DISCOUNT	
AMOUNT PAID	
PARTIAL	FINAL

GPO 885-206

FORMS MANAGEMENT DATA						1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE		STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	RM:A			7540-00-NRC-0240X	HD	9-78
<input type="checkbox"/>	CARD						
<input type="checkbox"/>	PD/_____(Pad/Sheet per Pad)		STATUS OF EXISTING STOCK				
<input type="checkbox"/>	US/_____(Unit Sets/Number of Parts)		<input type="checkbox"/> USE FIRST	OTHER			
<input type="checkbox"/>	MP/_____(Multipage/Number of Parts)		DESTROY:				
<input type="checkbox"/>	LABEL		<input type="checkbox"/> IMMEDIATELY	(SPECIFY)			
<input type="checkbox"/>	PC (Postal Card)		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
<input type="checkbox"/>	TC (Tab Card)		STOCKING POINT				
<input type="checkbox"/>	TP/_____(Tab Paper/Number of Parts)		<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS			
<input type="checkbox"/>	ENVL		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)				
<input type="checkbox"/>	OTHER (Specify)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 240A

NRC Form 240A
(9-82)

U.S. NUCLEAR REGULATORY COMMISSION

VOUCHER COVER SHEET

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
1																										
2																										
3																										
4																										
5																										
6																										
7																										
8																										

PURCHASE ORDER	
ALLOTMENT FUND CODE	
B&R NUMBER	
FIN	
FEE RETENTION	
DISCOUNT	
AMOUNT PAID	
PARTIAL	FINAL

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:D		W7540-00-NRC-0240A	HD	9-82
		STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 241

NRC FORM 241
(6-81)
10 CFR 150

FORM APPROVED BY OMB
3150-0013
EXPIRES 10-31-83

U.S. NUCLEAR REGULATORY COMMISSION

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

*PLEASE READ THE INFORMATION AND INSTRUCTIONS CONTAINED ON THIS COVER SHEET
BEFORE COMPLETING THE ATTACHED FORM.*

INSTRUCTIONS

Submit this Form and the Agreement State specific license in quadruplicate: at least 3 days prior to engaging in each activity permitted under the General License established by Sec. 150.20 of 10 CFR 150. Send to:

Director of the U.S. Nuclear Regulatory Commission Inspection and Enforcement Regional Office listed in Appendix D of Part 20 of this chapter for the region in which the Agreement State that issued the specific license is located.

Section 150.20 of 10 CFR 150 establishes a general license authorizing any person who holds a specific license from an "Agreement State" (a State with which the U.S. Nuclear Regulatory Commission has entered into an effective agreement under subsection 274b of the Atomic Energy Act of 1954) where the licensee maintains an office for directing the licensed activity and at which radiation safety records are normally maintained, to conduct the same activity in "Non-Agreement States" if the specific license issued by the Agreement State does not limit the authorized activity to specified installations or locations.

§ 150.20 Recognition of Agreement State licenses.

(a) Subject to the provisions of paragraph (b) of this section, any person who holds a specific license from an Agreement State where the licensee maintains an office for directing the licensed activity and at which radiation safety records are normally maintained, is hereby granted a general license to conduct the same activity in non-Agreement States. Provided, That the specific license does not limit the activity authorized by the license to specified installations or locations.

(b) Notwithstanding any provision to the contrary in any specific license issued by an Agreement State to a person who engages in activities in a non-Agreement State under a general license provided in this section, the general license provided in this section is subject to the provisions of §§ 30.14(d), 30.34, 30.41, and 30.51 to 30.63 inclusive of Part 30 of this chapter, §§ 40.41, 40.51, 40.61 to 40.63 inclusive, 40.71, and 40.81 of Part 40 of this chapter, and §§ 70.32, 70.42, 70.51 to 70.56 inclusive, 70.61, 70.62, and 70.71 of Part 70 of this chapter, and to the provisions of Parts 19, 20, and 71 and Subpart B of Part 34 of this chapter. In addition any person who engages in activities in non-Agreement States under a general license provided in this section:

(1) Shall, at least 3 days prior to engaging in each such activity, file four copies of NRC Form 241 (revised), "Report of Proposed Activities in Non-Agreement States," and four copies of his Agreement State specific license with the Director of the U.S. Nuclear Regulatory Commission Inspection and Enforcement Regional Office listed in Appendix D of Part 20 of this chapter for the region in which the

If the licensee, after filing this report, proposes to conduct activities in non-Agreement States not specified in this report, an amended NRC Form 241 should be filed with the Commission's Inspection and Enforcement Regional Office.

NOTE: ACTIVITIES, INCLUDING STORAGE, CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE ARE LIMITED TO A TOTAL OF 180 DAYS IN ANY CALENDAR YEAR.

Agreement State that issued the specific license is located. The Director of the Nuclear Regulatory Commission Inspection and Enforcement Regional Office may authorize such person to commence the activity upon notification by telephone of intent to conduct the proposed activity under the general license. Provided, however, That four copies of NRC Form 241 (revised) and four copies of the Agreement State license shall be filed within 3 days after the telephone notification. The Director of the Nuclear Regulatory Commission Inspection and Enforcement Regional Office may waive the requirement for filing additional NRC Form 241 (revised) during the remainder of the calendar year following the receipt of the initial NRC Form 241 (revised) from a person engaging in activities under the general license provided in this section.

(2) Shall not, in any non-Agreement State, transfer or dispose of radioactive material possessed or used under the general license provided in this section except by transfer to a person (i) specifically licensed by the Commission to receive such material, or (ii) exempt from the requirements for a license for such material under § 30.14 of this chapter;

(3) Shall not possess or use radioactive material, or engage in the activities authorized in paragraph (a) of this section for more than 180 days in any calendar year.

(4) Shall comply with all terms and conditions of the specific license issued by an Agreement State except such terms or conditions as are contrary to the requirements of this section.

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(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 Nuclear Regulatory Commission on NRC Form 241. This information is maintained in systems of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

1. AUTHORITY - Sections 81, 161(b), and 274 of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111, 2201(b), and 2021).
2. PRINCIPAL PURPOSE(S) - The information on NRC Form 241 informs the Nuclear Regulatory Commission of the general licensee's intent to conduct activities in non-Agreement States pursuant to 10 CFR 150.20 and the locations and scheduled dates for such activities. This information is used in the scheduling of compliance inspections where deemed necessary.
3. ROUTINE USES - The information may be used: (a) to provide records to State health departments for their information and use, and (b) to provide information to Federal, State, and local health officials, and other persons in the event of incident or exposure, for purposes of their information, investigation, and protection of public health and safety. The information may also be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.
4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION - Disclosure of the requested information is voluntary. If the requested information is not furnished, however, the individual is not authorized to conduct activities in non-Agreement States pursuant to the general license in 10 CFR 150.20.
5. SYSTEM MANAGER(S) AND ADDRESS: Director, Division of Fuel Cycle and Material Safety
Office of Nuclear Material Safety and Safeguards
U.S. Nuclear Regulatory Commission
Washington, DC 20555

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/ _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>6</u> (Unit Sets/Number of Parts) and <input checked="" type="checkbox"/> MP/ <u>2</u> (Multipage/Number of Parts) in one set, <input type="checkbox"/> LABEL <u>1</u> instruction page & 5 forms <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	IE	10 CFR 150 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		US/6	6-81

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 241
(6-81)
10 CFR 150

NRC FORM 241, PARTS 2 - 6
FORM APPROVED BY OMB
3150 0013
EXPIRES 10-31-83

U.S. NUCLEAR REGULATORY COMMISSION

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

(Please read the instructions on the cover sheet before completing this form.)

1. NAME OF LICENSEE <i>(Person or firm proposing to conduct the activities described below)</i>	2. ADDRESS OF LICENSEE <i>(Mailing address or other location where licensee may be located)</i>			
3. NAME OF PERSON AUTHORIZED BY LICENSEE TO PERFORM ACTIVITY	4. DESCRIPTION OF ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20			
5. LOCATIONS AT WHICH THESE ACTIVITIES WILL BE CONDUCTED AND DATES SCHEDULED.				
STREET AND NUMBER OR OTHER LOCATION <i>(Give as complete an address as possible)</i>	CITY AND STATE	DATES SCHEDULED		NO. OF DAYS
		FROM	TO	
6. LIST SEALED SOURCES OR DEVICES CONTAINING SEALED SOURCES, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED OR TESTED IN NON-AGREEMENT STATES. <i>(Include description of type and quantity of radioactive material contained in each sealed source or device.)</i>				
7. NUMBER OF SPECIFIC LICENSE AND NAME OF STATE ISSUING SUCH SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS THOSE SPECIFIED IN ITEM 4 ABOVE. <i>(Four copies of the specific license must accompany this report.)</i>				
CERTIFICATE				
8. I, THE UNDERSIGNED, HEREBY CERTIFY THAT:		DATE		
a. All information in this report is true and complete.		LICENSEE'S NAME (TYPE OR PRINT)		
b. I have read and understand the provisions of the general license 10 CFR 150.20 reprinted on the cover sheet of this form set, and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.		CERTIFYING OFFICIAL		
c. I understand that activities, including storage, conducted in non-Agreements under general license 10 CFR 150.20 are limited to a total of 180 days in any calendar year.		SIGNATURE		
		TITLE		

WARNING: 18 U.S.C., Section 1001, Act of June 25, 1948, 62 Stat. 749, makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 242

NRC Form 242 (8-81)		U.S. NUCLEAR REGULATORY COMMISSION	
SHUTTLE BUS PASS (NRC Headquarters)			
TO BE USED SOLELY FOR OFFICIAL BUSINESS. PASS CAN BE USED ONLY ON THE ISSUANCE DATE.			
NAME OF INDIVIDUAL PERFORMING TRAVEL		DATE ISSUED	
NAME OF OFFICIAL AUTHORIZING PASS			
SIGNATURE OF EMPLOYEE ISSUING PASS			

FORMS MANAGEMENT DATA							
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/>	SHEET, 4 x 3 1/2"	ADM:FOS		W7540-00-NRC-0242X	PD	8-81	
<input type="checkbox"/>	CARD						
<input checked="" type="checkbox"/>	PD/ 100 (Pad/Sheet per Pad)		STATUS OF EXISTING STOCK				
<input type="checkbox"/>	US/ (Unit Sets/Number of Parts)		<input type="checkbox"/> USE FIRST				OTHER (SPECIFY)
<input type="checkbox"/>	MP/ (Multipage/Number of Parts)		<input type="checkbox"/> DESTROY:				
<input type="checkbox"/>	LABEL		<input type="checkbox"/> IMMEDIATELY				
<input type="checkbox"/>	PC (Postal Card)		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
<input type="checkbox"/>	TC (Tab Card)		STOCKING POINT				
<input type="checkbox"/>	TP/ (Tab Paper/Number of Parts)		<input checked="" type="checkbox"/> WAREHOUSE				<input type="checkbox"/> SUPPLY ROOMS
<input type="checkbox"/>	ENVL		PROMULGATING OFFICE (ONLY)				
<input type="checkbox"/>	OTHER (Specify)						

NRC FORM 244
(10-82)
10CFR 40

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB
3150-0020

REGISTRATION CERTIFICATE—USE OF DEPLETED URANIUM
UNDER GENERAL LICENSE

Section 40.25 of 10 CFR Part 40 establishes a general license authorizing the use of depleted uranium contained in industrial products or devices for mass-volume applications. This NRC Form 244 shall be submitted within 30 days after the first receipt or acquisition of such depleted uranium.

3. I hereby file NRC Form 244 pursuant to § 40.25 of 10 CFR Part 40, for use of depleted uranium contained in industrial products or devices for mass-volume applications.
4. To be completed by the Nuclear Regulatory Commission.

INSTRUCTIONS

1. Submit this form in triplicate to:
U.S. Nuclear Regulatory Commission
Director of Inspection and Enforcement
Washington, D.C. 20555

FILE NUMBER:
<i>(Leave this space blank—number to be assigned by NRC)</i>

2. Please print or type the name and address (including ZIP code) of the registrant for whom this form is filed. Position the first letter of the address below the left dot and do not extend the address beyond the right dot. (At NRC, a file number will be assigned and a copy of NRC Form 244 will be returned.)
5. Name and/or title, address, and telephone number of the individual duly authorized to act for and on behalf of the registrant in supervising the procedures identified in 10 CFR 40.25(c)(1)(ii).

6. Certification

I hereby verify that

- a. All information in this registration certificate is true and complete.
- b. The registrant has developed and will maintain procedures designed to establish physical control over the depleted uranium described in 10 CFR 40.25(a) and designed to prevent transfer of such depleted uranium in any form, including metal scrap, to persons not authorized to receive the depleted uranium.
- c. I understand that Commission regulations require that any changes in information furnished by a registrant on this registration certificate be reported in writing to the Director of Inspection and Enforcement within 30 days after the effective date of such change.
- d. I understand that the registrant is required to comply with the provisions of Section 40.25 of the NRC's regulation 10 CFR Part 40 (reprinted on the reverse side of this form) with respect to all depleted uranium which the registrant receives, acquires, uses, or transfers under the general license for which this registration certificate is filed with the Nuclear Regulatory Commission.

DATE: _____

BY: _____
(Signature of person filing form)

(Printed name and title of person filing form)

WARNING: 18 U.S.C., Section 1001, Act of June 25, 1948, 62 Stat. 749, makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ <u>2</u> (Multipage/Number of Parts) <u>1</u> form, LABEL <u>h</u> to <u>h</u> x <u>3</u> <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER <i>(Specify)</i>	RES	10 CFR 40 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER DESTROY: <i>(SPECIFY)</i> <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		MP/2	10-82

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 244, REVERSE

§ 40.25 General license for use of certain industrial products or devices.

(a) A general license is hereby issued to receive, acquire, possess, use, or transfer, in accordance with the provisions of paragraphs (b), (c), (d), and (e) of this section, depleted uranium contained in industrial products or devices for the purpose of providing a concentrated mass in a small volume of the product or device.

(b) The general license in paragraph (a) of this section applies only to industrial products or devices which have been manufactured or initially transferred in accordance with a specific license issued pursuant to § 40.34(a) or in accordance with a specific license issued by an Agreement State which authorizes manufacture of the products or devices for distribution to persons generally licensed by the Agreement State.

(c)(1) Persons who receive, acquire, possess, or use depleted uranium pursuant to the general license established by paragraph (a) of this section shall file NRC Form 244, "Registration Certificate—Use of Depleted Uranium Under General License," with the Director of Inspection and Enforcement, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. The form shall be submitted within 30 days after the first receipt or acquisition of such depleted uranium. The registrant shall furnish on NRC Form 244 the following information and such other information as may be required by that form:

(i) Name and address of the registrant.

(ii) A statement that the registrant has developed and will maintain procedures designed to establish physical control over the depleted uranium described in paragraph (a) of this section and designed to prevent transfer of such depleted uranium in any form, including metal scrap, to persons not authorized to receive the depleted uranium; and

(iii) Name and/or title, address, and telephone number of the individual duly authorized to act for and on behalf of the registrant in supervising the procedures identified in paragraph (c)(1)(ii) of this section.

(2) The registrant possessing or using depleted uranium under the general license established by paragraph (a) of this section shall report in writing to the Director of Inspection and Enforcement, any changes in information furnished by him in the NRC Form 244 "Registration Certificate—Use of Depleted Uranium Under General License." The report shall be submitted within 30 days after the effective date of such change.

(d) A person who receives, acquires, possesses, or uses depleted uranium pursuant to the general license established by paragraph (a) of this section:

(1) Shall not introduce such depleted uranium, in any form, into a chemical, physical, or metallurgical treatment or process, except a treatment or process for repair or restoration of any plating or other covering of the depleted uranium.

(2) Shall not abandon such depleted uranium.

(3) Shall transfer or dispose of such depleted uranium only by transfer in accordance with the provisions of § 40.51. In the case where the transferee receives the depleted uranium pursuant to the general license established by paragraph (a) of this section, the transferor shall furnish the transferee a copy of this section and a copy of NRC Form 244. In the case where the transferee receives the depleted uranium pursuant to a general license contained in an Agreement State's regulation equivalent to this section, the transferor shall furnish the transferee a copy of this section and a copy of NRC Form 244 accompanied by a note explaining that use of the product or device is regulated by the Agreement State under requirements substantially the same as those in this section.

(4) Within 30 days of any transfer, shall report in writing to the Director of Inspection and Enforcement the name and address of the person receiving the source material pursuant to such transfer.

(e) Any person receiving, acquiring, possessing, using, or transferring depleted uranium pursuant to the general license established by paragraph (a) of this section is exempt from the requirements of Parts 19, 20, and 21 of this chapter with respect to the depleted uranium covered by that general license.

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(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 Nuclear Regulatory Commission on NRC Form 244. This information is maintained in a system of records designated as NRC-32 and described at 41 Federal Register 42340 (September 27, 1976).

1. **AUTHORITY.** Sections 63, 65, and 161(b), (i), and (o) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2093, 2095, 2201(b), (i), and (o)).
2. **PRINCIPAL PURPOSE(S).** The information is evaluated by the NRC staff to determine whether the registrant understands that he is required to comply with the provisions of 10 CFR 40.25 with respect to all depleted uranium which he receives, acquires, uses, or transfers under the general license for which the registration certificate is filed with the NRC. The information will also facilitate subsequent communication with the general licensee.
3. **ROUTINE USES.** The information may be used to provide records to State health departments for their information and use. The information may also be disclosed to appropriate Federal, State, or local agencies in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION.** Disclosure of the requested information is mandatory. If the requested information is not furnished within 30 days of receipt of depleted uranium by the person possessing such depleted uranium, he is subject to criminal penalties under Section 223 of the Atomic Energy Act of 1954, as amended, and to civil penalties under Section 234 of the Act.
5. **SYSTEM MANAGER(S) AND ADDRESS.** Director, Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 245

<p>NRC FORM 245 (6-76)</p> <p style="text-align: center;">U.S. NUCLEAR REGULATORY COMMISSION</p> <p style="text-align: center;">REQUEST FOR BUILDING ALTERATIONS AND SERVICES</p>		<p style="text-align: center;">Retain last copy and SUBMIT IN TRIPLICATE</p> <p>TO: BUILDING AND OPERATIONS BRANCH DIVISION OF FACILITIES & OPERATIONS SUPPORT</p>	
REQUESTING ORGANIZATION		FOR BUILDING AND OPERATIONS BRANCH ONLY	
REQUEST DATE	TELEPHONE NO.	REQUEST NUMBER	APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>
REQUESTED BY:		JOB NUMBER	FUNCTIONAL CODE
APPROVED BY: (Signature)		REQUISITIONING OFFICER'S SIGNATURE	
TITLE		TITLE	
ORGANIZATION		DATE	
PLEASE FURNISH THE FOLLOWING SERVICE(S) NECESSARY FOR OFFICIAL USE.			
BUILDING	ROOM NUMBER(S)	PLANS ATTACHED YES <input type="checkbox"/> NO <input type="checkbox"/>	
DESCRIPTION AND JUSTIFICATION			
DATE COMPLETED	RECEIVED BY: (Signature)	DATE	

NRC FORM 245

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>4</u> (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:BO	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	7540-00-NRC-0245X	HD	6-76
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 246

SUBMIT ORIGINAL and ONE COPY with each request. ATTACH COPIES OF ALL KNOWN ORDER INFORMATION

1 AUTHOR OR EDITOR		2 DATE OF REQUEST	
3 TITLE OF BOOK OR JOURNAL <i>(include date or edition)</i>		4 PRICE <i>(if known)</i>	
5 NAME AND ADDRESS OF PUBLISHER			
6 REQUESTED FOR NAME		OFFICE/DIVISION	TELEPHONE NO
MAIL STOP			
7 RECOMMENDED FOR <input type="checkbox"/> HEADQUARTERS <input type="checkbox"/> BRANCH LIBRARY <input type="checkbox"/> OTHER _____		8 <input type="checkbox"/> REQUESTED FOR EXTENDED LOAN <i>(Written justification may be requested)</i>	
FOR LIBRARY USE			
9 COPIES <input type="checkbox"/> A OWNED BY LIBRARY <input type="checkbox"/> B ON ORDER <input type="checkbox"/> C NOT OWNED		10 CALL NUMBER	
11 ORDER FOR: <input type="checkbox"/> A CIRCULATION <input type="checkbox"/> B REFERENCE <input type="checkbox"/> C EXTENDED LOAN <input type="checkbox"/> D OTHER _____		12 ORDERED	
13 NOT ORDERED, SEE _____		_____	

NRC FORM 246
(6-76)

U.S. NUCLEAR REGULATORY COMMISSION

RECOMMENDATION FOR ACQUISITION OF LIBRARY MATERIALS

FORMS MANAGEMENT DATA				1/83									
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE								
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 3 (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER <i>(Specify)</i>	ADM:TIDC:L	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">STATUS OF EXISTING STOCK -</th> </tr> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE </td> <td style="width: 50%; vertical-align: top;"> OTHER <i>(SPECIFY)</i> </td> </tr> <tr> <th colspan="2" style="text-align: center;">STOCKING POINT</th> </tr> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> WAREHOUSE </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE <i>(ONLY)</i> </td> </tr> </table>	STATUS OF EXISTING STOCK -		<input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	OTHER <i>(SPECIFY)</i>	STOCKING POINT		<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE <i>(ONLY)</i>	W7540-00-NRC-0246X	HD	6-76
STATUS OF EXISTING STOCK -													
<input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	OTHER <i>(SPECIFY)</i>												
STOCKING POINT													
<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE <i>(ONLY)</i>												

NRC FORM 247
(11 76) T.S. TRANSACTION/RECEIPT RECORD

RECIPIENT ORGANIZATION	ADDRESS	DATE	ORGANIZATION
1. TRANSACTION TYPE	TRANSFER DATE	RECIPIENT'S ORGANIZATION	RECIPIENT'S SIGNATURE
2. TRANSFER (INTJ)	RECEIPT DATE	RECIPIENT'S CPG.	RECIPIENT'S SIGNATURE
3. DOWNGRADE			
4. TS TO TSD			
5. DECLASSIFICATION			
6. DESTRUCTION			
7. RET. C. U. RETURN			
8. RETIREMENT			
9. OTHER			
<input type="checkbox"/> RECLASSIFICATION OR <input type="checkbox"/> DESTRUCTION ONLY BELOW THIS LINE AUTHORIZATION SIGNATURE		RETURN SIGNED CARD TO THIS ADDRESS	INFORMATION SECURITY BRANCH DIVISION OF SECURITY U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555
NECC/HP 2447B	DATE	ORGANIZATION	

COLUMN CHARACTERS:

YR. 1-2
 MO. 3-4
 DA. 5-8
 TYPE MAT. 7-8
 ORG AGY. 9-10
 YR. 11-12
 CONTROL NO. 13-18
 COPY NO. 17-19
 NO. COPIES REC. 20-22
 CLASS 23
 DWGR. 24
 PRI. 25-27
 SEC. 28-30
 YR. 31-32
 MO. 33-34
 SUBJ. CODE 35-38
 TITLE 37-69
 AGY. 70-71
 EMPLOYEE NO. 72-75
 TR. 76
 SEQ. NO. 77-78

NECC/HP-2447B

NRC FORM 247, REVERSE

FORMS MANAGEMENT DATA		1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER
SHEET CARD	ADM:SEC	NRCM 2101	UNIT OF ISSUE
PD/ (Pad/Sheet per Pad)		STATUS OF EXISTING STOCK	EDITION DATE
US/ (Unit Sctg./Number of Parts)		USE FIRST DESTROY: IMMEDIATELY WHEN NEW STOCK IS AVAILABLE	TC
MP/ (Multiple/Number of Parts)		OTHER (SPECIFY)	12-76
LABEL		STOCKING POINT	
PC (Postal Card)		WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/>	
TC (Tab Card)		PROMULGATING OFFICE (OWL Y)	
TP/ (Tab Paper/Number of Parts)			
ENVL			
OTHER (Specify)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 247e

EXPEDITE

INFORMATION SECURITY BRANCH
 DIVISION OF SECURITY
 U.S. NUCLEAR REGULATORY COMMISSION

EXPEDITE

NRC FORM 247e
 (11-76)

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input checked="" type="checkbox"/> ENVL, 7 3/4 x 3 1/2", Red ink on OTHER (Specify) white envelope	ADM:SEC	NRCM 2101 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		ENVL	11-76
STOCKING POINT					
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					

EXPORT LICENSE

FORM NRC-250
(7-75)

NRC LICENSE NO.

THIS LICENSE EXPIRES _____

United States of America
Nuclear Regulatory Commission

Pursuant to the Atomic Energy Act of 1954, as amended, and the Energy Reorganization Act of 1974 and the regulations of the Nuclear Regulatory Commission issued pursuant thereto, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued

to the licensee authorizing the export of the materials and/or production or utilization facilities listed below, subject to the terms and conditions herein.

<p>LICENSEE</p> <p>NAME</p> <p>ADDRESS</p>		<p>ULTIMATE CONSIGNEE IN FOREIGN COUNTRY</p> <p>NAME</p> <p>ADDRESS</p>	
<p>INTERMEDIATE CONSIGNEE IN FOREIGN COUNTRY</p> <p>NAME</p> <p>ADDRESS</p>		<p>OTHER PARTIES TO EXPORT</p>	
<p>APPLICANT'S REF. NO.</p>		<p>COUNTRY OF ULTIMATE DESTINATION</p>	
<p>QUANTITY</p>	<p>DESCRIPTION OF MATERIALS OR FACILITIES</p>		
<p>Neither this license nor any right under this license shall be assigned or otherwise transferred in violation of the provisions of the Atomic Energy Act of 1954, as amended and the Energy Reorganization Act of 1974.</p> <p>This license is subject to the right of recapture or control by Section 108 of the Atomic Energy Act of 1954, as amended and to all of the other provisions of said Acts, now or hereafter in effect and to all valid rules and regulations of the Nuclear Regulatory Commission.</p>		<p>THIS LICENSE IS INVALID UNLESS SIGNED BELOW BY AUTHORIZED NRC REPRESENTATIVE</p> <p>DATE OF ISSUANCE _____</p>	

EXPORT LICENSE

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/11 (Unit Sets/Number of Parts) w/print on <input type="checkbox"/> MP/____ (Multipage/Number of Parts) reverse of LABEL Part 1 <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NMSS:FC	10 CFR 40 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	*W7540-00-NRC-0250X	HD	7-75

U.S. NUCLEAR REGULATORY COMMISSION
EXPORT LICENSE

Conditions License Number _____

Condition 1 — Licensee shall file with the Customs Officer or the Postmaster two copies, in addition to those otherwise required, of the Shipper's Export Declaration covering each export and mark one of such copies for transmittal to the U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. The following declaration should accompany or be placed on the Shipper's Export Declarations for such exports:

This shipment is being made pursuant to specific license number (**specific license number**) filed at (**location of Customs office where license is filed**), on (**date license was filed**). This license expires on (**expiration date of license**), and the unshipped balance remaining on this license is sufficient to cover the shipment described on this declaration.

Condition 2 — Exports authorized in any country or destination, except Country Groups Q, S, W, X, Y, and Z in Part 370, Supplement No. 1, of the Comprehensive Export Schedule of the U.S. Department of Commerce.

Condition 3 — This license covers only the nuclear content of the material.

Condition 4 — The material to be exported under this license shall be shipped in accordance with the physical protection requirements for special nuclear material in 10 CFR 73.

Condition 5 — Special nuclear material authorized for export under this license shall not be transported outside the United States in passenger carrying aircraft in shipments exceeding (1) 20 grams or 20 curies, whichever is less, of plutonium or uranium 233, or (2) 350 grams of uranium 235.

Condition 6 — This license authorizes export only and does not authorize the receipt, physical possession, or use of the nuclear material.

Condition 7 — The licensee shall complete and submit an NRC Form 741 for each shipment of source material exported under this license.

Condition 8 — The licensee shall advise the NRC in the event there is any change in the designation of the company who will package the nuclear material to be exported under this license, or any change in the location of the packaging operation, at least three weeks prior to the scheduled date of export.

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 11 (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	NMSS:FC	10 CFR 40 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	*W7540-00-NRC-0250A	HD	7-75

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 251

SERVICE REQUEST		DATE (CALLED)
PERSON CALLING	EXT.	TIME
REQUEST		ACTION DATE (REQUESTED)
REMARKS/MESSAGE		DISPOSITION
		ASSIGNED TO
		COMPLETED BY
		DATE

NRC FORM 251 (7-76) U. S. NUCLEAR REGULATORY COMMISSION

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/ _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>3</u> (Unit Sets/Number of Parts) 5 x 3" <input type="checkbox"/> MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	*W7540-00-NRC-0251X	HD	7-76
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC Form 252 10-82 NRCM 4154		U.S. NUCLEAR REGULATORY COMMISSION		DATE OF SUBMISSION	
NOMINATION FOR HIGH QUALITY INCREASE <i>(Prepare an original and one copy. See the instructions below.)</i>					
1. NAME OF NOMINEE			2. POSITION TITLE		3. GRADE LEVEL
4. ORGANIZATION (Office/Division/Branch)					
5. PERIOD OF SERVICE ON WHICH NOMINATION IS BASED		6. TIME IN		7. DATE AS AT PRESENT WITHIN GRADE TERM	8. RECOMMENDING OFFICIAL'S SUMMARY RATING
		A. PRESENT POSITION		B. PRESENT GRADE	
FROM	TO	FROM	TO	FROM	TO
9. JUSTIFICATION OR EVALUATION (Use a current performance appraisal as documentation for this section. If the appraisal is more than 60 days old, include the following):					
a. JOB ELEMENTS (List individual elements and provide scores for b. and c. below)					
b. STANDARD OF PERFORMANCE					
c. HOW PERFORMANCE EXCEEDED STANDARD					
11. RECOMMENDATION AND APPROVAL					
The position description and the performance standards for the position were thoroughly reviewed prior to the submission of this recommendation. I certify that the employee's performance has been appraised and meets the criteria for a high quality increase; that the employee's performance shows promise of continuation at this high level in the future; and that the employee is expected to remain for at least 60 days in the same position or in a similar position at the same level. Therefore a High Quality Increase is recommended.					
a. SIGNATURE - RECOMMENDING OFFICIAL (Supervisor)				DATE	
b. SIGNATURE - APPROVING OFFICIAL (Office/Division Director or Regional Administrator)				DATE	
c. SIGNATURE - CERTIFYING OFFICIAL (Division of Organization and Personnel)				DATE	
INSTRUCTIONS: Provide a citation of 100 words or less on the reverse. Send the original and one copy, along with a completed NRC Form 52, Request for Personnel Action, to the Division of Organization and Personnel.					

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET h to h	ADM:OP	NRCM 4154	W7540-00-NRC-0252X	HD	10-82
<input type="checkbox"/> CARD					
<input type="checkbox"/> PD/____ (Pad/Sheet per Pad)					
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)					
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)					
<input type="checkbox"/> LABEL					
<input type="checkbox"/> PC (Postal Card)					
<input type="checkbox"/> TC (Tab Card)					
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)					
<input type="checkbox"/> ENVL					
<input type="checkbox"/> OTHER (Specify)					
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST	OTHER (SPECIFY)		
		<input type="checkbox"/> DESTROY:			
		<input type="checkbox"/> IMMEDIATELY			
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
		PROMULGATING OFFICE (ONLY)			

PROVIDE THE NUMBER AND LETTER TO WHICH YOU ARE PROVIDING ADDITIONAL INFORMATION

CITATION (100 words or less--to be used on certificate presented)

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 253

NRC FORM 253 (9-76) NRCM 2101		U.S. NUCLEAR REGULATORY COMMISSION MESSENGER/COURIER RECEIPT		DATE SENT	CONTROL NO. 65002
TO:		ORGAN, SYMBOL	BUILDING	ROOM NO.	
FROM:		ORGAN, SYMBOL	BUILDING	ROOM NO.	
UNCLASSIFIED DESCRIPTION		MESSENGER'S SIGNATURE		DATE	
		MESSENGER			
		MESSENGER			
		MESSENGER			
SENDER: 1. Complete "DATE SENT," "TO," "FROM," and "UNCLASSIFIED DESCRIPTION" blocks. 2. Obtain MESSENGER/COURIER signature in first space provided. 3. Retain "SENDER'S SUSPENSE COPY." MESSENGER: 1. Deliver package to recipient or next messenger enroute to addressee. 2. Obtain signature before release of package. RECIPIENT: 1. Sign and date original in "RECIPIENT'S SIGNATURE," and "DATE" blocks. 2. Retain "RECIPIENT'S COPY." 3. Return original to sender immediately.		RECIPIENT'S SIGNATURE		DATE	

RECIPIENT - RETURN THIS COPY TO SENDER

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>6</u> (Unit Sets/Number of Parts) $8 \times 3\frac{1}{2}$ " <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2101 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	*W7540-00-NRC-0253X	HD	9-76

NRC FORM 254
(5-80)
NRC Appendix, 2101 Part VI

U.S. NUCLEAR REGULATORY COMMISSION
DIVISION OF SECURITY
WASHINGTON, D.C. 20555

**PRIVACY ACT STATEMENT
AND
INSTRUCTIONS
FOR COMPLETION OF SECURITY FORMS PACKET**



PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(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 Nuclear Regulatory Commission on the forms listed below. This information is maintained in a system of records designated as NRC-39 and described at 44 Federal Register 50804 (August 30, 1979).

- FORM TITLES AND NUMBERS.** Personnel Security Questionnaire-Parts I and II (NRC-1), Foreign Residence Addendum (NRC-1A), Data Report on Spouse (NRC-354), Applicant Fingerprint Card (FD-258), Authority to Release Information (NRC-259), Criminal History Request (PD-70), and other release forms as appropriate.
- AUTHORITY.** Sections 145 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2165 and 2201(i)); and Executive Orders 10450, 10865, and 12065.
- PRINCIPAL PURPOSE(S).** Information entered on these forms is used as a basis for an investigation to determine your initial or continuing eligibility for access to Restricted Data, National Security Information, or special nuclear material, or for clearance for NRC employment.
- ROUTINE USES.** This information may be disclosed to Federal investigative agencies for the purpose of conducting a security investigation for the NRC. The information may also be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.
- WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION.** Disclosure of your social security number is voluntary. If you choose not to supply it, your clearance processing may be delayed. Disclosure of all other information is also voluntary; however, if it is not supplied, your clearance processing may be delayed or your application may not be processed.
- SYSTEM MANAGER AND ADDRESS.** Director, Division of Security, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input checked="" type="checkbox"/> CARD 17 x 11" fold to 8½ x 11" PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ 3 (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	ADM:SEC	NRCM 2101 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0254X	HD	5-80

INSTRUCTIONS FOR COMPLETION OF SECURITY FORMS PACKET

1. GENERAL INSTRUCTIONS

- a. Forms should be typed. If a typewriter is not available, please print with a black ball point pen so that all copies are legible.
- b. If additional space is required for any item, use reverse of form or additional sheets to be attached to each copy of the form. Supplemental sheets must be signed and dated by you.
- c. All questions must be answered. If an item is not applicable, indicate "None." Do not use the term "Unknown" for dates of schooling, employment, or residence. If this information is not known precisely, indicate by appropriate qualifying language, e.g., "Do not recall," "Date estimated."
- d. A complete security forms packet consists of the following forms:
 NRC Form 1, Personnel Security Questionnaire (Part I)
 NRC Form 1, Personnel Security Questionnaire (Part II)
 NRC Form E-1, Envelope for Personnel Security Questionnaire - Part II
 NRC Form 1A, Foreign Residence Addendum to the Personnel Security Questionnaire (NRC Form 1) - to be completed only if applicable.
 NRC Form 176, Security Acknowledgment
 NRC Form 354, Data Report on Spouse (to be completed only if spouse is an alien)
 FD Form 258, Applicant Fingerprint Card (2 copies)
 NRC Form 259, Authority to Release Information (3 copies)
 PD Form 70, Criminal History Request (to be completed only if applicant has lived or worked in the Washington, D.C. area - not required if the applicant will occupy a sensitive position).
 SF-85A, National Agency Check, Data for Nonsensitive or Noncritical-Sensitive Position - To be completed by employing or sponsoring organization as applicable. THIS FORM MUST BE TYPED.
- e. All information requested is essential. To prevent errors and omissions which will delay consideration of your application, the following detailed instructions relating to specific forms and items are furnished for your guidance in completing the forms. These forms are important documents and must be completed without misstatement or omission of important facts. All entries are subject to verification by investigation.

2. DETAILED INSTRUCTIONS FOR EACH FORM

NRC FORM 1, PERSONNEL SECURITY QUESTIONNAIRE (PARTS I AND II)

You may obtain assistance in completing Part I of your security questionnaire, but you will note that Part II is the "Privacy" portion, and answers to the questions in Part II should be completed in Private. The completed Part II of your questionnaire should be placed in the enclosed envelope (NRC Form E-1) which you should seal to insure the privacy of the information furnished. All Sections of Both Parts Must Be Completed. If a question is not applicable to you, print or type the word "None." For example, indicate "None" for Item 14 if you have had no schooling above elementary. You are required to sign and date the original copy only of both Part I and Part II, indicating the place (city or town) where signed. Each supplemental sheet attached to your questionnaire must also be dated and signed by you. You may retain one copy of Parts I and II for your files. Return Part I and the sealed envelope containing Part II to your employer, prospective employer or the individual who requested you to complete these forms.

PART I INSTRUCTIONS

- Item No. 1 - Your full name must be given. If you have initials only, so indicate by the symbol "I.O." after each initial. If you have no middle name, indicate by "NMN". Oriental or Arabic names written in English should also have oriental characters (ideographs) or Arabic script, if known.
- Item No. 2 - All other names you have been known by or are now using must be stated. Married women must include maiden name, and other married names if married more than once. Also include the dates the names were used.
- Item No. 3 - Indicate complete present address, including street and number, apartment, city, or town and state. Show on the right, the month and year of the beginning of your residence. Example: 12/73 to present.
- Item No. 5 - While a space is provided for your social security account number, you are not required to supply this information. Your social security account number will be used to aid Federal investigative agencies in making positive identification and in verifying previous employments, military service, educational institutions attended, etc. It is being requested under the authority of Sections 145 and 161 of the Atomic Energy Act of 1954, as amended, which authorizes the Nuclear Regulatory Commission to have personnel security investigations conducted. If you choose not to supply your social security number, your clearance processing and reporting employment date may be delayed.
- Item No. 8 - Indicate your present marital status. If divorced and now remarried, the "Married" box should be checked and you should enter divorce information as requested.
- Item No. 10 - Check whether U.S. citizen or alien. If you are a U.S. citizen by derivation or naturalization, check (2) or (3) as applicable and then enter the rest of the information required. If you are an "alien," so indicate and furnish the information required in 10.B (1), (2), (3), and (4).
- Item No. 12 - Show all periods of employment, including part-time work, military service and all periods of unemployment. Addresses where employed must be shown. Note that the name of supervisor is required. Duty stations and supervisors while in the military should be provided. If self-employed during any period, list in item 17 or on an attached sheet the complete name and address of the business and names and addresses of two individuals who can verify such period(s) of self-employment.
- Item No. 14 - List all schools above elementary. Names of schools attended in foreign countries must be shown in both English and the language of that country. The specific school, course, or college at all universities attended must be shown. (This is particularly important when a college or university was attended outside the U.S.)

Item No. 15 - List all relatives as stated. You may also list any other persons you resided with or with whom a close relationship existed or exists. List each date of birth by month, day, year. (Example: 11/05/43) For each female relative, give both maiden and married names in full. (Example: Alice May Jones, nee Smith, also known as (AKA)-Mrs. James Robert Jones). Oriental or arabic names written in English should also have oriental characters (ideographs) or the Arabic script, if known. If relatives are deceased, insert the word "deceased" and give date of birth, country of birth, and citizenship at death. When listing spouse or ex-spouse give date and place of marriage under the name. Only the father and mother of your present spouse need be listed. The father-in-law and mother-in-law should be listed even though you are a widow or widower. If your spouse is not a U.S. citizen, NRC Form 354, Data Report on Spouse, must be completed in duplicate and submitted with the questionnaire to avoid unnecessary delay in processing your application.

Item No. 17 - (On the reverse of the questionnaire). This section is to be used in supplying any information required in previous items which could not be fitted in the space allowed. Be sure to list the item number and supply the detailed information in the same form as it appears under the item in question. If you use the additional space in Item 17, Part I, remove and reverse the carbon paper as instructed. Additional sheets may be used if necessary, attaching the same data to each copy of the questionnaire. You must sign and date each supplemental sheet, in addition to printing or typing your name at the top.

PART II INSTRUCTIONS

- Item No. 1 - Your full name must be given exactly as it is listed in Item 1 under Part I.
- Item No. 2 - While a space is provided for your social security account number, you are not required to supply this information. Your social security account number will be used to aid Federal investigative agencies in making positive identification and in verifying previous employments, military service, educational institutions attended, etc. It is being requested under the authority of Sections 145 and 161 of the Atomic Energy Act of 1954, as amended, which authorizes the Nuclear Regulatory Commission to have personnel security investigations conducted.
- Item No. 3 - Be sure to identify the Government agency, company, or contractor that asked you to complete this questionnaire.
- Item No. 6 - List organization membership in full, or state None.
- Item No. 7 - Read this question carefully and answer "Yes" or "No," as required. If your answer is "Yes," you must complete all entries in Item 8. When in doubt as to the necessity for listing information in this Item, it is recommended that incidents be listed to preclude future questions regarding omissions from the form.
- Item No. 9 - If you have ever been investigated by the Federal Government for any type clearance (or access authorization), please furnish full details in Item 10 which, if known, should include type of clearance or authorization held (Top Secret, Secret, Confidential, "Q," "L," etc.), the date granted, the name of the agency which granted the clearance, your employer at the time the clearance was granted, and the date and type of investigation(s) conducted including the name of the investigative agency. This information may assist in expediting the processing of your application. If you have ever been refused a clearance by any branch of the Government, please furnish the complete details in Item 10. If you have to use the additional space in Item 10, Part II, remove and reverse the carbon paper as instructed.

NRC FORM E-1 - ENVELOPE FOR PERSONNEL SECURITY QUESTIONNAIRE - PART II

The completed Part II of the Personnel Security Questionnaire (NRC Form 1) should be placed in the enclosed envelope (NRC Form E-1) which you should seal to insure the privacy of the information furnished. Please sign your name across the flap of the envelope.

NRC FORM 1A, FOREIGN RESIDENCE ADDENDUM

The information requested by this form should be furnished whenever an applicant has resided outside the United States (other than military assignments). The purpose of this information is to assist in the completion of the investigation in a timely manner; therefore, it is to your benefit to furnish names and addresses of several individuals who can verify your activities abroad.

NRC FORM 176, SECURITY ACKNOWLEDGMENT

Self-explanatory. Be sure to insert the date you completed the Personnel Security Questionnaire at the end of the last paragraph.

NRC FORM 354, DATA REPORT ON SPOUSE

This form, in duplicate, must accompany the Security Form Packet if applicant's spouse is an alien.

NOTE: Any individual who marries after being granted an NRC Security clearance or access authorization must also submit this form in duplicate to the Division of Security.

FD-258, APPLICANT FINGERPRINT CARD

Two sets of legible fingerprints must be submitted with the Security Forms Packet. Your fingerprints may be taken by the Nuclear Regulatory Commission or other government agencies, including police departments. DO NOT TAKE YOUR OWN FINGERPRINTS.

NRC FORM 259 - AUTHORITY TO RELEASE INFORMATION

Self-explanatory. Submit 3 copies.

PD FORM 70 - CRIMINAL HISTORY REQUEST

If you have ever lived or worked in the Washington, D.C. area, please complete this form. Insert your name, address, sex, date of birth, place of birth, and signature. DO NOT INSERT NAME OF REQUESTING AGENCY. If you have been informed that you will be occupying a sensitive position, it is not necessary that you complete this form.

NRC FORM 255 (11-80)		U. S. NUCLEAR REGULATORY COMMISSION		1. CONTRACT NUMBER	
NOTIFICATION OF CONTRACT EXECUTION				2. MODIFICATION NUMBER	
3. CONTRACTOR - NAME			4. EFFECTIVE DATE OF CONTRACT		
STREET ADDRESS			5. PERIOD OF PERFORMANCE		
CITY STATE ZIP CODE			BEGINNING DATE	ENDING DATE	
6. PROJECT TITLE			7. TYPE OF CONTRACT		
			8. PRINCIPAL INVESTIGATOR		
9. CONTRACT CHANGES					
FUNDING					
10. DISCOUNT PROVISION (If yes, specify)				<input type="checkbox"/> YES <input type="checkbox"/> NO	
12. FEE/FUNDS WITHHOLDING PROVISION				<input type="checkbox"/> YES <input type="checkbox"/> NO	
14. TOTAL CONTRACT AMOUNT				11. B & R NUMBER	
\$				13. FIN NUMBER	
16. AMOUNT OBLIGATED BEFORE THIS ACTION			19. NRC PROJECT OFFICER		
\$					
17. AMOUNT OBLIGATED/DEOBLIGATED BY THIS ACTION			20. NRC CONTRACT SPECIALIST		
\$					
18. TOTAL AMOUNT OBLIGATED TO DATE					
\$					
DEFINITION OF TERMS					
4. EFFECTIVE DATE. The exact date the contract action or modification takes effect.					
8. PRINCIPAL INVESTIGATOR. Contractor's representative who has expertise and lead on work to be performed.					
10. DISCOUNT PROVISION. Discounts or pay differentials for any work completed earlier than time agreed.					
12. FEE/FUNDS WITHHOLDING PROVISION. Fees or funds that are withheld as a result of special provisions or the Allowable Cost, Fixed Fee and Payment Clause.					
14. TOTAL CONTRACT AMOUNT. The total face value of the contract.					
16. AMOUNT OBLIGATED PRIOR TO THE ACTION. Total amount obligated to date excluding this action.					
17. AMOUNT OBLIGATED/DEOBLIGATED BY THIS ACTION. The amount of funds obligated or deobligated by virtue of the particular action being reported, whether a contract or modification.					
18. AMOUNT OBLIGATED INCLUDING THIS ACTION. The total amount of funds obligated to date including the action being reported thereon.					
19. NRC PROJECT OFFICER. Individual assigned by Program Office who has technical responsibility for the contract.					

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 9 ____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:DC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		US/9	11-80

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 257

NRC FORM 257 (10-76)		U. S. NUCLEAR REGULATORY COMMISSION	
SPECIAL AUTHORIZATION FOR OVERNIGHT STORAGE OF GOVERNMENT VEHICLE AT EMPLOYEE'S RESIDENCE			
NAME OF EMPLOYEE		DATE	
ORGANIZATION	ORGANIZATION LOCATION		
DESTINATION OF TRAVELER			
PURPOSE OF OFFICIAL TRAVEL			
DATE TRAVEL WILL BEGIN		DATE TRAVEL WILL END	
<p>The interests of the Government will best be served in this instance by the traveler's departure from his residence for this official travel. Accordingly, he is authorized, pursuant to 25 Comp. Gen. 844 to drive a Government vehicle to his residence for this purpose on the work day preceding his departure. The traveler may also store the Government vehicle overnight at his residence at the conclusion of the trip if the interests of the Government are best served by this arrangement. The above operation of a Government vehicle constitutes use for official purposes under 31 U.S.C. 638A (C).</p>			
APPROVAL		DATE	

NRC FORM 257 (10-76)

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/ _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 2 (Unit Sets/Number of Parts), 8 x 5" <input type="checkbox"/> MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		US/2	10-76

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 259

NRC FORM 259
(3-80)
NRCM 2101

UNITED STATES NUCLEAR REGULATORY COMMISSION
AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern

I hereby authorize any Special Agent, Investigator, or other authorized representative of the Federal Bureau of Investigation (FBI) or the Office of Personnel Management (OPM) bearing this release, or copy thereof, within one year of its date, to obtain any information from schools, residential management agents, employers, criminal justice agencies, hospitals, or other repositories of medical records, credit bureaus, consumer reporting agencies, retail business establishments, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, medical, credit, arrest, and conviction records.

I hereby request you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the FBI or OPM in conducting an investigation for the U.S. Nuclear Regulatory Commission under the authority of the Atomic Energy Act of 1954, as amended. Consent is granted for the FBI or OPM to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature (Full Name): _____
 Full Name: _____
 Other Names Used: _____
 Parent or Guardian: (If required) _____
 Date: _____
 Current Address: _____
 Telephone Number: _____

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2101 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	7540-00-NRC-0259X	HD	3-80

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 261

NRC FORM 261
(1-77)
NRCM 2101 (PENDING ISSUANCE)

U.S. NUCLEAR REGULATORY COMMISSION

TOP SECRET DOCUMENT INVENTORY STATEMENT

STATEMENT A	
I certify that this listing of Top Secret documents is an accurate and complete inventory of Top Secret documents presently charged to me and under my control.	
SIGNATURE	DATE

STATEMENT B	
I certify that, with the addition of the document(s) noted below, this Listing is an accurate and complete inventory of Top Secret documents presently charged to me and under my control. The applicable Top Secret Transaction/Receipt Records for the additional documents have been signed and forwarded to the Division of Security for recording.	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
SIGNATURE	DATE

STATEMENT C	
I certify that, with the deletion of the document(s) noted below, this listing is an accurate and complete inventory of Top Secret documents presently charged to me and under my control.	
(check a or b)	
<input type="checkbox"/> a. The document(s) listed were transferred to _____ Top Secret Transaction/Receipt Record cards reflecting the transfer are attached.	
<input type="checkbox"/> b. The documents cannot be located in this office.	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
SIGNATURE	DATE

NRC FORM 261 (1-77)

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/ _____ (Pad/Sheet per Pad) <input type="checkbox"/> US/ _____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2101 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	1-77

LAYOUT SHEET — NRC NEWS RELEASE

NRC FORM 262
15-76

DO NOT TYPE OUTSIDE BLUE LINES

DO NOT TYPE OUTSIDE BLUE LINES

SHOOT AT 55%

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET, non repro blue ink, 14 x 19 1/4"	PA			Sheet	10-77
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/ _____ (Pad/Sheet per Pad)		STATUS OF EXISTING STOCK			
<input type="checkbox"/>	US/ _____ (Unit Sets/Number of Parts)		<input type="checkbox"/> USE FIRST	OTHER		
<input type="checkbox"/>	MP/ _____ (Multipage/Number of Parts)		DESTROY:			
<input type="checkbox"/>	LABEL		<input type="checkbox"/> IMMEDIATELY	(SPECIFY)		
<input type="checkbox"/>	PC (Postal Card)		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
<input type="checkbox"/>	TC (Tab Card)		STOCKING POINT			
<input type="checkbox"/>	TP/ _____ (Tab Paper/Number of Parts)		<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
<input type="checkbox"/>	ENVL		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			
<input type="checkbox"/>	OTHER (Specify)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 264, FACE

NRC Form 264
(2-77)

U. S. NUCLEAR REGULATORY COMMISSION

**EMPLOYEE APPLICATION FOR REIMBURSEMENT OF EXPENSES INCURRED
NRCM 1501 UPON SALE OR PURCHASE (OR BOTH) OF RESIDENCE UPON CHANGE OF OFFICIAL STATION**
(See instructions at bottom of page)

I. EMPLOYEE - CLAIMANT

Name	Mailing Address	Check Applicable Box if Earlier Claim for Real Estate Expenses Submitted for this Transfer. <input type="checkbox"/> YES <input type="checkbox"/> NO
------	-----------------	---------------------------------------------------------------------------------------------------------------------------------------------------------

II. TRANSFER DATA

Old Official Station	New Official Station	Date of Notification of Impending Transfer
Travel Authorization Date	Date Reported for Duty at New Official Station	Date Service Agreement Signed

III. RESIDENCE PROPERTY DATA (AT OLD OFFICIAL STATION) (AT NEW OFFICIAL STATION)

COMPLETE ADDRESS OF RESIDENCE	
NUMBER OF DWELLING UNITS ON PROPERTY	
SALE AND/OR PURCHASE PRICE	
DATE OF CLOSING OR SETTLEMENT	
AMOUNT OF EXPENSE BEING CLAIMED	

EMPLOYEE CERTIFICATION(S):

I hereby certify that the amount claimed in connection with the above sale represents only amounts actually paid by me and that title to the property was in my name and/or a member of my immediate family and was my residence when first definitely informed of my transfer.

I hereby certify that the amount claimed in connection with the above purchase represents only amounts actually paid by me and that title to the property is in my name and/or a member of my immediate family and is my new residence.

(Signature of Employee) (Date)

(Signature of Employee) (Date)

IV. APPROVALS

A. SALE EXPENSES - The expenses of the sale applied for above are hereby approved as being (1) reasonable in amount and (2) customarily paid by a seller in the locality where the property is located. <input type="checkbox"/> As Claimed. <input type="checkbox"/> As Reduced, Per Attached Memo. _____ (Signature) (Date) _____ (Title)	B. PURCHASE EXPENSES - The expenses of the purchase applied for above are hereby approved as being (1) reasonable in amount and (2) customarily paid by a buyer in the locality where the property is located. <input type="checkbox"/> As Claimed. <input type="checkbox"/> As Reduced, Per Attached Memo. _____ (Signature) (Date) _____ (Title)	C. FINAL ADMINISTRATIVE APPROVAL FOR PAYMENT - Payment of this claim is approved in the amount of: \$ _____ If Amount Approved is Less Than Amount Claimed, See Attached Memo. _____ (Signature) (Date) _____ (Title)
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

INSTRUCTIONS

A. EMPLOYEE - CLAIMANT 1. Prepare application in triplicate, completing Parts I, II, and III of face and enter all applicable amounts and totals on reverse side. 2. Attach one complete set of documents required to support claim - sales agreement between buyer and seller, settlement or loan closing statement, invoices and statements to support other items claimed for reimbursement, etc. These should be photo or picture copies, as they will not be returned. Be sure you have signed the employee certification(s). 3. Prepare and attach an appropriate agency travel voucher form, or Standard Form 1012, Travel Voucher. (Record total amounts claimed on this form on the travel voucher.) 4. Submit original and first copy of application and supporting documentation, together with Standard Form 1012 or other appropriate agency travel voucher form, to the head of your office at new official station or to the appropriate official designated by your department or agency. Retain second copy of the application.	B. HEAD OF OFFICE 1. For Sales: Send original and copy of the application, together with the supporting documentation and travel voucher, to the head of the office at the claimant's old official station (unless agency review and approval functions are performed elsewhere) for handling and execution of the approval (see item IV. A.) by him, or his designee, who will return the package to you. 2. For Purchases: Approval of the claim must be executed by the head of the office, or his designee, at the claimant's new official station (unless agency review and approval functions are performed elsewhere). (See item IV. B.) 3. Final administrative approval of payment of the claim must be executed by an appropriate approving official. (See item IV. C.) Such official shall independently determine, in accordance with the provisions of Circular No. A-56, the propriety of all reimbursements claimed (except with regard to reasonableness and whether customarily paid). In this connection, all vouchers for reimbursement of real estate expenses incident to the same transfer shall be examined. 4. Standard Form 1012, or other appropriate agency travel voucher form, shall be completed and submitted following usual procedures accompanied by the original application and supporting documents. File the copy of the application with the office copy of the voucher.
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FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h	RM;A	NRCM 1501		Sheet	2-77
<input type="checkbox"/> CARD					
<input type="checkbox"/> PD/____ (Pad/Sheet per Pad)					
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)					
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)					
<input type="checkbox"/> LABEL					
<input type="checkbox"/> PC (Postal Card)					
<input type="checkbox"/> TC (Tab Card)					
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)					
<input type="checkbox"/> ENVL					
<input type="checkbox"/> OTHER (Specify)					
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		OTHER (SPECIFY)			
		STOCKING POINT			
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS			
		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 264, REVERSE

2

COSTS INCURRED AND PAID IN SELLING RESIDENCE AT OLD OFFICIAL STATION OR PURCHASING RESIDENCE AT NEW OFFICIAL STATION LOCATION (OR BOTH)

ITEM	EXPLANATION	Former Residence	New Residence
1.	BROKERAGE FEES: The sales commission paid to a broker or real estate agent for selling former residence. Also, fees for listing a residence and payment for multiple listing service, if not included in commission, paid to the broker or agent -----	\$	
2.	ADVERTISING: Expenses paid for newspaper and other advertising when a direct sale is made without the services of a real estate broker or real estate agent -----	\$	
3.	APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested sale price for the residence -----	\$	
4.	LEGAL AND RELATED COSTS: The amounts paid for costs of (1) searching title, preparing abstract, and legal fees for a title opinion, or (2) title insurance policy where customarily furnished by the seller; costs of preparing conveyances, other instruments, and contracts; related notary fees; costs of making surveys, preparing drawings or plots, recording fees and recording taxes or other charges paid incident to recordation (e.g., mortgage discharge recording fees), etc. -----	\$	\$
5.	MISCELLANEOUS COSTS: Amounts paid in connection with sale of former residence and purchase of a new residence. (Normally, these expenses (except A.) are paid by the purchaser; however, depending on local custom and practice, the seller may be required to pay some of them.)		
A.	PREPAYMENT CHARGE: The amount paid as required in the mortgage or other security instrument as a charge for prepayment; or if not specifically required by the mortgage instrument, the amount paid limited to 3 months prevailing interest on the loan balance -----	\$	
B.	LENDER'S APPRAISAL FEE: The amount paid for the mortgagee-lender's charge for residence appraisal -----	\$	\$
C.	FHA OR VA APPLICATION FEE: The amount paid -----	\$	\$
D.	CERTIFICATIONS: The amount paid for any required certifications as to structural soundness or physical condition of property, when required by mortgagee-lender, FHA or VA -----	\$	\$
E.	CREDIT REPORT: The amount paid for credit or factual data report on the buyer, if required by mortgagee-lender, FHA or VA -----	\$	\$
F.	MORTGAGE TITLE POLICY: The amount paid for mortgage (or lender's) title insurance policy only (as distinguished from a mortgage insurance policy on the life of the borrower and the additional cost for an owner's title policy) -----		\$
G.	ESCROW AGENT'S FEE: The amount paid to an escrow agent, title company, or similar entity for closing a real estate transaction -----	\$	\$
H.	STATE REVENUE STAMPS: The amount paid -----	\$	\$
I.	SALES OR TRANSFER TAXES; MORTGAGE TAX, IF ANY: The amount paid -----	\$	\$
6.	OTHER INCIDENTAL EXPENSES: Such other reasonable and customary charges or fees paid as may be authorized and not properly includable in items listed above (itemize and explain, if necessary, attach separate sheet):	\$	\$
TOTAL - FORMER RESIDENCE -----		\$ ^{1-3/}	
TOTAL - NEW RESIDENCE -----			\$ ^{2-3/}

NOTE: 1. In accordance with the real estate expense provisions of Circular No. A-56, costs of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, mortgage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. Notwithstanding the above, no fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title I, Public Law 90-321, and Regulation Z issued pursuant thereto by the Board of Governors of the Federal Reserve System.

FOOTNOTES:

- 1/ The aggregate amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of sale price or \$5,000, whichever is the smaller.
- 2/ The aggregate amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of purchase price or \$2,500, whichever is the smaller.
- 3/ If property is multiple family unit type (excluding condominium) expenses will be prorated and allowed for residence unit only.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 265

NRC FORM 265 (2-77)		LETTER OF CREDIT MONTHLY STATEMENT OF TRANSACTIONS			U.S. NUCLEAR REGULATORY COMMISSION	
NRC CONTRACTOR				LETTER OF CREDIT NUMBER		
BANK NAME				BANK ACCOUNT NUMBER		
MONTH/YEAR	FEDERAL FUNDS				BALANCE	
DAY OF MONTH	RECEIVED	DISBURSED		\$		
1	\$		\$			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
TOTAL	\$		\$		\$	

I certify that the data reported above is correct to the best of my knowledge.

SIGNATURE	TITLE	DATE
-----------	-------	------

NRC FORM 265 (2-77)

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	RM:A			Sheet	2-77
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/_____(Pad/Sheet per Pad)					
<input type="checkbox"/>	US/_____(Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/_____(Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/_____(Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					
				STATUS OF EXISTING STOCK		
				<input type="checkbox"/> USE FIRST	OTHER	
				DESTROY:	(SPECIFY)	
				<input type="checkbox"/> IMMEDIATELY		
				<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		
				STOCKING POINT		
				<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS	
				<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 266

NRC FORM 266 (2-77)		U.S. NUCLEAR REGULATORY COMMISSION		REPORT PERIOD	
MONTHLY COST REPORT FOR CONTRACT UNDER LETTER OF CREDIT				FROM (Date)	
				TO (Date)	
CONTRACTOR		FUNDS OBLIGATED ON CONTRACT		CONTRACT NO.	
		\$		LETTER OF CREDIT NO.	
ELEMENTS OF COST			COST INCURRED		
			CURRENT MONTH		TOTAL TO DATE
DIRECT COST:					
LABOR			\$		\$
MATERIALS					
CAPITAL ITEMS (Show details)					
SUBCONTRACTS (Show details)					
TRAVEL					
OTHER (Specify):					
a.					
b.					
TOTAL DIRECT COSTS			\$		\$
OVERHEAD (Show base, base amount and rate):			\$		\$
PRIOR PERIOD ADJUSTMENTS (Show details):			\$		\$
TOTAL CONTRACT COSTS			\$		\$
DRAW DOWNS - LETTER OF CREDIT (Show details):					
UNREIMBURSED COSTS					\$
CERTIFICATION					
I certify that the costs and amounts stated herein have been incurred by the contractor in accordance with the terms of the contract and that the contractor has fully complied with the terms and conditions of the contract.				SIGNATURE	
				TITLE	
				DATE	

NRC FORM 266 (2-77)

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	RM:A			Sheet	2-77
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/_____(Pad/Sheet per Pad)		STATUS OF EXISTING STOCK			
<input type="checkbox"/>	US/_____(Unit Sets/Number of Parts)		<input type="checkbox"/> USE FIRST	OTHER (SPECIFY)		
<input type="checkbox"/>	MP/_____(Multipage/Number of Parts)		DESTROY:			
<input type="checkbox"/>	LABEL		<input type="checkbox"/> IMMEDIATELY			
<input type="checkbox"/>	PC (Postal Card)		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
<input type="checkbox"/>	TC (Tab Card)		STOCKING POINT			
<input type="checkbox"/>	TP/_____(Tab Paper/Number of Parts)		<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
<input type="checkbox"/>	ENVL		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			
<input type="checkbox"/>	OTHER (Specify)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 267

NRC FORM 267 (3-78)		U.S. NUCLEAR REGULATORY COMMISSION	
REQUEST FOR MOVEMENT OF HOUSEHOLD GOODS			
1. EMPLOYEE'S NAME (Last, First, Middle Initial)		2. TELEPHONE NUMBERS	
		a. HOME	b. OFFICE
3. TRAVEL FROM:		4. TRAVEL TO:	
CITY - COUNTY - STATE		CITY - COUNTY - STATE	
5. APPROXIMATE MOVING DATE		6. ESTIMATED WEIGHT OF HOUSEHOLD EFFECTS:	
7. ELEVATOR/STAIR CARRY NEEDED <i>(Does not apply to single family dwellings)</i>			
a. ORIGIN		b. DESTINATION	
ELEVATOR <input type="checkbox"/> NO <input type="checkbox"/> YES		ELEVATOR <input type="checkbox"/> NO <input type="checkbox"/> YES	
<input type="checkbox"/> FLIGHTS OF STAIRS, NUMBER: _____		<input type="checkbox"/> FLIGHTS OF STAIRS, NUMBER: _____	
8. STORAGE IN TRANSIT DESIRED			
a. PLACE		b. TIME	
<input type="checkbox"/> AT ORIGIN <input type="checkbox"/> AT DESTINATION		<input type="checkbox"/> UP TO 30 DAYS <input type="checkbox"/> UP TO 60 DAYS	
9. REMARKS			
10. EMPLOYEE'S SIGNATURE			11. DATE

NRC FORM 267

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input type="checkbox"/> US/_____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM: FOS: TS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	3-78
STOCKING POINT					
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 268

NRC FORM 268 (8-81) NRCM 2101		U.S. NUCLEAR REGULATORY COMMISSION		ATTENDEE'S NAME	
SECURITY EDUCATION/AWARENESS BRIEFING ATTENDANCE					
OFFICE/DIVISION ASSIGNED			TYPE OF BRIEFING (Check one)		
			<input type="checkbox"/> ORIENTATION		<input type="checkbox"/> OTHER (Specify)
			<input type="checkbox"/> REFRESHER		
DATE OF BRIEFING			SPEAKER'S NAME		
REMARKS					

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET 8½ x 5½"	ADM:SEC	NRCM 2101	7540-00-NRC-0268X	PD	8-81
<input type="checkbox"/>	CARD					
<input checked="" type="checkbox"/>	PD/100 (Pad/Sheet per Pad)					
<input type="checkbox"/>	US/ (Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/ (Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/ (Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					
			STATUS OF EXISTING STOCK			
			<input type="checkbox"/> USE FIRST DESTROY:		<input type="checkbox"/> OTHER (SPECIFY)	
			<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE			
			STOCKING POINT			
			<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS			
			PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 269, PAGE 2

PART V. - (For employing office use) DETERMINATIONS

1. Reviewer: I have reviewed this statement of the employee in relation to his duties and responsibilities and find:

- no conflict or apparent conflict of interest.
- the following questions which require resolution:

The following steps have been taken to effect resolution of the questions referred to above:

Under applicable law and NRC regulations, the employee is not to participate in any particular matter of any type the outcome of which will have a direct and predictable effect upon the financial interests of a business entity, including nonprofit organization or educational institution, by which he is employed or with which he is negotiating for or has any arrangement concerning prospective employment, or to which he renders consultant services, or in which he has a financial interest not exempted under 10 CFR 0.735-21(c).

(Date)

(Signature)

2. Counselor (or deputy counselor): I have reviewed this statement of the employee and the reviewer's findings set forth herein and find:

- no evidence of conflict or apparent conflict of interest.
- the following questions which require resolution:

The following steps have been taken to effect resolution of the questions referred to above:

(Date)

(Signature)

This information is requested under the authority of Public Law 87-849 (18 USC 208), Conflict of Interest Statute, it is mandatory for employees identified under 10 CFR 0.735-28(a) to submit statements of employment and financial interest to the appropriate NRC reviewer in accordance with 10 CFR 0.735-28(d) who shall assess it for conflicts or the appearance of conflicts of interest in the context of the employee's assigned duties and responsibilities in the Nuclear Regulatory Commission. NRC shall hold employee's statement in confidence and shall not allow access to, or allow information to be disclosed from, a statement except in accordance with the provisions of 10 CFR 0.735-28. Failure to comply may result in remedial action including, but not limited to, changes in assigned duties, disciplinary action, disqualification for a particular assignment, or separation.

USE THIS PAGE FOR ADDITIONAL INFORMATION

(Identify the information by reference to the appropriate Part(s) of the statement)

NRC FORM 269
(11-81)
10 CFR 0.735-28

GENERAL INSTRUCTIONS TO EMPLOYEE

1. Prepare the statement in duplicate. Retain one copy for your records. Submit the other copy to the head of your office. Do not submit the form to the Office of the General Counsel. Use the reverse of this page for additional information, if needed. If additional pages are used, identify them by reference to the appropriate Part(s) of the statement and attach them hereto.
2. You need not submit any information relating to your connection with, or interest in, a professional society or a charitable, religious, social, fraternal, recreational, public service, civic, or political organization or any similar organization not conducted as a business enterprise and which is not engaged in the ownership or conduct of a business enterprise. Educational and other institutions doing research and development or related work involving grants of money from or contracts with the Government are deemed to be "business enterprises" for purposes of this report and should be included in your statement.
3. In Part I, the information to be listed does not require a showing at this time of the precise amount of financial interest, indebtedness, or the value of real property. However, such information may later be required, if necessary for agency determination under 10 CFR Part 0. The Nuclear Regulatory Commission has, pursuant to Section 208(b) of the conflict of interest statute (Public Law 87-849), exempted certain financial interests from the application of Section 208(a) of that statute [See 10 CFR 0.735-21 (c)]. "Exemption of remote or inconsequential financial interests". Those interests which, as of the date this statement is submitted, are exempted under 10 CFR 0.735-21 (c) need not be reported.
4. In the event any of the required information, including holdings placed in trust, is not known to you but is known to another person, you should request that other person to submit the information on your behalf and should report such request in Part IV of your statement.
5. The interest, if any, of a spouse, minor child, or other member of your immediate household shall be reported in this statement as your interest. If that information is to be supplied by others, it should be so indicated in Part IV. "Member of your immediate household" includes only those blood relations who are full-time residents of your household.
6. You are to report changes in, or additions to, the information in this statement, in a supplementary statement within 15 days following May 1 of each year. All changes or additions occurring during the preceding year are to be reported, not merely your employment and financial interest status as of the reporting date. If there are no changes or additions a negative report is required.

INSTRUCTIONS TO REVIEWER (Head of Office)

After completing Part V, transmit one copy of NRC Form 269 to the NRC counselor or appropriate deputy counselor. Do not reproduce or retain copies of the form.

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a (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 Nuclear Regulatory Commission on NRC Form 269. This information is maintained in a system of records designated as NRC-4 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY** 18 U.S.C. 201 and Executive Order 11222 dated May 8, 1965.
2. **PRINCIPAL PURPOSE(S)** To allow the Nuclear Regulatory Commission, its counselor, or deputy counselors to determine whether employee's financial interests or non-Governmental employment might involve them in actual or potential conflicts of interest under applicable Federal laws, Personnel Management Regulations, and/or Executive Orders.
3. **ROUTINE USES** To provide the Department of Justice and the Office of Personnel Management with information concerning an employee in instances where this office has reason to believe a Federal law may have been violated or where this office desires the advice of the Department, or the Office of Personnel Management concerning potential violations of Federal law; and to serve as evidence in any court or Office of Personnel Management proceeding or in any NRC proceeding, adjudication or other determination.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** Disclosure of the requested information is mandatory for employees of the NRC as stated in 10 CFR 0.735-28. Failure to disclose the requested information or an omission in the execution of the statement may result in appropriate administrative action in accordance with NRC Management Directives System Chapter 4171.
5. **SYSTEM MANAGER(S) AND ADDRESS**

General Counsel, Office of the General Counsel
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

NRC FORM 270 (1-81) NRCM 4163		U.S. NUCLEAR REGULATORY COMMISSION SEPARATION CLEARANCE		This form will be used to obtain necessary clearances for individuals who are separating from employment. See NRC Manual Chapter 4163 for specific guidance on separation clearance responsibilities. Form should reach Division of Security prior to the last day of active duty.	
I. EMPLOYEE DATA (To be completed by office or division to which employee is assigned.)					
1. NAME OF PERSON SEPARATING LAST-FIRST-MIDDLE INITIAL		2. DATE FORM INITIATED		3. LAST DAY OF ACTIVE DUTY	
TELEPHONE NUMBER		4. FORWARDING ADDRESS			
5. TITLE OF POSITION					
DIVISION OR OFFICE					
6. TYPE OF EMPLOYEE		OTHER (Specify)			
<input type="checkbox"/> NRC					
II. CLEARANCES (Item 7 to be completed by employing office. Items 8 and 11.G. clearances are required if you have obtained files through these facilities during your NRC employment. Item 11.F. clearance is required of NRC file room personnel and employees with information stored at the Records Holding Area. Items 8-12 clearances may be secured by mail or hand carrying. ALL MATERIAL MUST BE RETURNED TO THE OFFICE FROM WHICH OBTAINED in order to obtain clearance. NOTE: The clearing individual's last pay check will be withheld until the required clearances are obtained.					
CLEARING ORGANIZATIONAL UNITS	ITEM OR ACTION	CLEARED	NOT CLEARED	CLEARING OFFICIAL'S SIGNATURE	DATE
7. OFFICE TO WHICH PERSON IS ASSIGNED	SECURITY DEBRIEFING ARRANGED				
	SEPARATION INTERVIEW WITH PERSONNEL SCHEDULED				
	MAIL ROOM NOTIFIED OF FORWARDING ADDRESS				
8. OFFICE OF NUCLEAR RESEARCH, ADMINISTRATIVE BR., MAIL AND RECORDS SECTION	FILE CHARGE-OUTS				
9. OFC. OF THE GENERAL COUNSEL LAW LIBRARY	BOOKS AND REGULATIONS				
10. CREDIT UNION	BRANCH MANAGER CLEARANCE				
11. OFC. OF ADMINISTRATION	PROPERTY (e.g., calculators, etc.)				
A. PROPERTY & SUPPLY BR.					
B. BUILDING & OPERATIONS BRANCH	GOVERNMENT DRIVERS LICENSE				
C. TRAVEL SERVICES BRANCH	TR BOOKS AND PASSPORTS				
D. TELECOMMUNICATIONS BRANCH	CHARGES AND TELEPHONE CREDIT CARDS				
E. LIBRARY BRANCH	BOOKS AND REPORTS				
F. DOCUMENT MANAGEMENT BRANCH	RECORD-NONRECORD HOLDINGS AND CHARGE-OUTS				
G. RECORDS SERVICES BRANCH	FILE CHARGE-OUTS				
H. MANAGEMENT DEVELOPMENT & TRAINING STAFF	RECOVERY UNDER OBLIGATED SERVICE TRAINING AGREEMENT				
I. ORGANIZATION AND PERSONNEL	RECOVERY UNDER OBLIGATED SERVICE TRAVEL AGREEMENT				
	EXIT INTERVIEW				
J. DIVISION OF SECURITY	OFFICE/DIVISION RECOVERED/REASSIGNED CLASSIFIED MATTER?	YES	NO		
	HAVE ACCESS TO SECURITY CONTAINER?				
	RECEIVED SECURITY DEBRIEFING?				
	BADGE SUBMITTED TO SECURITY?				
12. OFFICE OF THE CONTROLLER	TRAVEL ADVANCES				
	ACCOUNTS RECEIVABLE				
13. REMARKS					

NRC FORM 270 (1-81)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	ADM:OP	NRCM 4163	7540-00-NRC-0270X	HD	1-81
STATUS OF EXISTING STOCK					
		<input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	OTHER (SPECIFY)		
STOCKING POINT					
		<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 271

NRC FORM 271 8-77 NRCM 2101	U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, D.C. 20555	DATE
REQUEST FOR ADDITIONAL INFORMATION		
TO:		
FROM: Chief Personnel Security Branch Division of Security		
RE:		

- Please furnish a new set of fingerprints.
- Please have the below correction(s) made as indicated and return with the subject's initials and current date adjacent to the corrections:
- Please furnish the information requested below:

CORRECTIONS AND/OR INFORMATION NEEDED

Examine all copies of the form(s) to assure their correctness and completeness.
 Your prompt response will be appreciated and will avoid unnecessary delay in processing.

Enclosure(s):

NRC FORM 271 (8-77)

**PLEASE RETURN THIS FORM
WITH YOUR RESPONSE**

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>4</u> (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2101 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0271X	HD	8-77

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 272

NRC Form 272
(10-75)

U. S. NUCLEAR REGULATORY COMMISSION
MEDICAL ADVISORY COMMITTEE

APPRAISAL

1. Applicant: Address: City: State:	2. Control No. <hr/> 3. Department
4. Name and title of trained individual	5. Type Program: <input type="checkbox"/> Private practice <input type="checkbox"/> Private practice in hospital <input type="checkbox"/> Institutional
6. Review: <input type="checkbox"/> First <input type="checkbox"/> Second	7. Previous application control No. (s)

8. Remark on checked items:

A. All radionuclides and uses stated in application

B. Use of _____ for _____

- C. Training and experience of user
- D. Dosage(s) indicated
- E. Clinical techniques and procedures outlined
- F. Type patient used (i.e., terminal, infants, normal)
- G. Other

9. Action of Subcommittee on Human Applications:

Approve Disapprove

Remarks:

_____ (Date of appraisal)
Signature _____ (Member of subcommittee)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____(Pad/Sheet per Pad) <input type="checkbox"/> US/_____(Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____(Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____(Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NMSS;FC;MF	<div style="border: 1px solid black; padding: 2px;"> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY) </div>		Sheet	10-75

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 273

DATE BILLED	BILL NO.	DATE PAID	REMARKS	DATE BILLED	BILL NO.	DATE PAID

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD, 8 x 5" <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:A	<div style="border: 1px solid black; padding: 2px;"> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) </div> <div style="border: 1px solid black; padding: 2px;"> STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY) </div>		Card	10-76

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Officially Authorized Access
To Foreign Intelligence Information

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Sensitive Intelligence Sources And Methods Involved

CONFIDENTIAL

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input checked="" type="checkbox"/> CARD, yellow, w/orange border and PD/_____(Pad/Sheet per Pad) black lettering <input type="checkbox"/> US/_____(Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____(Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____(Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	E.O. 11905 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Cover	5-77

SECRET

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To Foreign Intelligence Information

WARNING NOTICE

Sensitive Intelligence Sources And Methods Involved

SECRET

NRC FORM 275 (5-77)

GPO : 1977 O - 335-564

FORMS MANAGEMENT DATA							
CONSTRUCTION OF FORM			PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET	ADM:SEC	E.O. 11905	USE FIRST	OTHER (SPECIFY)		Cover	5-77
<input checked="" type="checkbox"/> CARD, yellow, w/orange border, and PD/____ (Pad/Sheet per Pad) black lettering							
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)							
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)							
<input type="checkbox"/> LABEL							
<input type="checkbox"/> PC (Postal Card)							
<input type="checkbox"/> TC (Tab Card)							
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)							
<input type="checkbox"/> ENVL							
<input type="checkbox"/> OTHER (Specify)							
			STATUS OF EXISTING STOCK				
			DESTROY:				
			<input type="checkbox"/> IMMEDIATELY				
			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
			STOCKING POINT				
			<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS				
			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 276

NRC FORM 276 (6-78)					U.S. NUCLEAR REGULATORY COMMISSION			UNIT NUMBER
MINICOMPUTER FAILURE LOG								
1. BEGINNING TIME – Time system is turned on each day. 2. SHUT DOWN TIME – Time system is turned off. 3. FAILURE TIME – Time system is determined inoperable. Identify problem under "remarks" anytime system is rendered inoperable or partially inoperable.			INSTRUCTIONS 4. SERVICE CALL TIME – Time call for service is made. 5. CE (Contract Engineer) ARRIVAL TIME – Time CE arrives after service call. Indicate under "remarks" when service is for routine maintenance. Remember to note "Failure" and "Restored" times.			6. CE DEPARTURE TIME – Time CE leaves — even if only for lunch, etc. Indicate under "remarks" if system is operable when CE leaves. 7. RESTORED TIME – Time CE completes work and system is rendered operable.		
DATE	BEGINNING TIME	SHUT DOWN TIME	FAILURE TIME	SERVICE CALL TIME	CE ARRIVAL TIME	CE DEPARTURE TIME	RESTORED TIME	REMARKS

FORMS MANAGEMENT DATA						
					1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE		STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 14 x 8 $\frac{1}{2}$ " <input type="checkbox"/> CARD PD/_____ (Pad/Sheet per Pad) US/_____ (Unit Sets/Number of Parts) MP/_____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/_____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) <input checked="" type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			Sheet	5-78
		STOCKING POINT				
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS				
		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 276A

NRC Form 276A (7-81)		MINICOMPUTER USE/ERROR MESSAGE LOG					U.S. NUCLEAR REGULATORY COMMISSION		UNIT NUMBER
1. DATE/TIME - System up/down or when error occurred.			4. ERROR MESSAGE - Code/Mnemonic as displayed on the system.			6. CAUSE - Explain what caused the error message(s).			
2. USER'S LAST NAME - Name of person filling out this log.			5. MEANING - According to the error message manual.			7. ACTION - Explain what action corrected the error message(s).			
3. OPERATING SYSTEM AND APPLICATION - When system up or when error occurred.									
DATE/TIME	USER'S LAST NAME	OPERATING SYSTEM AND APPLICATION	COMMENT	ERROR MESSAGE		MEANING	CAUSE	ACTION	
				CODE	MNEMONIC				

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET, 14 x 8 1/2" <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <input type="checkbox"/> OTHER (SPECIFY)		Sheet	7-81	
STOCKING POINT						
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 277
(10-81)
NRCM 2101

UNITED STATES NUCLEAR REGULATORY COMMISSION
REQUEST FOR VISIT OR ACCESS APPROVAL
(Not to be used for temporary or permanent personnel assignments.)

NRC FORM 277, FACE
Approved by OMB
3150-0051
Expires 4-30-83

To:
From:

PART "A"

Date:
Prepared by:
Symbol:
Telephone No. (commercial or FTS):

It is requested that the following person(s) be granted visit/access approval:

LAST NAME, FIRST NAME, MIDDLE INITIAL, AND SOCIAL SECURITY NUMBER	CHECK		DATE OF BIRTH	ORGANIZATION	TYPE CLEARANCE	CLEARANCE NO.	DATE OF CLEARANCE
	U.S. CITIZEN	ALIEN					

NAME OF FACILITY (IES) TO BE VISITED: _____ FOR THE INCLUSIVE DATES _____
NRC Security Official Verifying NRC Clearance

FOR THE PURPOSE OF: _____
 TO CONFER WITH THE FOLLOWING PERSON (S): _____

SPECIFIC INFORMATION TO WHICH ACCESS IS REQUESTED: _____
 Access requested to:
 Restricted Data Yes No
 Other Classified info Yes No

Prior arrangements have/have not been made as follows: _____

CERTIFICATION FOR PERSONNEL HAVING DOD CLEARANCE

This certifies that the person(s) named above needs this access in the performance of duty and that permitting the above access will not endanger the common defense and security.

Name and Title, Requesting DOD Official

Title, Authorizing DOD Official
 (See DOD Directive 5210.2 and 5210.8)

Signature
 (See AR 380-150; OPNAV 5510.3; AF# 205-1)

CERTIFICATION FOR PERSONNEL HAVING NRC CLEARANCE

This certifies that the person(s) named above needs this access in the performance of duty.

Title

Requesting NRC or DOD Official

PART "B"

Approval is granted with limitations indicated below.

Authorized Official (Name and Title)

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
SHEET	ADM:SEC	NRCM 2101	7540-00-NRC-0277X	HD	10-81	
CARD		STATUS OF EXISTING STOCK				
PD/____ (Pad/Sheet per Pad)		<input type="checkbox"/> USE FIRST				OTHER
<input checked="" type="checkbox"/> US/ 5 (Unit Sets/Number of Parts)		DESTROY:				(SPECIFY)
MP/____ (Multipage/Number of Parts)		<input type="checkbox"/> IMMEDIATELY				
LABEL		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
PC (Postal Card)		STOCKING POINT				
TC (Tab Card)		<input checked="" type="checkbox"/> WAREHOUSE				<input checked="" type="checkbox"/> SUPPLY ROOMS
TP/____ (Tab Paper/Number of Parts)		PROMULGATING OFFICE (ONLY)				
ENVL						
OTHER (Specify)						

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(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 Nuclear Regulatory Commission on NRC Form 277. This information is maintained in a system of records designated as NRC-39 and described at 40 Federal Register 44533 (September 26, 1975).

1. **AUTHORITY** Sections 145 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2165 and 2201(i)), and Executive Order 11652. Solicitation of the social security number is authorized by Executive Order 9397 dated November 22, 1943.
2. **PRINCIPAL PURPOSE(S)** Information entered on this form is used to verify an individual's security clearance and authorization for access during a classified visit.
3. **ROUTINE USES** The information is provided to the contractor or licensee to be visited. The information may also be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** It is voluntary that you furnish the requested information. If the information is not furnished, you may be denied entrance and/or access to the agency or facility and the information to which access is requested. Your social security number is used as an identifier due to the large number of individuals with similar names and birth dates.
5. **SYSTEM MANAGER(S) AND ADDRESS**
Director, Division of Security
Office of Administration
* U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 278

SEE REVERSE PAGE

FORMS MANAGEMENT DATA						
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/>	SHEET	EDO:CRGR			ENVL	3-82
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/_____(Pad/Sheet per Pad)					
<input type="checkbox"/>	US/_____(Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/_____(Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/_____(Tab Paper/Number of Parts)					
<input checked="" type="checkbox"/>	ENVL, Chain, 12 x 16", yellow ink					
<input type="checkbox"/>	OTHER (Specify)	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC FORM 278
(3-82)

**To Be Used Only for the Transmission of
COMMITTEE TO REVIEW GENERIC REQUIREMENTS CORRESPONDENCE
Between Offices in the
U.S. NUCLEAR REGULATORY COMMISSION**

**EXPEDITE DELIVERY – OPEN IMMEDIATELY
CONTINUE ROUTING OF ENCLOSED CORRESPONDENCE
IN THIS ENVELOPE**

1 USE BLOCKS CONSECUTIVELY		2 VOID PREVIOUS BLOCKS		3 WRITE CLEARLY	
NAME AND OFFICE		ROOM NUMBER AND BUILDING	NAME AND OFFICE		ROOM NUMBER AND BUILDING
1 NAME		RM. NO.	16 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
2 NAME		RM. NO.	17 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
3 NAME		RM. NO.	18 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
4 NAME		RM. NO.	19 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
5 NAME		RM. NO.	20 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
6 NAME		RM. NO.	21 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
7 NAME		RM. NO.	22 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
8 NAME		RM. NO.	23 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
9 NAME		RM. NO.	24 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
10 NAME		RM. NO.	25 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
11 NAME		RM. NO.	26 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
12 NAME		RM. NO.	27 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
13 NAME		RM. NO.	28 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
14 NAME		RM. NO.	29 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.
15 NAME		RM. NO.	30 NAME		RM. NO.
OFFICE		BLDG.	OFFICE		BLDG.

CONTINUE ON REVERSE

NRC FORM 278
(3-82)

To Be Used Only for the Transmission of
COMMITTEE TO REVIEW GENERIC REQUIREMENTS CORRESPONDENCE

Between Offices in the
U.S. NUCLEAR REGULATORY COMMISSION

EXPEDITE DELIVERY - OPEN IMMEDIATELY
CONTINUE ROUTING OF ENCLOSED CORRESPONDENCE
IN THIS ENVELOPE

1 USE BLOCKS CONSECUTIVELY		2 VOID PREVIOUS BLOCKS		3 WRITE CLEARLY	
NAME AND OFFICE	ROOM NUMBER AND BUILDING	NAME AND OFFICE	ROOM NUMBER AND BUILDING		
31 NAME	RM. NO.	41 NAME	RM. NO.		
OFFICE	BLDG.	OFFICE	BLDG.		
32 NAME	RM. NO.	42 NAME	RM. NO.		
OFFICE	BLDG.	OFFICE	BLDG.		
33 NAME	RM. NO.	43 NAME	RM. NO.		
OFFICE	BLDG.	OFFICE	BLDG.		
34 NAME	RM. NO.	44 NAME	RM. NO.		
OFFICE	BLDG.	OFFICE	BLDG.		
35 NAME	RM. NO.	45 NAME	RM. NO.		
OFFICE	BLDG.	OFFICE	BLDG.		
36 NAME	RM. NO.	46 NAME	RM. NO.		
OFFICE	BLDG.	OFFICE	BLDG.		
37 NAME	RM. NO.	47 NAME	RM. NO.		
OFFICE	BLDG.	OFFICE	BLDG.		
38 NAME	RM. NO.	48 NAME	RM. NO.		
OFFICE	BLDG.	OFFICE	BLDG.		
39 NAME	RM. NO.	49 NAME	RM. NO.		
OFFICE	BLDG.	OFFICE	BLDG.		
40 NAME	RM. NO.	50 NAME	RM. NO.		
OFFICE	BLDG.	OFFICE	BLDG.		

NRC FORM 278 (3-82)

EXPEDITE

NRC FORMS FACSIMILE HANDBOOK

U.S. NUCLEAR REGULATORY COMMISSION

NRC FORM 279, PARTS 1, 2, &

4 - 8

NRC FORM 279
(8-80)

REQUEST

AND AUTHORIZATION FOR

OFFICIAL TRAVEL

(See NRC Appendix 1501 for detailed instructions for completing this form-Do Not Remove Carbons. All shaded areas must be completed.)

1. Assignment <input type="checkbox"/>	2. Div./Office Code a. Div. b. Subunit	3. Leave Blank Auth. No.	4. Address Code (For travel advance) <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Special	5. Name of Traveler (First two initials and last name)				
6. Mail Address (P.O. Box, Street or Office)				7. City, State		8. ZIP Code		
9. Traveler's Social Security No.			10. Contract Contract No.		11.			
12. Program Symbol (If reimbursable work, show interagency agreement number)		13.		14. Estimated No. days of official travel only				
15. Travel starts on or about MM DD YY		16. Travel ends on or about MM DD YY		17. Special subsistence allowance (Justify in Remarks) a. Special per diem rate b. Actual Expenses not to exceed				
18. Categories of Travel (Check One) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> a. <input type="checkbox"/> Agent, Of Contract Activities b. <input type="checkbox"/> Program and Technical Review c. <input type="checkbox"/> Mgmt. Appraisals, Audit & Investigations d. <input type="checkbox"/> Boards, Panels, Consultants & Advisory Committees e. <input type="checkbox"/> NRC Symposia Conferences & Meetings f. <input type="checkbox"/> Non-NRC Symposia, Conferences & Meetings g. <input type="checkbox"/> Int'l. Agree. of Cooperation Activities h. <input type="checkbox"/> Change of Station (Circle One: New Appt. or Transfer) </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> i. <input type="checkbox"/> Contract Compliance Review (EEO) j. <input type="checkbox"/> Public Hearings by NRC and Others k. <input type="checkbox"/> INVITATIONAL TRAVEL <ul style="list-style-type: none"> <input type="checkbox"/> To interview <input type="checkbox"/> To confer l. <input type="checkbox"/> TRAINING OF EMPLOYEES <ul style="list-style-type: none"> <input type="checkbox"/> Change of Station <input type="checkbox"/> Temp. Duty Station m. <input type="checkbox"/> OTHER (Explain in Remarks) </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> n. <input type="checkbox"/> Annual leave to be taken during trip Private auto (Check One) <ul style="list-style-type: none"> <input type="checkbox"/> Private auto to be used to Gov't ** <input type="checkbox"/> Private auto not to exceed cost of common carrier o. <input type="checkbox"/> Rate per Mile <ul style="list-style-type: none"> <input type="checkbox"/> 84 <input type="checkbox"/> 124 <input type="checkbox"/> 104 <input type="checkbox"/> 154 Other (Specify) _____ p. <input type="checkbox"/> Special Concessions <ul style="list-style-type: none"> <input type="checkbox"/> Tax <input type="checkbox"/> Gov't owned veh. USA <input type="checkbox"/> Carriage Rental and Car Rental <input type="checkbox"/> Other Special Concessions q. <input type="checkbox"/> Householding (Explain in Remarks) r. <input type="checkbox"/> 2nd Private Auto (Apply in Remarks) s. <input type="checkbox"/> Other (Specify in Remarks) </td> </tr> </table>						<ul style="list-style-type: none"> a. <input type="checkbox"/> Agent, Of Contract Activities b. <input type="checkbox"/> Program and Technical Review c. <input type="checkbox"/> Mgmt. Appraisals, Audit & Investigations d. <input type="checkbox"/> Boards, Panels, Consultants & Advisory Committees e. <input type="checkbox"/> NRC Symposia Conferences & Meetings f. <input type="checkbox"/> Non-NRC Symposia, Conferences & Meetings g. <input type="checkbox"/> Int'l. Agree. of Cooperation Activities h. <input type="checkbox"/> Change of Station (Circle One: New Appt. or Transfer) 	<ul style="list-style-type: none"> i. <input type="checkbox"/> Contract Compliance Review (EEO) j. <input type="checkbox"/> Public Hearings by NRC and Others k. <input type="checkbox"/> INVITATIONAL TRAVEL <ul style="list-style-type: none"> <input type="checkbox"/> To interview <input type="checkbox"/> To confer l. <input type="checkbox"/> TRAINING OF EMPLOYEES <ul style="list-style-type: none"> <input type="checkbox"/> Change of Station <input type="checkbox"/> Temp. Duty Station m. <input type="checkbox"/> OTHER (Explain in Remarks) 	<ul style="list-style-type: none"> n. <input type="checkbox"/> Annual leave to be taken during trip Private auto (Check One) <ul style="list-style-type: none"> <input type="checkbox"/> Private auto to be used to Gov't ** <input type="checkbox"/> Private auto not to exceed cost of common carrier o. <input type="checkbox"/> Rate per Mile <ul style="list-style-type: none"> <input type="checkbox"/> 84 <input type="checkbox"/> 124 <input type="checkbox"/> 104 <input type="checkbox"/> 154 Other (Specify) _____ p. <input type="checkbox"/> Special Concessions <ul style="list-style-type: none"> <input type="checkbox"/> Tax <input type="checkbox"/> Gov't owned veh. USA <input type="checkbox"/> Carriage Rental and Car Rental <input type="checkbox"/> Other Special Concessions q. <input type="checkbox"/> Householding (Explain in Remarks) r. <input type="checkbox"/> 2nd Private Auto (Apply in Remarks) s. <input type="checkbox"/> Other (Specify in Remarks)
<ul style="list-style-type: none"> a. <input type="checkbox"/> Agent, Of Contract Activities b. <input type="checkbox"/> Program and Technical Review c. <input type="checkbox"/> Mgmt. Appraisals, Audit & Investigations d. <input type="checkbox"/> Boards, Panels, Consultants & Advisory Committees e. <input type="checkbox"/> NRC Symposia Conferences & Meetings f. <input type="checkbox"/> Non-NRC Symposia, Conferences & Meetings g. <input type="checkbox"/> Int'l. Agree. of Cooperation Activities h. <input type="checkbox"/> Change of Station (Circle One: New Appt. or Transfer) 	<ul style="list-style-type: none"> i. <input type="checkbox"/> Contract Compliance Review (EEO) j. <input type="checkbox"/> Public Hearings by NRC and Others k. <input type="checkbox"/> INVITATIONAL TRAVEL <ul style="list-style-type: none"> <input type="checkbox"/> To interview <input type="checkbox"/> To confer l. <input type="checkbox"/> TRAINING OF EMPLOYEES <ul style="list-style-type: none"> <input type="checkbox"/> Change of Station <input type="checkbox"/> Temp. Duty Station m. <input type="checkbox"/> OTHER (Explain in Remarks) 	<ul style="list-style-type: none"> n. <input type="checkbox"/> Annual leave to be taken during trip Private auto (Check One) <ul style="list-style-type: none"> <input type="checkbox"/> Private auto to be used to Gov't ** <input type="checkbox"/> Private auto not to exceed cost of common carrier o. <input type="checkbox"/> Rate per Mile <ul style="list-style-type: none"> <input type="checkbox"/> 84 <input type="checkbox"/> 124 <input type="checkbox"/> 104 <input type="checkbox"/> 154 Other (Specify) _____ p. <input type="checkbox"/> Special Concessions <ul style="list-style-type: none"> <input type="checkbox"/> Tax <input type="checkbox"/> Gov't owned veh. USA <input type="checkbox"/> Carriage Rental and Car Rental <input type="checkbox"/> Other Special Concessions q. <input type="checkbox"/> Householding (Explain in Remarks) r. <input type="checkbox"/> 2nd Private Auto (Apply in Remarks) s. <input type="checkbox"/> Other (Specify in Remarks) 						
19. Authority <ul style="list-style-type: none"> a. <input type="checkbox"/> FTR* b. <input type="checkbox"/> JTR c. <input type="checkbox"/> Use of Common Carrier (including Mixed Modes where necessary) d. <input type="checkbox"/> Excess Baggage not to exceed _____ e. <input type="checkbox"/> Registration Fees (Give amount) \$ _____ <p style="font-size: small;">*Authorizes, as appropriate, (1) per diem under the lodgings plus method; (2) special subsistence allowance as indicated in item 17; or (3) per diem only for changes of station indicated in items 18 h, or 1.</p> <p style="font-size: small;">** Justify in remarks.</p>								
20. Purpose of Travel Div. Purpose Code _____								
21. Travel Advance Request a. Advance required by (Date) MM DD YY b. App. Req. \$ _____ c. Call Number _____ Payment Requested: _____		22. Type of Advance <input type="checkbox"/> Cash <input type="checkbox"/> Check		23. Total Estimated Cost _____				
(Signature of Traveler) _____ <input type="checkbox"/> Mail check to address other than above (Specify in Remarks)			24. Est. Foreign Costs included in Total Est. Costs _____		25. Type Authorization other than Regular (Check if Applicable) <input type="checkbox"/> Blanket <input type="checkbox"/> Admin. Approval <input type="checkbox"/> Extended Travel <input type="checkbox"/> Local Travel			
26. If funds for this trip were initially reserved using the PRE-AUTHORIZATION FUNDS RESERVATION, state number used _____								
27. Remarks (Use additional sheet if necessary)								
28. Itinerary - From _____ To _____								
29. Certification of Availability of funds: There are sufficient funds to cover the total estimated cost. _____ (Signature) _____ _____ (Title) _____ (Date) _____								
30. Requested By _____ (Signature) _____ (Date) _____								
31. Administrative Approval: _____ (Signature) _____ (Date) _____								
32. CERTIFICATION OF AUTHORIZATION: The official travel described above is hereby directed and expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, or the Joint Travel Regulations, as appropriate, and under the conditions on the authorization. _____ (Official Designation) _____ (Signature) _____ (Date) _____								

See Privacy Act Statement on Reverse of Traveler's Copy.

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	RM:A	NRCM 1501	7540-00-NRC-0279X	HD	8-80
CARD					
PD/ _____ (Pad/Sheet per Pad)					
<input checked="" type="checkbox"/> US/ <u>8</u> (Unit Sets/Number of Parts) and					
<input checked="" type="checkbox"/> MP/ <u>3</u> (Multipage/Number of Parts) within					
LABEL the same set					
PC (Postal Card)					
TC (Tab Card)					
TP/ _____ (Tab Paper/Number of Parts)					
ENVL					
OTHER (Specify)					
		STATUS OF EXISTING STOCK			
		USE FIRST DESTROY:			
		<input type="checkbox"/> IMMEDIATELY			
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS			
		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 279, REVERSE OF
PART 1, H TO F

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(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 Nuclear Regulatory Commission on Forms NRC - 279 and NRC - 279A. This information is maintained in a system of records designated as NRC-20 and described at 40 Federal Register 45341 (October 1, 1975).

1. **AUTHORITY** 31 U.S.C. 21, 22, 24, 49, 54, 66a, and 952; 5 U.S.C. 5701; Federal Travel Regulations; and Federal Property Management Regulations, Part 101-7.
2. **PRINCIPAL PURPOSE(S)** Information entered on this form is used to secure the required authorization, identification of traveler, and, if required, travel advance funds.
3. **ROUTINE USES** Information on this form is used for transmittal to the U.S. Treasury to secure advance payments and to the Department of State for passports, if necessary, when travel is authorized. The information may also be disclosed to and appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NCR decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** Disclosure is voluntary. If the requested information is not provided, however, authorization for official travel and reimbursement for expenses associated with such travel may be denied. Solicitation of the social security number is authorized under Executive Order 9397 dated November 22, 1943. The use of the social security number is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the social security number. Failure to provide the social security number may result in delayed processing.
5. **SYSTEM MANAGER(S) AND ADDRESS**
Controller
Office of the Controller
U. S. Nuclear Regulatory Commission
Washington, D. C. 20555

NRC FORMS FACSIMILE HANDBOOK

U.S. NUCLEAR REGULATORY COMMISSION

NRC FORM 279, PART 3

NRC FORM 279
18-901

REQUEST

AND AUTHORIZATION FOR

OFFICIAL TRAVEL

(Keypunch Worksheet)

cc 1	cc 2	cc 3-4	cc 5-6	cc 7-11	cc 12	cc 14	cc 15-35
E <input type="checkbox"/> A				1	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
cc 36-44							
cc 45-53			cc 54-55		cc 56-61		
A <input type="checkbox"/>				I <input type="checkbox"/>			
B <input type="checkbox"/>	<input type="checkbox"/>			J <input type="checkbox"/>			
C <input type="checkbox"/>				K <input type="checkbox"/>			
D <input type="checkbox"/>				L <input type="checkbox"/>			
E <input type="checkbox"/>				M <input type="checkbox"/>			
F <input type="checkbox"/>				N <input type="checkbox"/>			
G <input type="checkbox"/>				P <input type="checkbox"/>			
H <input type="checkbox"/>							
					cc 62-64		
					cc 65-69		
					cc 70-74		
cc 75-79							

KEYPUNCH COPY

NRC FORMS FACSIMILE HANDBOOK

NRC Form 279A
(2-76)

U.S. NUCLEAR REGULATORY
COMMISSION

NRC FORM 279A, PARTS 1, 2, &
4 - 8

REQUEST AND

AUTHORIZATION FOR OFFICIAL

TRAVEL (Change of Station)

(See NRC Appendix 1501 for instructions for Completing this Form—Do Not Remove Carbons)

1. Amendment <input type="checkbox"/>	2. Division/Office Code a. Div. b. Sub-unit		3. (Leave blank) Authorization Number	4. Employee's Name (First two initials and last name)		5. Spouse Plans To: <input type="checkbox"/> Accompany Employee <input type="checkbox"/> Travel Separately	
6. No. of Dependents Age 12 and Over Traveling with Employee (excluding spouse)		7. No. of Dependents Under 12 Traveling with Employee		8. No. of Dependents Age 12 and Over Traveling Separately (excluding spouse)		9. No. of Dependents Under 12 Traveling Separately	
10. Estimate in Whole Dollars (For Headquarters Services Use)		a. Movement of Household Goods	b. Non-Temporary Storage	e. Temporary Quarters		f. Misc. Expenses (Explain in Remarks)	
		c. Temporary Storage	d. Total Items a. thru c.	g. Real Estate Fees		h. Total Items e. thru g.	
11. Present Duty Station			12. Date 1 Yr Agreement Signed MM DD YY	13. Date of Move MM DD YY		14. Est. Weight of Household Goods	15. Est. Real Estate Value if: a. Selling b. Buying
16. Code	b. Dependents Name (Spouse, Parent or Unmarried Child Under 21)		c. Birth Date of Children		d. Travel Start On or About		e. Travel End On or About
A-Spouse			MM DD YY	MM DD YY	MM DD YY	MM DD YY	f. Days in Travel
B-Child							
C-Dependent Parent							

Remarks:

FORMS MANAGEMENT DATA					1/83		
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE		STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
SHEET	RM:A	NRCM 1501		7540-00-NRC-0279A	HD	2-76	
CARD		STATUS OF EXISTING STOCK					
PD/ (Pad/Sheet per Pad)		<input type="checkbox"/> USE FIRST	OTHER (SPECIFY)				
X US/ 8 (Unit Sets/Number of Parts) and		DESTROY:					
X MP/ 2 (Multipage/Number of Parts) within the same set		<input type="checkbox"/> IMMEDIATELY					
LABEL		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE					
PC (Postal Card)		STOCKING POINT					
TC (Tab Card)		<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS				
TP/ (Tab Paper/Number of Parts)		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)					
ENVL							
OTHER (Specify)							

NRC FORMS FACSIMILE HANDBOOK

NRC Form 279A
(2-76)

U.S. NUCLEAR REGULATORY
COMMISSION

NRC FORM 279A, PART 3

REQUEST AND

AUTHORIZATION FOR OFFICIAL

TRAVEL (Change of Station)

cc1	cc2	cc3-4	cc5-6	cc7-11	cc12		cc13
E	A <input type="checkbox"/>				5		<input type="checkbox"/> A <input type="checkbox"/> B
cc31-32		cc33-34		cc35-36		cc37-38	
cc39-43		cc44-48		cc54-58		cc59-63	
cc49-53				cc64-68			

KEY PUNCH COPY

NRC Form 280
(2-82)

U.S. NUCLEAR REGULATORY COMMISSION

PAGE _____ of _____ PAGES

PROCUREMENT COMPLIANCE NOTICE

NUMBER _____ AMENDMENT _____

DATE _____

SUBJECT _____

REFERENCE _____

PURPOSE AND SCOPE _____

DISCUSSION _____

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:DC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		Sheet	2-82
		STOCKING POINT			
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC Form 280A
(2-82)

U.S. NUCLEAR REGULATORY COMMISSION

PAGE _____ of _____ PAGES

PROCUREMENT COMPLIANCE NOTICE

(Continuation Page)

NUMBER _____ AMENDMENT _____

DATE _____

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	ADM:DS			Sheet	2-82
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/_____(Pad/Sheet per Pad)					
<input type="checkbox"/>	US/_____(Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/_____(Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/_____(Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					
			STATUS OF EXISTING STOCK			
			<input type="checkbox"/> USE FIRST			
			<input type="checkbox"/> IMMEDIATELY			
			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
			STOCKING POINT			
			<input type="checkbox"/> WAREHOUSE			
			<input type="checkbox"/> SUPPLY ROOMS			
			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 283

SEE REVERSE PAGE

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE		STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input checked="" type="checkbox"/> ENVL, CHAIN 13 x 16½", blue ink <input type="checkbox"/> OTHER (Specify)	ADM:TIDC:DM	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER DESTROY: (SPECIFY) <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		7540-00-NRC-0283X	HD	6-82
		STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)				

To Be Used Only for the Transmission of
 Official Records To and From the Document Control System
 U.S. Nuclear Regulatory Commission

EXPEDITE DELIVERY — OPEN IMMEDIATELY

1 USE BLOCKS CONSECUTIVELY		2 VOID PREVIOUS BLOCKS		3 WRITE CLEARLY	
NAME AND OFFICE		ROOM NUMBER AND BUILDING		NAME AND OFFICE	
		ROOM NUMBER AND BUILDING			
1	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO 016 BLDG PHILLIPS		17	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION
2	NAME OFFICE	RM NO BLDG		18	NAME OFFICE
3	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO 016 BLDG PHILLIPS		19	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION
4	NAME OFFICE	RM NO BLDG		20	NAME OFFICE
5	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO 016 BLDG PHILLIPS		21	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION
6	NAME OFFICE	RM NO BLDG		22	NAME OFFICE
7	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO 016 BLDG PHILLIPS		23	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION
8	NAME OFFICE	RM NO BLDG		24	NAME OFFICE
9	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO 016 BLDG PHILLIPS		25	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION
10	NAME OFFICE	RM NO BLDG		26	NAME OFFICE
11	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO 016 BLDG PHILLIPS		27	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION
12	NAME OFFICE	RM NO BLDG		28	NAME OFFICE
13	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO 016 BLDG PHILLIPS		29	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION
14	NAME OFFICE	RM NO BLDG		30	NAME OFFICE
15	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO 016 BLDG PHILLIPS		31	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION
16	NAME OFFICE	RM NO BLDG		32	NAME OFFICE

CONTINUE ON REVERSE

NRC FORM 283
(5-82)

**To Be Used Only for the Transmission of
Official Records To and From the Document Control System
U.S. Nuclear Regulatory Commission**

EXPEDITE DELIVERY — OPEN IMMEDIATELY

1 USE BLOCKS CONSECUTIVELY		2 VOID PREVIOUS BLOCKS		3 WRITE CLEARLY	
NAME AND OFFICE		ROOM NUMBER AND BUILDING		NAME AND OFFICE	
		ROOM NUMBER AND BUILDING			
33	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO. 016 BLDG. PHILIPPS	45	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO. 016 BLDG. PHILLIPS
34	NAME OFFICE	RM NO. BLDG.	46	NAME OFFICE	RM NO. BLDG.
35	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO. 016 BLDG. PHILIPPS	47	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO. 016 BLDG. PHILLIPS
36	NAME OFFICE	RM NO. BLDG.	48	NAME OFFICE	RM NO. BLDG.
37	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO. 016 BLDG. PHILIPPS	49	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO. 016 BLDG. PHILLIPS
38	NAME OFFICE	RM NO. BLDG.	50	NAME OFFICE	RM NO. BLDG.
39	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO. 016 BLDG. PHILLIPS	51	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO. 016 BLDG. PHILLIPS
40	NAME OFFICE	RM NO. BLDG.	52	NAME OFFICE	RM NO. BLDG.
41	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO. 016 BLDG. PHILLIPS	53	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO. 016 BLDG. PHILLIPS
42	NAME OFFICE	RM NO. BLDG.	54	NAME OFFICE	RM NO. BLDG.
43	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO. 016 BLDG. PHILLIPS	55	DOCUMENT CONTROL DESK OFFICE OF ADMINISTRATION	RM NO. 016 BLDG. PHILLIPS
44	NAME OFFICE	RM NO. BLDG.	56	NAME OFFICE	RM NO. BLDG.

NRC FORM 283
(5-82)

EXPEDITE

U.S. NUCLEAR REGULATORY COMMISSION RECORD OF DISCLOSURE (PERSONNEL SECURITY FILES -- NRC-39)	U.S. NUCLEAR REGULATORY COMMISSION FILE NUMBER	INDIVIDUAL'S NAME			
NRC FORM 286 (6-78) NRCM 0204				PURPOSE OF DISCLOSURE AND TYPE OF INFORMATION DISCLOSED	DATE OF DISCLOSURE
		REQUESTER'S NAME, ADDRESS, AND ORGANIZATION			
		METHOD OF DISCLOSURE (File review, copies, telephone, etc.)			

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, yellow <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	NRCM 2101 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	6-78

NRC FORM 287 (4-81)		U.S. NUCLEAR REGULATORY COMMISSION ISSUED TO				FY & CHANGE NO
SALARIES AND EXPENSES APPROPRIATION ADVICE OF ALLOTMENT						ALLOTMENT SYMBOL
<p>INSTRUCTIONS - This advice of allotment authorizes the allottee to incur obligations and to make expenditures under the appropriation cited. Obligations incurred and expenditures made under this allotment will be subject to the amounts, specific limitations, and instructions as indicated. They also will be subject to provisions of applicable statutes, bulletins, and other published instructions pertaining to the availability of appropriations. Obligations may not be incurred in excess of the amounts shown below for Total all functions excluding "official entertainment" and for Total "official entertainment". (See Sec. 3679 of the Revised Statutes as amended (31 USC. 665).)</p>						
FUNCTION	PREVIOUS ALLOTMENT	INCREASE (+) DECREASE (-)	CURRENT ALLOTMENT	TO BE ALLOTTED QUARTERLY (in Thousands)		
				1st Quarter	2nd Quarter	3rd Quarter
Personnel Compensation						
Personnel Benefits						
Program Support						
Administrative Support						
Travel						
Training						
Equipment						
Construction						
SUBTOTAL						
Reimbursable Work						
TOTAL						
Official Entertainment						
REMARKS						
AUTHORIZED BY				SIGNATURE - DIRECTOR, DIVISION OF BUDGET	DATE APPROVED	EFFECTIVE DATE

NRC FORM 287
(9-78)

FORMS MANAGEMENT DATA						1/83
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET		RM:B			Sheet	4-81
<input type="checkbox"/> CARD						
<input type="checkbox"/> PD/ (Pad/Sheet per Pad)			STATUS OF EXISTING STOCK			
<input type="checkbox"/> US/ (Unit Sets/Number of Parts)			<input type="checkbox"/> USE FIRST DESTROY:	<input type="checkbox"/> OTHER (SPECIFY)		
<input type="checkbox"/> MP/ (Multipage/Number of Parts)			<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE			
<input type="checkbox"/> LABEL			STOCKING POINT			
<input type="checkbox"/> PC (Postal Card)			<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
<input type="checkbox"/> TC (Tab Card)			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			
<input type="checkbox"/> TP/ (Tab Paper/Number of Parts)						
<input type="checkbox"/> ENVL						
<input type="checkbox"/> OTHER (Specify)						

NRC FORM 287a (11-79)		U.S. NUCLEAR REGULATORY COMMISSION		ISSUED TO		FY & CHANGE NO.		
SALARIES AND EXPENSES APPROPRIATION ADVICE OF SUBALLOTMENT								
<p>INSTRUCTIONS - This advice of suballotment authorizes the allottee to incur obligations and to make expenditures under the appropriation cited. Obligations incurred and expenditures made under this suballotment will be subject to the amounts, specific limitations, and instructions as indicated. They also will be subject to provisions of applicable statutes, bulletins, and other published instructions pertaining to the availability of appropriations. Obligations may not be incurred in excess of the amounts shown below for Total all functions. (See Sec. 3679 of the Revised Statutes as amended (31 USC 965).)</p>								
FUNCTION	PREVIOUS ALLOTMENT	INCREASE (+) DECREASE (-)	CURRENT ALLOTMENT	TO BE ALLOTTED QUARTERLY (in Thousands)				Total
				1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
Personnel Compensation								
Personnel Benefits								
Program Support								
Administrative Support								
Travel								
Training								
Equipment								
Construction								
SUBTOTAL								
Reimbursable Work								
TOTAL								
REMARKS								
AUTHORIZED BY				SIGNATURE		EFFECTIVE DATE		

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET		RM:B	STATUS OF EXISTING STOCK		Sheet	11-79
<input type="checkbox"/> CARD						
<input type="checkbox"/> PD/ _____ (Pad/Sheet per Pad)			<input type="checkbox"/> USE FIRST			
<input type="checkbox"/> US/ _____ (Unit Sets/Number of Parts)			<input type="checkbox"/> DESTROY:			
<input type="checkbox"/> MP/ _____ (Multipage/Number of Parts)			<input type="checkbox"/> IMMEDIATELY			
<input type="checkbox"/> LABEL			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
<input type="checkbox"/> PC (Postal Card)			STOCKING POINT			
<input type="checkbox"/> TC (Tab Card)			<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
<input type="checkbox"/> TP/ _____ (Tab Paper, Number of Parts)			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			
<input type="checkbox"/> ENVL						
<input type="checkbox"/> OTHER (Specify)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 288

NRC FORM 288 (11-82)		U.S. NUCLEAR REGULATORY COMMISSION		INVOICE NUMBER	
INVOICE FOR INSPECTION FEES FOR FACILITIES AND MATERIALS LICENSES				INVOICE DATE	DATE DUE
LICENSEE				MAKE CHECKS PAYABLE TO: U.S. Nuclear Regulatory Commission Office of Resource Management Division of Accounting and Finance Washington, DC 20555	
PLANT					
LICENSE NUMBER	FEE CATEGORY (10 CFR 170)	DATE	INSPECTION TYPE	REPORT NUMBER	AMOUNT DUE
				TOTAL <i>(see terms)</i>	
<p>TERMS. Late payment charge after due date at the rate of _____ % of the overdue payment for each 30-day period or portion thereof that the payment is delayed.</p> <p>NOTICE. On March 23, 1978, the NRC revised its regulations and adopted a new license fee schedule (10 CFR 170). A copy of the revised regulations was mailed to all NRC licensees. The revised schedule includes, for the first time, the assessment of fees for facility and materials routine health and safety and safeguards inspections. The enclosed invoice shows the fee assessed for the recent inspection conducted by the Office of Inspection and Enforcement of your licensed program.</p> <p>THIS INVOICE IS NOT IN RESPONSE TO A PURCHASE ORDER. The Inspection Fee represents the average cost to conduct the inspection of the licensee held by your company.</p> <p>10 CFR 170.41 FAILURE BY APPLICANT TO PAY PRESCRIBED FEES. In any case where the NRC finds that an applicant or a licensee has failed to pay a prescribed fee required in this part, the NRC will not process any application and may suspend or revoke any license or approval involved or may issue an order with respect to licensed activities as the NRC determines to be appropriate or necessary in order to carry out the provisions of this part, Parts 30, 40, 50, 70, and 71 of this chapter, and of the Act.</p> <p>CONTACT. Questions relating to the assessment of fees under the revised fee schedule, and/or correctness of the address, call (301) 492-7225 or direct correspondence to:</p> <p style="text-align: right;">U.S. Nuclear Regulatory Commission Office of Administration License Fee Management Branch Washington, DC 20555</p>					

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:A	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	11-82

NRC Form 289 (9-80) NRCM 1301		FINANCIAL PLAN				U.S. NUCLEAR REGULATORY COMMISSION
APPROPRIATION: SALARIES AND EXPENSES					PLAN NUMBER	
ISSUED TO:			EFFECTIVE DATE		FISCAL YEAR	
B&R NUMBER	DECISION UNIT	ORIGINAL PLAN*	PREVIOUS PLAN	CHANGE	CURRENT PLAN	
*Modified to reflect current Base as applicable.						
ISSUED BY:		DIRECTOR, DIVISION OF BUDGET, OFFICE OF THE CONTROLLER			DATE	

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to f <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:B	NRCM 1301 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	9-80

NRC Form 289
(9-80)
NRCM 1301

FINANCIAL PLAN
CONTINUATION PAGE

U.S. NUCLEAR REGULATORY COMMISSION

B&R NUMBER	DECISION UNIT	ORIGINAL PLAN*	PREVIOUS PLAN	CHANGE	CURRENT PLAN

*Modified to reflect current Base as applicable.

ISSUED BY:	DIRECTOR, DIVISION OF BUDGET, OFFICE OF THE CONTROLLER	DATE
------------	--------------------------------------------------------	------

NRC Form 289A (4-82) NRCM 1301	U.S. NUCLEAR REGULATORY COMMISSION REQUEST FOR FINANCIAL PLAN CHANGES (Dollars in Thousands)		
INSTRUCTIONS: 1. Submit this form along with a written explanation of changes to the Director, Division of Budget and Analysis, Office of Resource Management. (In accordance with NRC Manual Appendix 1301, Part V.) 2. Enter only data for those decision units within the Program Support funding function and/or other funding functions being changed.			FISCAL YEAR
B&R NUMBER	DECISION UNIT	CURRENT PLAN (NO AMOUNT)	PROPOSED
			CHANGE PLAN
REQUESTED BY	OFFICE	SIGNATURE OF REQUESTING OFFICIAL	DATE

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	RM:B	NRCM 1301 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	7540-00-NRC-0289A	HD	4-82
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 290

NRC FORM 290 (7-82)		U.S. NUCLEAR REGULATORY COMMISSION PROJECT SPECIFICATIONS			NRC PROJECT NUMBER REBURSABLE WORK AUTHORIZATION NUMBER DATE PAGE OF		
ROOM NUMBER	ITEM NUMBER	DESCRIPTION	QUANTITY	UNIT	TOTAL \$		
					TOTAL PRICE	COST	

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EFFECTIVE DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 2 (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FGS:80	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	7540-00-NRC-0290X	HD	11-82

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 291

<p>NRC FORM 291 (9-78)</p> <p style="text-align: center;">U.S. NUCLEAR REGULATORY COMMISSION</p> <p style="text-align: center;">FINAL CERTIFICATION OF ACCEPTABLE COSTS FOR NEGOTIATED CONTRACTS</p>	<p>CONTRACT NUMBER</p> <hr/> <p>VOUCHER (Invoice) NUMBER</p> <hr/> <p>AMOUNT</p>
<p>I hereby certify that I have examined the Contractor's voucher (invoice) representing final costs under the referenced contract and that to the best of my knowledge and belief, the items for which reimbursement is to be made, together with all costs previously claimed and reimbursed, for a total amount of \$ _____ under this contract were necessarily incurred in the performance of the work under said contract.</p> <p>The contractor performed services stated and is not now in default under said contract in furnishing reports, disclosures, licenses, equipment, or any other tangible articles required under the terms of the contract. Therefore, final payment in the amount of \$ _____ is hereby approved.</p>	
<p>CONTRACTING OFFICER'S SIGNATURE</p>	<p>DATE</p>

NRC FORM 291
(9-78)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:DC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	9-78

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 292

NRC FORM 292 (2-81)		U. S. NUCLEAR REGULATORY COMMISSION		TO:	MAIL STOP	
VOUCHER TRANSMITTAL FOR REVIEW AND APPROVAL PRIOR TO PAYMENT						
The attached (see item checked below) which was received by the Division of Contracts on _____ is forwarded for your review and recommendation for approval/suspension/disallowance prior to payment.				VOUCHER NUMBER _____ DATE _____		
				CONTRACT NUMBER _____ CONTRACTOR _____		
				B & R NUMBER _____ FIN. NUMBER _____		
Progress _____ Expiration _____		Withheld Fixed Fee _____		AMOUNT \$ _____ AFC NUMBER _____		
Fixed Price _____ Final _____						
PART I - NRC Project Officer will complete within 14 calendar days.					REPORTING PERIOD _____	
Please answer all questions "yes" or "no" to the best of your knowledge. Explain all "no" answers for questions 4 thru 12 under comments or on a separate attachment.						
QUESTION					YES	NO
1. Did the Project Officer visit the contractor or did the contractor visit NRC during this reporting period?						
2. Was a report of the visit submitted to the contracting office?						
3. If the answer to question 1 is "no", has there been other contact with the contractor during this period?						
4. Is the contractor performing satisfactorily and within the scope of the contract?						
5. Has the contractor submitted all required reports in acceptable order and in a timely manner?						
6. Is the contractor using personnel with the required skills for maximum performance?						
7. Is the contractor dedicating the effort set forth in the contract?						
8. Will the contractor meet the completion date specified in the contract?						
9. Are the unexpended funds sufficient to complete the services required in the contract?						
10. Has the contractor been supplied all government furnished property required in the contract?						
11. Were all problems that may adversely affect performance and/or cost brought to the attention of the contracting officer in a timely manner?						
12. Has the contractor met the delivery schedule as set forth in the contract?						
13. COMMENTS						
I have examined the referenced voucher in relation to the contractor's progress and technical aspects of the items claimed and recommend the following:						
Payment in the amount of \$ _____		Withholding payment pending clarification in the following areas of concern:				
SIGNATURE PROJECT OFFICER _____			DATE _____	SIGNATURE (If required by your division or other authorized representative.) _____		
PART II - Contracting Officer will complete within 10 calendar days.						
I have examined the referenced voucher, considered the recommendations of the reviewing Project Officer, and request the following action be taken: (For suspension and/or disallowances, please attach Division of Contracts letter of explanation to contractor.)						
Payment in the amount of \$ _____		REASONS FOR SUSPENSION/DISALLOWANCE				
Suspension in the amount of \$ _____						
Disallowance in the amount of \$ _____						
SIGNATURE - CONTRACTING OFFICER _____			DATE _____			
PART III - NRC Controller will complete.						
Payment in the amount of \$ _____ has been made.						
A deduction in the amount of \$ _____ has been made from the voucher and the remaining payment in the amount of \$ _____ has been made.						
SIGNATURE CONTROLLER REPRESENTATIVE _____					DATE _____	

FORMS MANAGEMENT DATA						1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE		STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET CARD		ADM:DC	STATUS OF EXISTING STOCK		7540-00-NRC-0292X	HD	2-81
PD/ _____ (Pad/Sheet per Pad)							
US/ 6 _____ (Unit Sets/Number of Parts)			DESTROY:				
MP/ _____ (Multipage/Number of Parts)			IMMEDIATELY				
LABEL			WHEN NEW STOCK IS AVAILABLE				
PC (Postal Card)			STOCKING POINT				
TC (Tab Card)			WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS				
TP/ _____ (Tab Paper/Number of Parts)			PROMULGATING OFFICE (ONLY)				
ENVL							
OTHER (Specify)							

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 293

NRC FORM 293 (11-82)		U.S. NUCLEAR REGULATORY COMMISSION	
REQUEST TO UPDATE MASTER MAILING LIST			
TYPE OF UPDATE	<input type="checkbox"/> NEW	<input type="checkbox"/> DELETION	<input type="checkbox"/> ADDRESS/NAME CHANGE
DISTRIBUTION CODE TO BE ADDED/DELETED:			
COMPANY		DIVISION	
NAME		MAIL STOP	
TITLE		STREET ADDRESS	
CITY		STATE	ZIP CODE
ADDITIONAL COMMENTS			
SIGNATURE - BRANCH CHIEF (Approval)		DATE	SIGNATURE - DISTRIBUTION CODE CONTACT
			DATE

PUBLICATIONS SERVICE

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>3</u> (Unit Sets/Number of Parts) 8½ x 5½" <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC:DM	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		US/3	11-82
STOCKING POINT					
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 294

NRC FORM 294 (10-82) NRCM 1101		U.S. NUCLEAR REGULATORY COMMISSION		NAME OF IMPREST FUND	
TRANSFER OF CASH AMONG PRINCIPAL, ALTERNATE AND SUB-CASHIERS					
I, _____, designated _____ cashier <small>(name) (principal, alternate, sub)</small>					
for the _____ Imprest Fund, acknowledge receipt of <small>(name of imprest fund)</small>					
_____ dollars and _____ cents (\$ _____) from <small>(name) (principal, alternate, sub-cashier)</small>					
These funds are to be used in accordance with the procedures contained in the U.S. Treasury "Manual of Procedures and Instructions for Cashiers Operating Under Executive Order No. 6166" and the agency regulations and guidelines.					
SIGNATURE - PRINCIPAL CASHIER		DATE	SIGNATURE		DATE
SIGNATURE - ALTERNATE CASHIER		DATE	TITLE		
SIGNATURE - SUB-CASHIER		DATE	SIGNATURE		DATE
			TITLE		

NRC FORM 294
(10-82)

FORMS MANAGEMENT DATA						1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE		STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/ _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 2 (Unit Sets/Number of Parts) 8 1/2 x 5 1/2" <input type="checkbox"/> MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:A			7540-00-NRC-0294X	HD	10-82
STATUS OF EXISTING STOCK						
<input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY)						
<input type="checkbox"/> DESTROY:						
<input type="checkbox"/> IMMEDIATELY						
<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE						
STOCKING POINT						
<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS						
<input type="checkbox"/> PROMULGATING OFFICE (ONLY)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 299

NRC FORM 299 (10-78)	U.S. NUCLEAR REGULATORY COMMISSION PERFORMANCE EVALUATION <i>(Carriers of Household Goods)</i>	NAME OF CARRIER DATE OF MOVE
TO:		FROM AND RETURN TO: Travel Services Branch, L-338
To establish and maintain a complete historical file on the performance of the various moving companies that we employ, it is necessary for you to respond to the evaluation factors listed below. If you wish to comment on any item, please do so under "remarks".		
EVALUATION FACTORS		YES NO
1. The overall move was satisfactory.		
2. Household goods were picked up on schedule.		
2. Household goods were delivered on schedule.		
3. Packing was satisfactory.		
4. There was damage to household goods. (If yes, <input type="checkbox"/> minimal <input type="checkbox"/> excessive)		
5. Sufficient number of packers was supplied.		
5. Sufficient number of employees was supplied for unpacking.		
6. I would use this company again and would recommend it to others.		
The Travel Services Branch provided adequate assistance to effect the move.		
7. The Travel Services Branch responded satisfactorily to all problems reported. (If you answer "no", indicate under remarks how you could have been better assisted.)		
REMARKS		
EMPLOYEE'S SIGNATURE		DATE

NRC FORM 299
(10-78)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:TS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	10-78
STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					

DATE OF DOCUMENT	DATE RECEIVED	DUE DATE	REVISED DUE DATE	COMPLETION DATE	CONTROL NUMBER
OFFICE ASSIGNED		NAME OF ORIGINATOR AND OFFICE			
REFERRED TO		DESCRIPTION			
TRANSITION TYPE (Code Option)		REMARKS			
<input type="checkbox"/> 1. Add new items <input type="checkbox"/> 2. Delete items <input type="checkbox"/> 3. Change item date <input type="checkbox"/> 4. Update item status (close out) <input type="checkbox"/> 5. Revised due date <input type="checkbox"/> 6. Correct item status					
DISTRIBUTION					
NRC FORM 300 - (1-79)		U.S. NUCLEAR REGULATORY COMMISSION			
WORK ITEM TRACKING SYSTEM (WITS, NMSS)					

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>9</u> (Unit Sets/Number of Parts) 8 x 5", MP/____ (Multipage/Number of Parts) blue <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NMSS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		US/9	1-79	
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 301

NRC FORM 301
(11-78)

U.S. NUCLEAR REGULATORY COMMISSION

PAGE _____ OF _____

DATE _____

JOB TITLE _____

OFFICE _____

TIME ALLOCATION FILE UPDATE

PREPARED BY _____

ORG. CODE	SOCIAL SECURITY NO.	NAME	T/A #1			T/A #2			T/A #3			T/A #4			REASON																																																																
			PROGRAM CODE	ACT CODE	PERCENT	PROGRAM CODE	ACT CODE	PERCENT	PROGRAM CODE	ACT CODE	PERCENT	PROGRAM CODE	ACT CODE	PERCENT																																																																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

FORMS MANAGEMENT DATA					1/83
<input checked="" type="checkbox"/> SHEET, 14 x 8½" <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____(Pad/Sheet per Pad) <input type="checkbox"/> US/_____(Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____(Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____(Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	PROMULGATING OFFICE RM;D	PRESCRIBING DIRECTIVE STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)	STOCK NUMBER	UNIT OF ISSUE Sheet	EDITION DATE 11-78

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 302

NRC FORM 302 (12-82)		U.S. NUCLEAR REGULATORY COMMISSION		1. CONTRACTOR KEYBOARD COMMUNICATIONS			
CRESS WORD PROCESSING SERVICE WORK ORDER				2. CONTRACT NUMBER NRC-10-83-296			
3. WORK ORDER NUMBER				5. DATE SUBMITTED			
4. SERVICES REQUESTED (Using IBM Mag Card or System #)							
a. Type-Rough Draft (No Proofreading Required)		f. Revise-Proofread Changes Only		6. DATE REQUIRED			
b. Type-Proofread		g. Proofread Revise		7. DATE RECEIVED			
c. Type-Camera-Ready Copy (Copy/edit)		h. Communicate		10. CONTROL NUMBER			
d. Type-Proofread, Minor Markups okay				14. LINES PER PAGE			
e. Revise-Proofread, Minor Markups okay				PAPER SIZE			
8. TITLE OF DOCUMENT		9. DOCUMENT FORMAT		MATS <input type="checkbox"/> 8 1/2 x 11" <input type="checkbox"/> 8 1/2 x 14"			
11. ORIGINATOR		12. DEGREE OF DIFFICULTY		LINE SPACING			
15. SPECIAL INSTRUCTIONS				SINGLE <input type="checkbox"/> 1 1/2" <input type="checkbox"/> DOUBLE <input type="checkbox"/>			
16. PERSON TO CONTACT REGARDING WORK ORDER			OFFICE LOCATION		PHONE NUMBER		
COST DATA (Based on price per line)							
NUMBER OF PAGES	LINES PER PAGE	TOTAL LINES	CATEGORY	@ \$ PER LINE	NUMBER OF DAYS	SUBTOTAL	GRAND TOTAL

FORMS MANAGEMENT DATA				1/83			
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE		STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 4 (Un. Sets/Number of Parts), 8 1/2 x 5 1/2" <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)		ADM:TIDC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)			US/4	12-82
			STOCKING POINT?				
			<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 304

NRC FORM 304 (REV. 12-82)

U.S. NUCLEAR REGULATORY COMMISSION NAME
WEEKLY ACTIVITY REPORT
 (OI - Investigator)

REPORT PERIOD FROM TO

OFFICE

ACTIVITIES	ACTIVITIES							TOTAL	REMARKS
	SUN	MON	TUE	WED	THU	FRI	SAT		
A. INVESTIGATIONS									
CASE NUMBER									
CATEGORY 1	3								
CATEGORY 2									
CATEGORY 3									
B. INQUIRIES									
C. INSPECTIONS									
D. INTELLIGENCE									
E. LIAISON									
F. SUPERVISION									
G. TRAINING NRC EMPLOYEES									
H. TRAINING RECEIVED									
I. TRAVEL									
J. ADMINISTRATIVE/STAFF ACTIVITY									
K. LEAVE (A - Annual, B - Sick, C - Other, including Military, Court, Administrative)									
L. ALL OTHER ACTIVITIES (includes M - Holiday)									
M. TOTAL (By Day)									
N. OVERTIME (or Comp. Time)									
O. OVERTIME FOR QUARTER									

INITIALS
 INVESTIGATOR
 SUPERVISOR

¹Enter the date under the appropriate day.
²Enter total hours in each column.

CATEGORIES - Enter one of the following codes in this column:
 I - INDIVIDUAL LICENSEE
 M - MATERIALS-FUEL
 X - OTHER

1. CATEGORIES - Enter one of the following codes in this column:
 O - OPERATING REACTOR
 C - REACTOR UNDER CONSTRUCTION
 V - VENDOR

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL PC (Postal Card) TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	01	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	8-82
STOCKING POINT					
<input type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 306

NRC Form 306 (10-82) NRCM 0231		U.S. NUCLEAR REGULATORY COMMISSION		1. DATE PREPARED
FILES MAINTENANCE AND DISPOSITION PLAN				
2. ORGANIZATION (Office, Division, Branch)			3. CONTACT (Name of File Custodian)	
4. RECORDS LIAISON OFFICER		TYPED NAME AND POSITION TITLE		
FILE PLAN				
ITEM NO. A	TITLE OR DESCRIPTION OF RECORDS SERIES B	DISPOSITION <i>(Insert number of applicable records disposition standards from NRCM 0231, and complete disposition instructions, including cut off, retirement, or destruction actions. If standard cannot be found, enter "None".)</i> C		

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC:DM	NRCM 0231 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0306X	HD	10-82

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 306A

NRC Form 306A (10-82) NRCM 0231		U.S. NUCLEAR REGULATORY COMMISSION		PAGE NUMBER	DATE PREPARED
FILES MAINTENANCE AND DISPOSITION PLAN (Continuation)					
ITEM NO. A	TITLE OR DESCRIPTION OF RECORDS SERIES B	DISPOSITION C			

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:TIDC:DM	NRCM 0231 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0306A	HD	10-82

NRC FORMS FACSIMILE HANDBOOK

INSTRUCTIONS

NRC FORM 307, REVERSE

The following are specific instructions for completing each of the required items on the Allegation Data Form.

The first part of the form (items 1 - 7) should be completed by the Office receiving the allegation. The remainder of the form (items 8 - 13) should be completed by the Office responsible for reviewing and taking action on the allegation.

1. Facility(ies) Involved: Give the name of the facility(ies) or company(ies) about whom the allegation is made. Write the docket number, if appropriate, in the boxes to the right. If the allegation is made about a specific individual or if the information in this item is otherwise sensitive, write SENSITIVE. If more than three facilities or companies are involved write GENERIC.
2. Functional Area(s) Involved: Check all applicable boxes.
3. Description: Briefly describe the allegation (1 or 2 sentences). Be concise. If an allegation includes several instances of wrong doing list the assertions separately or group them by type. NOTE: if the description of the allegation is sensitive, write only SENSITIVE.
4. Source of Allegation: Check the box that most clearly describes the affiliation or occupation of the person making the allegation. DO NOT include the name of the individual making the allegation.
5. Date Allegation Received: Show the month, day, and year on which the allegation was reported to NRC.
6. Name of Individual Receiving Allegation: Give the NRC staff member's first and middle initials and last name.
7. Office: Use official NRC abbreviations to indicate the NRC Office receiving the allegation.
8. Action Office Contact: Write the first and middle initials and last name of the NRC staff member responsible for follow-up action on the allegation.
9. FTS Telephone Number: Write the seven-digit FTS telephone number at which the Action Office Contact (see item 8) can be reached.
10. Status: Check the appropriate box.
11. Date Closed: Show the month, day, and year on which the follow-up action was completed.
12. Remarks: Include additional information as appropriate. EXAMPLES: list other allegations related to this allegation; list other NRC offices responsible for follow-up activities on this allegation.
13. Allegation Number: Fill in the boxes to uniquely identify this allegation:
OFFICE -- official NRC office abbreviation for the Office responsible for follow-up activities.
YEAR -- last two digits of the calendar year in which the allegation was reported to NRC.
A -- identifies this number as an allegation number.
NUMBER -- sequential number assigned by the Office responsible for the follow-up activities.
EXAMPLE: The 24th allegation received by IE in 1982 would be shown as IE-82-A-0024

NRC FORM 308 <small>(12-82)</small>		U.S. NUCLEAR REGULATORY COMMISSION		<small>TYPE OF EXAM</small>		
ORAL EXAM AUDIT		<input type="checkbox"/> RO <input type="checkbox"/> SRD UPGRADE <input type="checkbox"/> SRD INSTANT	<input type="checkbox"/> INITIAL <input type="checkbox"/> RETAKE <input type="checkbox"/> REQUALIFICATION			
EXAMINEE	FACILITY					
APPROX. DATE	DATE APPRAISED	DATE OF LAST ORAL APPRAISAL				
RATING FACTORS		EXCEL	GOOD	FAIR	POOR	COMMENTS
1. CONFORMANCE TO THE EXAMINER STANDARDS						
a. OPERATING DEMONSTRATION						
b. CONTROL ROOM (Major, Auxiliary & Engineered Safety Sys.)						
c. CONTROL ROOM (Nuclear and Radiation Instruments)						
d. CONTROL ROOM (Electrical)						
e. PLANT WALKTHROUGH						
f. INTEGRATED PLANT RESPONSE						
g. THEORY NUCLEAR						
h. THEORY THERMO. H.T., FLUID DYN.						
i. RADIATION PROTECTION						
2. KNOWLEDGE OF FACILITY AND ITS PROCEDURES						
a. GENERAL KNOWLEDGE OF FACILITY						
b. SPECIFIC KNOWLEDGE OF FACILITY						
c. SPECIFIC KNOWLEDGE OF FACILITY PROCEDURES						
3. ABILITY TO EVALUATE CANDIDATE'S KNOWLEDGE						
a. QUALITY OF QUESTIONS						
b. ASKS FOLLOW UP QUESTIONS WHEN NECESSARY						
c. APPROPRIATE QUESTIONS FOR TYPE OF CANDIDATE						
d. TEST OF CANDIDATE'S "BOARDSMANSHIP"						
4. DEMAND OF EXAMINER (Comment Required)						
5. APPROPRIATE BALANCE OF EXAM (Operational vs. Theoretical) (Comment Required)						
6. EXAMINATION REPORT						
a. COMMENTS JUSTIFIED						
b. SUMMARY EVALUATIONS ADEQUATELY SUPPORTED						
c. COMPLETE AND ACCURATE REPORT						
7. COMMENTS						

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	NRR;RFS;OLB	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	12-82
			STOCKING POINT		
			<input type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)	<input type="checkbox"/> SUPPLY ROOMS	

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 311

NRC FORM 311 (12-78)	U.S. NUCLEAR REGULATORY COMMISSION QUALITY ASSURANCE PROGRAM APPROVAL FOR RADIOACTIVE MATERIAL PACKAGES	1. APPROVAL NUMBER <hr/> REVISION NUMBER
Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974, as amended, and Title 10, Code of Federal Regulations, Chapter 1, Part 71, and in reliance on statements and representations heretofore made in Item 5 by the person named in Item 2, the Quality Assurance Program identified in Item 5 is hereby approved. This approval is issued to satisfy the requirements of Section 71.51 of 10 CFR Part 71. This approval is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.		
2. NAME <hr/> STREET ADDRESS <hr/> CITY	STATE <hr/> ZIP CODE	3. EXPIRATION DATE <hr/> 4. DOCKET NUMBER
5. QUALITY ASSURANCE PROGRAM APPLICATION DATE(S)		
6. CONDITIONS		
FOR THE U.S. NUCLEAR REGULATORY COMMISSION		
SIGNATURE	DATE	

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NMSS:FC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	12-78
			STOCKING POINT		
			<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS		
			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		

U.S. NUCLEAR REGULATORY COMMISSION

SUMMARY DATA SHEET (10 CFR - PART 21)

GENERAL SUBJECT OF REPORT (CC 9-78)

NAME OF LICENSEE, VENDOR, OR OTHER ORGANIZATION REPORTING (CC 79-148) 0 4

NAME OF PERSON REPORTING (CC 149-173)

SECTION A - INITIAL DATA (Includes Elements 01 Thru 08)

PART 21 IDENTIFICATION NO. (CC 1-8) 0 2

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99																																																																																								
DATE OF INITIAL NOTIFICATION (CC 134-137)	MONTH	DAY	YEAR	DOCKET (CC 186-193)	REG (CC 194)	DOCKET (CC 204-211)	REG (CC 212)	DOCKET (CC 213-220)	REG (CC 221)	DOCKET (CC 222-229)	REG (CC 230)	DOCKET (CC 231)	REG (CC 232)	DOCKET (CC 233-240)	REG (CC 241)	DOCKET (CC 242-249)	REG (CC 250)	DOCKET (CC 251)	REG (CC 252)	DOCKET (CC 253-260)	REG (CC 261)	DOCKET (CC 262-269)	REG (CC 270)	DOCKET (CC 271)	REG (CC 272)	DOCKET (CC 273-280)	REG (CC 281)	DOCKET (CC 282-289)	REG (CC 290)	DOCKET (CC 291-298)	REG (CC 299)	DOCKET (CC 300-307)	REG (CC 308)	DOCKET (CC 309-316)	REG (CC 317)	DOCKET (CC 318-325)	REG (CC 326)	DOCKET (CC 327-334)	REG (CC 335)	DOCKET (CC 336-343)	REG (CC 344)	DOCKET (CC 345-352)	REG (CC 353)	DOCKET (CC 354-361)	REG (CC 362)	DOCKET (CC 363-370)	REG (CC 371)	DOCKET (CC 372-379)	REG (CC 380)	DOCKET (CC 381-388)	REG (CC 389)	DOCKET (CC 390-397)	REG (CC 398)	DOCKET (CC 399-406)	REG (CC 407)	DOCKET (CC 408-415)	REG (CC 416)	DOCKET (CC 417-424)	REG (CC 425)	DOCKET (CC 426-433)	REG (CC 434)	DOCKET (CC 435-442)	REG (CC 443)	DOCKET (CC 444-451)	REG (CC 452)	DOCKET (CC 453-460)	REG (CC 461)	DOCKET (CC 462-469)	REG (CC 470)	DOCKET (CC 471-478)	REG (CC 479)	DOCKET (CC 480-487)	REG (CC 488)	DOCKET (CC 489-496)	REG (CC 497)	DOCKET (CC 498-505)	REG (CC 506)	DOCKET (CC 507-514)	REG (CC 515)	DOCKET (CC 516-523)	REG (CC 524)	DOCKET (CC 525-532)	REG (CC 533)	DOCKET (CC 534-541)	REG (CC 542)	DOCKET (CC 543-550)	REG (CC 551)	DOCKET (CC 552-559)	REG (CC 560)	DOCKET (CC 561-568)	REG (CC 569)	DOCKET (CC 570-577)	REG (CC 578)	DOCKET (CC 579-586)	REG (CC 587)	DOCKET (CC 588-595)	REG (CC 596)	DOCKET (CC 597-604)	REG (CC 605)	DOCKET (CC 606-613)	REG (CC 614)	DOCKET (CC 615-622)	REG (CC 623)	DOCKET (CC 624-631)	REG (CC 632)	DOCKET (CC 633-640)	REG (CC 641)	DOCKET (CC 642-649)	REG (CC 650)	DOCKET (CC 651-658)	REG (CC 659)	DOCKET (CC 660-667)	REG (CC 668)	DOCKET (CC 669-676)	REG (CC 677)	DOCKET (CC 678-685)	REG (CC 686)	DOCKET (CC 687-694)	REG (CC 695)	DOCKET (CC 696-703)	REG (CC 704)	DOCKET (CC 705-712)	REG (CC 713)	DOCKET (CC 714-721)	REG (CC 722)	DOCKET (CC 723-730)	REG (CC 731)	DOCKET (CC 732-739)	REG (CC 740)	DOCKET (CC 741-748)	REG (CC 749)	DOCKET (CC 750-757)	REG (CC 758)	DOCKET (CC 759-766)	REG (CC 767)	DOCKET (CC 768-775)	REG (CC 776)	DOCKET (CC 777-784)	REG (CC 785)	DOCKET (CC 786-793)	REG (CC 794)	DOCKET (CC 795-802)	REG (CC 803)	DOCKET (CC 804-811)	REG (CC 812)	DOCKET (CC 813-820)	REG (CC 821)	DOCKET (CC 822-829)	REG (CC 830)	DOCKET (CC 831-838)	REG (CC 839)	DOCKET (CC 840-847)	REG (CC 848)	DOCKET (CC 849-856)	REG (CC 857)	DOCKET (CC 858-865)	REG (CC 866)	DOCKET (CC 867-874)	REG (CC 875)	DOCKET (CC 876-883)	REG (CC 884)	DOCKET (CC 885-892)	REG (CC 893)	DOCKET (CC 894-901)	REG (CC 902)	DOCKET (CC 903-910)	REG (CC 911)	DOCKET (CC 912-919)	REG (CC 920)	DOCKET (CC 921-928)	REG (CC 929)	DOCKET (CC 930-937)	REG (CC 938)	DOCKET (CC 939-946)	REG (CC 947)	DOCKET (CC 948-955)	REG (CC 956)	DOCKET (CC 957-964)	REG (CC 965)	DOCKET (CC 966-973)	REG (CC 974)	DOCKET (CC 975-982)	REG (CC 983)	DOCKET (CC 984-991)	REG (CC 992)	DOCKET (CC 993-1000)	REG (CC 1001)

SECTION B - CLOSEOUT ACTION (Includes Elements 09 Thru 27)

0 LIST OTHER NRC OFFICES INFORMED (CC 282-286) (CC 287-291) (CC 292-296) (CC 297-301) (CC 302-306) 1 0 DEFECT FAILURE TO COMPLY

1 DISCUSSED WITH INITIATOR? (CC 308-310) 1 5

2 YES NO

3 REPORT REQUIRED FOR (CC 311-313) 1 6

4 YES NO

5 REQUEST FOR ADDITIONAL INFORMATION? (CC 314-319) 1 7

6 DATE RECEIVED (MONTH DAY YEAR)

7 YES NO

8 INQUIRY? (CC 320-322) 1 8

9 YES NO

10 PRESS RELEASE? (CC 323-325) 1 9

11 YES NO

12 TRANSFERRED TO OTHER NRC OFFICES? (CC 335-337) 2 3

13 YES NO

14 INSPECTION? (CC 326-328) 2 0

15 YES NO

16 ENFORCEMENT? (CC 338-340) 2 4

17 YES NO

18 BULLETIN ISSUED? (NUMBER) (CC 341-346) 2 6

19 YES NO

20 REVIEWED FOR POTENTIAL A/O (MC 1110)? (CC 326-331) 2 1

21 YES NO

22 INVESTIGATION? (CC 332-334) 2 2

23 YES NO

24 CORRECTIVE ACTION TAKEN? (CC 347-349) 2 7

25 YES NO

26 DATE OF FINAL REVIEW AND DISTRIBUTION (MONTH DAY YEAR) (CC 369-374)

27 LEVEL OF CLASSIFICATION (CC 368)

C - CLASSIFIED

U - UNCLASSIFIED

IF DOCKET NUMBER (CC 387-388) (CC 411-427)

IF DOCKET NUMBER (CC 435-440) (CC 459-470) (CC 471-482)

ADDITIONAL COMMENTS

485 564

565 634

636 704

705 774

775 844

845 914

915 984

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h, 11" side	IE			Sheet	12-78
<input type="checkbox"/> CARD					
<input type="checkbox"/> PD/ (Pad/Sheet per Pad)					
<input type="checkbox"/> US/ (Unit Sets/Number of Parts)					
<input type="checkbox"/> MP/ (Multipage/Number of Parts)	STATUS OF EXISTING STOCK				
<input type="checkbox"/> LABEL	USE FIRST DESTROY: IMMEDIATELY		OTHER (SPECIFY)		
<input type="checkbox"/> PC (Postal Card)	WHEN NEW STOCK IS AVAILABLE				
<input type="checkbox"/> TC (Tab Card)	STOCKING POINT				
<input type="checkbox"/> TP/ (Tab Paper/Number of Parts)	WAREHOUSE	SUPPLY ROOMS			
<input type="checkbox"/> ENVL	PROMULGATING OFFICE (ONLY)				
<input type="checkbox"/> OTHER (Specify)					

SECTION C - SUPPLEMENTAL REPORT				VENDOR/ORGANIZATION NAME		PERSON REPORTING
ID SEQUENCE NO.	DATE OF LETTER					
	(CC 988-993)	MONTH	DAY	YEAR		(CC 1030-1054)
(CC 985-987)					(CC 994-1029)	
(CC 1055-1057)	(CC 1058-1063)				(CC 1064-1099)	(CC 1100-1124)
(CC 1125-1127)	(CC 1128-1133)				(CC 1134-1169)	(CC 1170-1194)
(CC 1195-1197)	(CC 1198-1203)				(CC 1204-1239)	(CC 1240-1264)
(CC 1265-1267)	(CC 1268-1273)				(CC 1274-1309)	(CC 1310-1334)
(CC 1335-1337)	(CC 1338-1343)				(CC 1344-1379)	(CC 1380-1404)
(CC 1405-1407)	(CC 1408-1413)				(CC 1414-1449)	(CC 1450-1474)
(CC 1475-1477)	(CC 1478-1483)				(CC 1484-1519)	(CC 1520-1544)
(CC 1545-1547)	(CC 1548-1553)				(CC 1554-1589)	(CC 1590-1614)
(CC 1615-1617)	(CC 1618-1623)				(CC 1624-1659)	(CC 1660-1684)

3
0

NRC FORMS FACSIMILE HANDBOOK

NRC Form 313 (I)
(12-81)
10 CFR 30

U.S. NUCLEAR REGULATORY COMMISSION

NRC FORM 313(I),
INSTRUCTION PAGE 1
Form Approved by OMB
3150-0042

INSTRUCTIONS FOR PREPARATION OF APPLICATION FOR BYPRODUCT MATERIAL LICENSE

NRC FORM 313 (I)

GENERAL INFORMATION

An applicant for a "Byproduct Material (Radioisotopes) License," should complete NRC Form 313 (I) in detail and submit in duplicate to the U.S. Nuclear Regulatory Commission. The applicant should endeavor to cover his entire radioisotope program with one application, if possible. However, separate applications should be submitted for gamma irradiators. Applications for medical uses should be submitted on NRC Form 313 (M) and applications for use of sealed sources in radiography should be submitted on NRC Form 313R. Supplemental sheets may be appended when necessary to provide complete information. *Item 18 must be completed on all applications. Submission of an incomplete application will often result in a delay in issuance of the license because of the correspondence necessary to obtain information requested on the application.*

NOTE: When the application includes one of the special uses listed below, the applicant should request the appropriate pamphlet which provides additional instructions:

1. Industrial Radiography—"Licensing Requirements for Industrial Radiography" (use application NRC Form 313R for Radiography).
2. Laboratory and Industrial Uses of Small Quantities—"Guide for Preparation of Applications for Laboratory and Industrial Uses of Small Quantities of Byproduct Material."

3. Broad License (research and development)—"Licensing Guide for Type-A Licenses of Broad Scope for Research and Development."
4. Licensing Guides for the performance of well logging operations.
5. Licensing guide for the use of sealed sources in portable and semi-portable gauging devices.

The Commission charges fees for filing of applications for licenses as specified in Section 170.12, Title 10, Code of Federal Regulations, Part 170. The applicant should refer to Section 170.31, *Schedule of fees for materials licenses*, to determine what fee should accompany the application. No action can be taken on applications until fees are paid. Checks or money orders should be made payable to the U.S. Nuclear Regulatory Commission.

Two copies of the completed NRC Form 313 (I) and two copies of each attachment thereto, should be sent to the Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. One copy should be retained for the applicant's file. Applications may also be filed in person at the Commission's office at 1717 H Street, N.W., Washington, D.C. or at 7915 Eastern Avenue, Silver Spring, Maryland.

EXPLANATION OF FORM NRC-313 (I)

NRC Form 313 (I) is designed for use in supplying information on programs of varying complexity. The applicant should provide complete information on his proposed program for the possession and use of licensed material. For those items that do not apply, indicate as N.A. (not applicable).

Item No.

1. Self-explanatory
2. The "applicant" is the organization or persons legally responsible for possession and use of the licensed materials specified in the application.
3. Self-explanatory
4. Self-explanatory

5. The actual sites of use should be listed as indicated. Permanent facilities such as field offices for portable gauges or devices should be identified in Item 5 by Street, Address, City and State. Temporary field locations of use should be specified as "temporary job sites of the applicant" and list the States throughout which the temporary job sites will be located. Attach additional properly keyed sheet if more space is needed.
6. Self-explanatory
7. The "Radiation Protection Officer" is the named individual who is expected to coordinate the safe use of the licensed material specified in the application and who will ensure compliance with the applicable parts of Title 10, Code of Federal Regulations.

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ 11 (Multipage/Number of Parts) h to f, LABEL 1 2-page instruction, 3 3-page <input type="checkbox"/> PC (Postal Card) forms <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NMSS,FC	10 CFR 30 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	W7540-00-NRC-313BI	HD	12-81

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313(I), INSTRUCTION PAGE 2

8. List by name each radioisotope to be possessed and used under the license. Example:

A	B
(1) Iodine-131	(1) Iodide
(2) Iodine-131	(2) Iodinated Human Serum Albumin
(3) Xenon-85	(3) Gas
(4) Cesium-137	(4) Sealed Source
C	D
(1) Not Applicable	(1) 10 millicuries
(2) N. A.	(2) 1 millicurie
(3) N. A.	(3) 1 millicurie
(4) Iso Corp Model Z-78	(4) 2 source of 150 millicuries each

Attach additional properly keyed sheets if more space is needed.

- 8.E State the use of each licensed material listed in 8.A, B, C, and D.

9. Description of containers and/or devices in which sealed sources listed in Item 8 will be stored or used. Example:

A	B
(1) #4 - Source housing	Iso Corp
C	
Model Z-278	

- 10-18 Self-explanatory. (For those items that do not apply, indicate as N.A. (not applicable).)

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(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 Nuclear Regulatory Commission on NRC Forms 313M, 313I, or 313R. This information is maintained in a system of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY** Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).
2. **PRINCIPAL PURPOSE(S)** The information is evaluated by the NRC staff pursuant to the criteria set forth in 10 CFR Parts 30-36 to determine whether the application meets the requirements of the Atomic Energy Act of 1954, as amended, and the Commission's regulations, for the issuance of a byproduct material license or amendment thereof.
3. **ROUTINE USE(S)** The information may be used: (a) to provide records to State health departments for their information and use; and (b) to provide information to Federal, State, and local health officials and other persons in the event of incident of exposure, for their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State and local agencies in the event that the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for a NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you. A copy of the license issued will routinely be placed in the NRC's Public Document Room, 1717 H Street, N. W., Washington, D. C.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** Disclosure of the requested information is voluntary. If the requested information is not furnished, however, the application for byproduct material license, or amendment thereof, will not be processed.
5. **SYSTEM MANAGER(S) AND ADDRESS** Director, Division of Fuel Cycle and Material Safety
Office of Nuclear Material Safety and Safeguards
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313(I), FACE OF FORM

<p>NRC Form 313 I (12-81) 10 CFR 30</p> <p style="text-align: center;">U.S. NUCLEAR REGULATORY COMMISSION</p> <p style="text-align: center;">APPLICATION FOR BYPRODUCT MATERIAL LICENSE INDUSTRIAL</p> <p><i>See attached instructions for details.</i></p> <p><i>Completed applications are filed in duplicate with the Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety, and Safeguards, U.S. Nuclear Regulatory Commission, Washington, DC 20555 or applications may be filed in person at the Commission's office at 1717 H Street, NW, Washington, D. C. or 7915 Eastern Avenue, Silver Spring, Maryland</i></p>		<p>1. APPLICATION FOR: <i>(Check and/or complete as appropriate)</i></p> <p>a. NEW LICENSE</p> <p>b. AMENDMENT TO LICENSE NUMBER</p> <p>c. RENEWAL OF LICENSE NUMBER</p>																													
<p>2. APPLICANT'S NAME <i>(Institution, firm, person, etc.)</i></p> <p>TELEPHONE NUMBER - AREA CODE - NUMBER EXTENSION</p>	<p>3. NAME AND TITLE OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION</p> <p>TELEPHONE NUMBER - AREA CODE - NUMBER EXTENSION</p>																														
<p>4. APPLICANT'S MAILING ADDRESS <i>(Include Zip Code)</i> <i>(Address to which NRC correspondence, notices, bulletins, etc., should be sent)</i></p>	<p>5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED <i>(Include Zip Code)</i></p>																														
<p>(IF MORE SPACE IS NEEDED FOR ANY ITEM, USE ADDITIONAL PROPERLY KEYED PAGES)</p>																															
<p>6. INDIVIDUAL(S) WHO WILL USE OR DIRECTLY SUPERVISE THE USE OF LICENSED MATERIAL <i>(See Items 16 and 17 for required training and experience of each individual named below)</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">FULL NAME</th> <th style="width:50%;">TITLE</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> </tr> <tr> <td>b.</td> <td></td> </tr> <tr> <td>c.</td> <td></td> </tr> </tbody> </table>		FULL NAME	TITLE	a.		b.		c.																							
FULL NAME	TITLE																														
a.																															
b.																															
c.																															
<p>7. RADIATION PROTECTION OFFICER</p> <p><i>Attach a resume of person's training and experience as outlined in Items 16 and 17 and describe his responsibilities under Item 15.</i></p>																															
<p>8. LICENSED MATERIAL</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">L I N E</th> <th style="width:25%;">ELEMENT AND MASS NUMBER</th> <th style="width:20%;">CHEMICAL AND/OR PHYSICAL FORM</th> <th style="width:20%;">NAME OF MANUFACTURER AND MODEL NUMBER <i>(If Sealed Source)</i></th> <th style="width:30%;">MAXIMUM NUMBER OF MILLICURIES AND/OR SEALED SOURCES AND MAXIMUM ACTIVITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE TIME</th> </tr> <tr> <th>NO.</th> <th>A</th> <th>B</th> <th>C</th> <th>D</th> </tr> </thead> <tbody> <tr> <td>(1)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(2)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(3)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(4)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		L I N E	ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	NAME OF MANUFACTURER AND MODEL NUMBER <i>(If Sealed Source)</i>	MAXIMUM NUMBER OF MILLICURIES AND/OR SEALED SOURCES AND MAXIMUM ACTIVITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE TIME	NO.	A	B	C	D	(1)					(2)					(3)					(4)				
L I N E	ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	NAME OF MANUFACTURER AND MODEL NUMBER <i>(If Sealed Source)</i>	MAXIMUM NUMBER OF MILLICURIES AND/OR SEALED SOURCES AND MAXIMUM ACTIVITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE TIME																											
NO.	A	B	C	D																											
(1)																															
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(3)																															
(4)																															
<p>DESCRIBE USE OF LICENSED MATERIAL</p> <p style="text-align: center;">E</p>																															
<p>(1)</p>																															
<p>(2)</p>																															
<p>(3)</p>																															
<p>(4)</p>																															

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313(I), REVERSE

9. STORAGE OF SEALED SOURCES						
LINE NO.	CONTAINER AND/OR DEVICE IN WHICH EACH SEALED SOURCE WILL BE STORED OR USED. A	NAME OF MANUFACTURER B	MODEL NUMBER C			
(1)						
(2)						
(3)						
(4)						
10. RADIATION DETECTION INSTRUMENTS						
LINE NO.	TYPE OF INSTRUMENT A	MANUFACTURER'S NAME B	MODEL NUMBER C	NUMBER AVAILABLE D	RADIATION DETECTED (alpha, beta, gamma, neutron) E	SENSITIVITY RANGE (microrentgens/hour or counts/minute) F
(1)						
(2)						
(3)						
(4)						
11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10						
<input type="checkbox"/> a. CALIBRATED BY SERVICE COMPANY NAME, ADDRESS, AND FREQUENCY			<input type="checkbox"/> b. CALIBRATED BY APPLICANT <i>Attach a separate sheet describing method, frequency and standards used for calibrating instruments.</i>			
12. PERSONNEL MONITORING DEVICES						
TYPE <i>(Check and/or complete as appropriate.)</i> A		SUPPLIER <i>(Service Company)</i> B			EXCHANGE FREQUENCY C	
<input type="checkbox"/> (1) FILM BADGE					<input type="checkbox"/> MONTHLY	
<input type="checkbox"/> (2) THERMOLUMINESCENCE DOSIMETER (TLD)					<input type="checkbox"/> QUARTERLY	
<input type="checkbox"/> (3) OTHER (Specify): _____ _____ _____					<input type="checkbox"/> OTHER (Specify): _____ _____ _____	
13. FACILITIES AND EQUIPMENT (Check where appropriate and attach annotated sketch(es) and description(s).)						
<input type="checkbox"/> a. LABORATORY FACILITIES, PLANT FACILITIES, FUME HOODS <i>(Include filtration, if any), ETC.</i>						
<input type="checkbox"/> b. STORAGE FACILITIES, CONTAINERS, SPECIAL SHIELDING <i>(fixed and/or temporary), ETC.</i>						
<input type="checkbox"/> c. REMOTE HANDLING TOOLS OR EQUIPMENT, ETC.						
<input type="checkbox"/> d. RESPIRATORY PROTECTIVE EQUIPMENT, ETC.						
14. WASTE DISPOSAL						
a. NAME OF COMMERCIAL WASTE DISPOSAL SERVICE EMPLOYED:						
b. IF COMMERCIAL WASTE DISPOSAL SERVICE IS NOT EMPLOYED, SUBMIT A DETAILED DESCRIPTION OF METHODS WHICH WILL BE USED FOR DISPOSING OF RADIOACTIVE WASTES AND ESTIMATES OF THE TYPE AND AMOUNT OF ACTIVITY INVOLVED. IF THE APPLICATION IS FOR SEALED SOURCES AND DEVICES AND THEY WILL BE RETURNED TO THE MANUFACTURER, SO STATE						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313(I), FACE OF 2ND FORM

INFORMATION REQUIRED FOR ITEMS 15, 16 AND 17

Describe in detail the information required for Items 15, 16 and 17. Begin each item on a separate page and key to the application as follows:

- 15. RADIATION PROTECTION PROGRAM. Describe the radiation protection program as appropriate for the material to be used including the duties and responsibilities of the Radiation Protection Officer, control measures, bioassay procedures *(if needed)*, day-to-day general safety instruction to be followed, etc. If the application is for sealed source's also submit leak testing procedures, or if leak testing will be performed using a leak test kit, specify manufacturer and model number of the leak test kit.
- 16. FORMAL TRAINING IN RADIATION SAFETY. Attach a resume for each individual named in Items 6 and 7. Describe individual's formal training in the following areas where applicable. Include the name of person or institution providing the training, duration of training, when training was received, etc.
 - a. Principles and practices of radiation protection.
 - b. Radioactivity measurement standardization and monitoring techniques and instruments.
 - c. Mathematics and calculations basic to the use and measurement of radioactivity.
 - d. Biological effects of radiation.
- 17. EXPERIENCE. Attach a resume for each individual named in Items 6 and 7. Describe individual's work experience with radiation, including where experience was obtained. Work experience or on-the-job training should be commensurate with the proposed use. Include list of radioisotopes and maximum activity of each used.

18. CERTIFICATE

(This item must be completed by applicant)

The applicant and any official executing this certificate on behalf of the applicant named in Item 2, certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Part 30, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

WARNING.—18 U.S.C., Section 1001; Act of June 25, 1948; 62 Stat. 749; makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

a. LICENSE FEE REQUIRED <i>(See Section 170.31, 10 CFR 170)</i>	b. CERTIFYING OFFICIAL <i>(Signature)</i>
	c. NAME <i>(Type or print)</i>
(1) LICENSE FEE CATEGORY:	d. TITLE
(2) LICENSE FEE ENCLOSED: \$	e. DATE

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313(M), FACE OF 1ST FORM

NRC FORM 313M (9-81) 10 CFR 35	U.S. NUCLEAR REGULATORY COMMISSION APPLICATION FOR MATERIALS LICENSE – MEDICAL	Approved by OMB 3150-0041 Expires 9-30-82				
<p>INSTRUCTIONS – Complete Items 1 through 26 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 26 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the Licensee is subject to Title 10, Code of Federal Regulations, Parts 19, 20 and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in Item 26 and the appropriate fee enclosed.</p>						
1.a. NAME AND MAILING ADDRESS OF APPLICANT (institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE. TELEPHONE NO. AREA CODE () _____	1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (If different from 1.a.) INCLUDE ZIP CODE					
2. PERSON TO CONTACT REGARDING THIS APPLICATION TELEPHONE NO. AREA CODE () _____	3. THIS IS AN APPLICATION FOR: (Check appropriate item) a. <input type="checkbox"/> NEW LICENSE b. <input type="checkbox"/> AMENDMENT TO LICENSE NO. _____ c. <input type="checkbox"/> RENEWAL OF LICENSE NO. _____					
4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.)	5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.)					
6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE						
RADIOACTIVE MATERIAL LISTED IN:	ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)				
10 CFR 31.11 FOR IN VITRO STUDIES						
10 CFR 35.100, SCHEDULE A, GROUP I		AS NEEDED				
10 CFR 35.100, SCHEDULE A, GROUP II		AS NEEDED				
10 CFR 35.100, SCHEDULE A, GROUP III						
10 CFR 35.100, SCHEDULE A, GROUP IV		AS NEEDED				
10 CFR 35.100, SCHEDULE A, GROUP V		AS NEEDED				
10 CFR 35.100, SCHEDULE A, GROUP VI						
ADDITIONAL ITEMS: <table border="1" style="float: right; margin-left: 20px;"> <tr> <th style="width: 100px;">MARK ITEMS DESIRED</th> <th style="width: 100px;">MAXIMUM POSSESSION LIMITS</th> </tr> <tr> <td style="text-align: center;">"X"</td> <td style="text-align: center;">(In millicuries)</td> </tr> </table>			MARK ITEMS DESIRED	MAXIMUM POSSESSION LIMITS	"X"	(In millicuries)
MARK ITEMS DESIRED	MAXIMUM POSSESSION LIMITS					
"X"	(In millicuries)					
		IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM				
		PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA, LEUKEMIA AND BONE METASTASES				
		PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.				
		GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.				
		IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA				
		XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES				
6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a. (Sealed sources up to 3 mCi used for calibration and reference standards are authorized under Section 35.14(d), 10 CFR Part 35, and NEED NOT BE LISTED.)						
ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	MAXIMUM NUMBER OF MILLICURIES OF EACH FORM	DESCRIBE PURPOSE OF USE			

NRC FORM 313M
(9-81)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM SHEET CARD PD/_____(Pad/Sheet per Pad) US/_____(Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ <u>7</u> (Multipage/Number of Parts), h to f LABEL PC (Postal Card) TC (Tab Card) TP/_____(Tab Paper/Number of Parts) ENVL OTHER (Specify)	PROMULGATING OFFICE NMSS:FC	PRESCRIBING DIRECTIVE 10 CFR 30 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	STOCK NUMBER W7540-00-NRC-313BM	UNIT OF ISSUE HD	EDITION DATE 9-81

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313(M), REVERSE OF 1ST FORM

INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23	
For Items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10.8 Rev. _____ Date: _____	
7. MEDICAL ISOTOPES COMMITTEE	15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL <i>(Check One)</i>
Names and Specialties Attached; and	Appendix G Rules Followed; or
Duties as in Appendix B; or _____ <i>(Check One)</i>	Equivalent Rules Attached
Equivalent Duties Attached	16. EMERGENCY PROCEDURES <i>(Check One)</i>
8. TRAINING AND EXPERIENCE	Appendix H Procedures Followed; or
Supplements A & B Attached for Each Individual User; and	Equivalent Procedures Attached
Supplement A Attached for RSO.	17. AREA SURVEY PROCEDURES <i>(Check One)</i>
9. INSTRUMENTATION <i>(Check One)</i>	Appendix I Procedures Followed; or
Appendix C Form Attached; or	Equivalent Procedures Attached
List by Name and Model Number	18. WASTE DISPOSAL <i>(Check One)</i>
10. CALIBRATION OF INSTRUMENTS	Appendix J Form Attached; or
Appendix D Procedures Followed for Survey Instruments; or _____ <i>(Check One)</i>	Equivalent Information Attached
Equivalent Procedures Attached; and	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS <i>(Check One)</i>
Appendix D Procedures Followed for Dose Calibrator; or _____ <i>(Check One)</i>	Appendix K Procedures Followed; or
Equivalent Procedures Attached	Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT	20. THERAPEUTIC USE OF SEALED SOURCES
Description and Diagram Attached	Detailed Information Attached; and
12. PERSONNEL TRAINING PROGRAM	Appendix L Procedures Followed; or _____ <i>(Check One)</i>
Description of Training Attached	Equivalent Procedures Attached
13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL	21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon - 133)
Detailed Information Attached	Detailed Information Attached
14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS <i>(Check One)</i>	22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS
Appendix F Procedures Followed; or	Detailed Information Attached
Equivalent Procedures Attached	23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6b
	Detailed Information Attached

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313(M), FACE OF 2ND FORM

24. PERSONNEL MONITORING DEVICES			
TYPE <i>(Check appropriate box)</i>		SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY	FILM		
	TLD		
	OTHER <i>(Specify)</i>		
b. FINGER	FILM		
	TLD		
	OTHER <i>(Specify)</i>		
c. WRIST	FILM		
	TLD		
	OTHER <i>(Specify)</i>		
d. OTHER <i>(Specify)</i>			
25. FOR PRIVATE PRACTICE APPLICANTS ONLY			
a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL			
NAME OF HOSPITAL		b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR.	
MAILING ADDRESS			
CITY	STATE ZIP CODE		
c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS			
26. CERTIFICATE <i>(This item must be completed by applicant)</i>			
The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.			
a. LICENSE FEE REQUIRED <i>(See Section 170.31, 10 CFR 170)</i>		b. APPLICANT OR CERTIFYING OFFICIAL <i>(Signature)</i>	
		(1) NAME <i>(Type of Print)</i>	
(1) LICENSE FEE CATEGORY:		(2) TITLE	
(2) LICENSE FEE ENCLOSED: \$		c. DATE	

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313(M), REVERSE OF 2ND FORM

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(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 Nuclear Regulatory Commission on NRC Form 313M. This information is maintained in a system of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY** Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).
2. **PRINCIPAL PURPOSE(S)** The information is evaluated by the NRC staff pursuant to the criteria set forth in 10 CFR Parts 30-36 to determine whether the application meets the requirements of the Atomic Energy Act of 1954, as amended, and the Commission's regulations, for the issuance of a radioactive material license or amendment thereof.
3. **ROUTINE USES** The information may be used: (a) to provide records to State health departments for their information and use; and (b) to provide information to Federal, State, and local health officials and other persons in the event of incident or exposure, for their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State, and local agencies in the event that the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for a NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you. A copy of the license issued will routinely be placed in the NRC's Public Document Room, 1717 H Street, N.W., Washington, D.C.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** Disclosure of the requested information is voluntary. If the requested information is not furnished, however, the application for radioactive material license, or amendment thereof, will not be processed.
5. **SYSTEM MANAGER(S) AND ADDRESS** Director, Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313(M), FACE OF 3RD FORM

NRC FORM 313M SUPPLEMENT A (9-81)		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER			2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE	
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING		
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D	
a. RADIATION PHYSICS AND INSTRUMENTATION				
b. RADIATION PROTECTION				
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY				
d. RADIATION BIOLOGY				
e. RADIOPHARMACEUTICAL CHEMISTRY				
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313(M), REVERSE OF 3RD FORM

NRC FORM 313M SUPPLEMENT B (9-81) U. S. NUCLEAR REGULATORY COMMISSION
PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS		KEY TO COLUMN C PERSONAL PARTICIPATION SHOULD CONSIST OF: 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage. 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data. 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.
FULL NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i> D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION		
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
IN VITRO STUDIES			
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
BONE IMAGING			
OTHER			

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NRC FORM 313(M), FACE OF 4TH FORM

PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i>
A	B	C	D
P-32 <i>(Soluble)</i>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 <i>(Colloidal)</i>	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
	TREATMENT OF EYE DISEASE		
Sr-90	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:	a. NAME OF SUPERVISOR	6. PRECEPTOR'S SIGNATURE
	b. NAME OF INSTITUTION	
	c. MAILING ADDRESS	7. PRECEPTOR'S NAME <i>(Please type or print)</i>
	d. CITY	8. DATE
5. MATERIALS LICENSE NUMBER(S)		

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313R, INSTRUCTION
PAGE, FACE

NRC Form 313R
Instructions
(4-82)
10 CFR 34

U.S. NUCLEAR REGULATORY COMMISSION

INSTRUCTIONS FOR PREPARING
APPLICATION FOR BY PRODUCT MATERIAL LICENSE – USE OF SEALED SOURCES IN RADIOGRAPHY
NRC FORM 313R

An Applicant for a "Byproduct Material License" to possess and use reactor-produced radioisotopes in the form of sealed sources for radiography must complete NRC FORM 313R, and must attach to the completed form the additional information indicated. Two copies of the entire application should be sent to the Director, Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

NRC Regulatory Guide 10.6 contains additional information regarding Commission regulations applicable to the use of sealed sources in radiography. A copy of the guide may be obtained by writing to the address specified above. The applicant is encouraged to obtain a copy of the guide and to use it in preparing the license application.

EXPLANATION OF NRC FORM 313R

Item No.

1 (a) Identify the legal entity in whose name the license should be issued and who is to be legally responsible for possession and use of the sealed sources of byproduct material.

(b) Self-explanatory.

(c) Check appropriate block indicating organizational structure of applicant. If applicant is other than an individual, the appropriate section on the reverse side of the form must be completed. Use supplemental sheets to provide any additional information which is necessary to explain the legal structure of the applicant.

2 Self-explanatory.

3 List all locations at which the sealed sources will be used and/or stored. If use will be made at temporary or "field" sites, the name of each State in which the sealed sources will be used on a temporary basis should be included. The name and location at which sealed sources will be used on a permanent basis should be identified by the street address, city and State.

4 List the information called for at the head column for each model sealed source to be used for radiography. Follow the alphabetical keying system provided on any supplemental sheets which are attached to the application.

5 (a) and (b)

Specify the radiographic exposure devices and source changers which will hold the sealed sources identified in Item 4. Each device and source changer should be alphabetically keyed to the appropriate source listed in Item 4. If an exposure device or source changer is to be custom fabricated, a complete description of its design and construction should be attached. The limits on levels of radiation for radiographic exposure devices and source changers set forth in Part 34, Section 34.21 should be considered.

6 Information which has been previously submitted to the Commission may be referred to by date of the document transmitting that information.

(a) Describe the facilities which have been established for conducting radiography. Where a room or rooms have been constructed for this purpose, a sketch should be included which describes dimensions of the room, including wall thickness and materials of construction; areas adjacent to, above, and below the facility; area security safeguards such as locks, posting signs, warning lights, and interlocking systems; position of operator relative to source exposure point; and source positioning limitations which may be necessary to maintain control of radiation levels external to the facility. The applicant should determine the anticipated radiation levels in areas adjacent to the facility in order to establish the necessary controls over areas in which radiation levels may exceed the limitations contained in Part 20, Section 20.105(b).

(b) Describe the radiation detection instrumentation which will be used. Each instrument should be identified by the name of its manufacturer and model number; the type of radiation detected; the sensitivity range in mr/hr; the number of such instruments available; and the intended use. The applicant should refer to the radiation survey instrument requirements of Part 34, Section 34.24.

(c) Describe the procedures to be followed for calibration of radiation survey instruments. If instruments will be calibrated by an outside service organization, that organization should be identified by name and address. The applicant should refer to Part 34, Section 34.24 for instrument calibration frequency requirements.

(d) Identify the organization that will supply film badges and list the make and model number of pocket dosimeters or pocket chambers to be used. Refer to Part 34, Section 34.33 and Part 20, Section 20.202.

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ 10 (Multipage/Number of Parts), h to f, LABEL 1 2-page instruction, and 4 <input type="checkbox"/> PC (Postal Card) 2-page forms <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NMSS:FC	10 CFR 34 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCK HING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0313R	HD	4-82

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313R, INSTRUCTION PAGE.
REVERSE

Item No

(e) Attach a copy of the operating and emergency procedures in the form in which they will be supplied to radiographic personnel. Specific requirements on the content of operating and emergency procedures are contained in Part 34. Be sure to include instructions to personnel on all applicable items in Section 34.32.

(f) Attach a schedule or description of the program for training of radiographers and radiographers' assistants. The schedule or description must contain the information required by Part 34 regarding training programs and must be in sufficient detail to demonstrate that individuals completing the program will meet the requirements for radiographers and radiographers' assistants set forth in Part 34. Refer to Sections 34.11 and 34.31.

(g) Describe the internal inspection system or other management control which will be exercised to assure that Commission regulations, license provisions, and the operating and emergency procedures are followed by radiographers and radiographers' assistants. Refer to Part 34, Section 34.11(d).

(h) Attach a description of the overall organizational structure pertaining to the radiography program as it will be conducted under the license. This must include specific delegations of authority and responsibility for operation of the program. Refer to Part 34, Section 34.11(e).

(i) The applicant who desires to conduct his own leak tests should describe the procedures he has established for performing such tests. This must include a description of the method of performing the test (e.g., points on equipment to be smeared and method of taking the smear), the instrumentation which will be used for measuring the quantity of radioactive material which may have been removed by the test, and the pertinent experience of the person who will perform the test and analyze the results. Applicants not desiring to conduct their own leak test may have such tests performed by persons specifically authorized by the Commission to do so. The applicant should refer to Part 34, Section 34.25 for specific leak testing requirements.

7 LICENSE FEES

The Commission charges fees for filing of applications for licenses as specified in Section 170.12, Title 10, Code of Federal Regulations, Part 170. The applicant should refer to Section 170.31, *Schedule of fees for materials licenses*, to determine what fee should accompany the application. No action can be taken on applications until fees are paid. Checks or money orders should be made payable to the U.S. Nuclear Regulatory Commission.

U. S. GOVERNMENT PRINTING OFFICE: 1973 O - 505-189

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(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 Nuclear Regulatory Commission on NRC Forms 3131, 313M, or 313R. This information is maintained in a system of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY** Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).
2. **PRINCIPAL PURPOSE(S)** The information is evaluated by the NRC staff pursuant to the criteria set forth in 10 CFR Parts 30-36 to determine whether the application meets the requirements of the Atomic Energy Act of 1954, as amended, and the Commission's regulations, for the issuance of a byproduct material license or amendment thereof.
3. **ROUTINE USES** The information may be used: (a) to provide records to State health departments for their information and use; and (b) to provide information to Federal, State, and local health officials and other persons in the event of incident or exposure, for their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State, and local agencies in the event that the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you. A copy of the license issued will routinely be placed in the NRC's Public Document Room, 1717 H Street, N.W., Washington, D.C.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** Disclosure of the requested information is voluntary. If the requested information is not furnished, however, the application for byproduct material license, or amendment thereof, will not be processed.
5. **SYSTEM MANAGER(S) AND ADDRESS** Director, Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313R, FACE

NRC Form 313R (4 B2) 10 CFR 34	U.S. NUCLEAR REGULATORY COMMISSION APPLICATION FOR BYPRODUCT MATERIAL LICENSE— USE OF SEALED SOURCES IN RADIOGRAPHY	Approved by OMB 3150-0023		
(SEE ATTACHED NRC FORM 313R INSTRUCTIONS AND NRC REGULATORY GUIDE 10.6—USE SUPPLEMENTAL SHEET WHERE NECESSARY) BE SURE ALL ITEMS ARE COMPLETED AND THAT ALL NECESSARY ATTACHMENTS ARE FURNISHED. IF ANY PORTION OF THE APPLICATION IS NOT APPLICABLE SPECIFICALLY SO STATE. DEFICIENT OR INCOMPLETE APPLICATIONS MAY BE RETURNED WITHOUT CONSIDERATION. LICENSE FEE REQUIRED, SEE ITEM 7 OF INSTRUCTIONS.				
1(a) NAME AND ADDRESS OF APPLICANT AND TELEPHONE NUMBER		2. THIS IS AN APPLICATION FOR: (Check appropriate item) A. <input type="checkbox"/> NEW LICENSE B. <input type="checkbox"/> AMENDMENT TO LICENSE NO. _____ C. <input type="checkbox"/> RENEWAL OF LICENSE NO. _____		
1(b) TELEPHONE NO.: Area Code () _____		3. LOCATION(S) WHERE SEALED SOURCES WILL BE USED AND/OR STORED (If use will be made in states other than named in 1(a), they should be listed here.)		
1(c) APPLICANT IS: An individual <input type="checkbox"/> A partnership <input type="checkbox"/> A Corporation <input type="checkbox"/> An Unincorporated Association <input type="checkbox"/> Other <input type="checkbox"/> If applicant is other than an individual, the applicable section on the reverse side must be completed.				
4. SEALED SOURCES TO BE USED IN RADIOGRAPHY (Attach supplementary pages, if necessary)				
BYPRODUCT MATERIAL <i>(Element and Maxi No.)</i>	SOURCE MODEL NUMBER	NAME OF MANUFACTURER	MAXIMUM ACTIVITY PER SOURCE	NUMBER OF SOURCES
A. B. C.	A. B. C.	A. B. C.	A. B. C.	A. B. C.
5(a) RADIOGRAPHIC EXPOSURE DEVICES (Attach supplementary pages, if necessary)				
MODEL NUMBER		NAME OF MANUFACTURER <i>(Include description if custom made)</i>		
A. B. C.		A. B. C.		
5(b) RADIOGRAPHIC SOURCE CHANGERS (Attach supplementary pages, if necessary)				
MODEL NUMBER		NAME OF MANUFACTURER <i>(Include description if custom made)</i>		
A. B. C.		A. B. C.		
6. THE FOLLOWING INFORMATION IS ATTACHED AS A PART OF THIS APPLICATION: (Check appropriate blocks and attach information called for in the instructions with this form.)				
	Not Applicable	Attached	Previously Submitted	
(a) Description of radiographic facilities (Instruction 6-a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
(b) Description of radiation detection instruments to be used (Instruction 6-b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
(c) Instrument calibration procedures (Instruction 6-c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
(d) Personnel monitoring equipment (Instruction 6-d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
(e) Operating and emergency procedures (Instruction 6-e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
(f) Training program (Instruction 6-f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
(g) Internal inspection system or other management control (Instruction 6-g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
(h) Overall organizational structure (Instruction 6-h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
(i) Leak testing procedures (Instruction 6-i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on _____ (DATE)
CERTIFICATE (This item must be completed by applicant)				
7. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PART 30, AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.				
LICENSE FEE ENCLOSED \$ _____		BY: _____ (Signature)		
		_____ (Type or print name of certifying official)		
DATE: _____		_____ (Title of certifying official)		
WARNING.—18 U.S.C. Section 1001, Act of June 25, 1948 (62 Stat. 749), makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313R, REVERSE

NRC FORM 313R (4-82)				
LEGAL STRUCTURE OF APPLICANT				
If applicant is a corporation, complete items 8 through 11; if applicant is a partnership, complete items 12 through 14; if applicant is an unincorporated association or a legal entity other than a partnership or corporation, complete items 15 and 16. Attach separate sheets where space provided proves inadequate.				
CORPORATION				
8. STOCK OF APPLICANT CORPORATION				
NO. OF SHARES AUTHORIZED	NO. OF SHARES ISSUED	NO. OF SHARES SUBSCRIBED	TOTAL NUMBER OF	
			(a) Stockholders	(b) Subscribers
9. Is applicant corporation directly or indirectly controlled by another corporation or other legal entity? If answer is "YES" give name and address of other corporation or other legal entity and describe how such control exists and the extent thereof.				
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. (a) Identify by name and address any individual, corporation, or other legal entity (1) owning 10 percent or more of the stock of applicant corporation issued and outstanding or (2) subscribing to 10 percent or more of the authorized but unissued stock of the corporation. (b) Identify by name and address all officers and directors of the corporation.				
11. Identify the State, District, Territory, or possession under the laws of which the applicant is incorporated.				
PARTNERSHIP				
12. Name and address of each individual or legal entity owning a partnership interest in the applicant.				
13. State the percent of ownership of the applicant partnership held by each of the individuals or legal entities listed in item 12.				
14. Identify the State, District, Territory, or possession under the laws of which the applicant partnership is organized.				
OTHER				
15. Describe the nature of the applicant and identify the State, District, Territory, or possession under the laws of which it is organized.				
16. State the total number of members or persons holding an ownership in the applicant, identify each by name and address, and indicate the ownership interest thereof.				

U.S. NUCLEAR REGULATORY COMMISSION APPLICATION FOR MATERIALS LICENSE -- TELETHERAPY		Approved by OMB 3150-0081			
NRC Form 313T (7-82) 11-CF-35					
INSTRUCTIONS — Complete Items 1 through 22 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 22 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30 and the License is subject to Title 10, Code of Federal Regulations, Parts 19, 20, 21, and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in Item 22 and the appropriate fee enclosed.					
1 a. NAME AND MAILING ADDRESS OF APPLICANT (Institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE		1 b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (If different from 1 a.) INCLUDE ZIP CODE			
TELEPHONE AREA CODE NUMBER	2. PERSON TO CONTACT REGARDING THIS APPLICATION				
TELEPHONE AREA CODE NUMBER	3. THIS IS AN APPLICATION FOR (check appropriate item) a. NEW LICENSE b. AMENDMENT TO LICENSE NO. _____ c. RENEWAL OF LICENSE NO. _____				
4. INDIVIDUAL USERS (Name, individuals who will use or share/ supervise use of radioactive material. Complete Supplements A and B for each individual.)		5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as radiation safety officer, if other than individual user, complete resume of training and experience as in Supplement A.)			
6. SEALED SOURCES TO BE USED IN TELETHERAPY UNITS (Attach supplemental pages if necessary)					
	BYPRODUCT MATERIAL (Element and Max No.)	NAME OF SOURCE MANUFACTURER	SOURCE MODEL NUMBER	MAXIMUM ACTIVITY PER SOURCE	NUMBER OF SOURCES
A.					
B.					
C.					
7. TELETHERAPY UNITS (Attach supplemental pages if necessary)					
	NAME OF MANUFACTURER (Include description, if unit is custom made)			MODEL NUMBER	
A.					
B.					
C.					
8. USE (Attach supplementary pages, if necessary)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HUMAN USE ONLY		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HUMAN AND OTHER USE (Specify on separate sheet)		
9. PERSONNEL MONITORING DEVICES					
	TYPE (Check and/or complete as appropriate)	SUPPLIER (Service Company)	EXCHANGE FREQUENCY		
	(1) FILM BADGE — WHOLE BODY				
	(2) THERMOLUMINESCENT DOSIMETER (TLD) — WHOLE BODY				
	(3) OTHER (Specify)				

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ <u>15</u> (Multipage/Number of Parts), h to h, <input type="checkbox"/> LABEL 3 5-page forms <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NMSS:FC	10 CFR 35 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0313T	HD	2-82

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313T, REVERSE, 1ST FORM

INFORMATION REQUIRED FOR ITEMS 10 THROUGH 21	
<p>For Items 10 through 21, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the teletherapy licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide. Regulatory Guide 10. Rev. _____ Date _____</p>	
<p>10. MEDICAL ISOTOPE COMMITTEE</p> <p>Names and specialties attached, and <i>(check one)</i></p> <p>a. Duties as in Appendix A, or</p> <p>b. Equivalent duties attached.</p>	<p>15. BEAM STOPS</p> <p>Description of stops used to restrict beam orientation attached.</p>
<p>11. TRAINING AND EXPERIENCE</p> <p>a. Supplements A & B attached for each individual user, and</p> <p>b. Supplement A attached for RSO.</p>	<p>16. SHIELDING EVALUATION</p> <p>Evaluation of proposed shielding attached.</p>
<p>12. INSTRUMENTATION <i>(check one)</i></p> <p>a. Appendix C form attached, or</p> <p>b. List manufacturer's name and model number.</p>	<p>17. OPERATING AND EMERGENCY PROCEDURES</p> <p>a. Description of operating procedures attached, and</p> <p>b. Copy of emergency procedures attached.</p>
<p>13. CALIBRATION OF INSTRUMENTS <i>(check one)</i></p> <p>a. Appendix D, Part 2 procedures followed for instrumentation calibration, or</p> <p>b. Description of sources, calibration frequency and equivalent procedures attached.</p>	<p>18. INSTRUCTION OF PERSONNEL <i>(check one)</i></p> <p>a. Training program and schedule in Appendix H followed, or</p> <p>b. Description of instruction program for employees attached.</p>
<p>14. FACILITIES AND EQUIPMENT</p> <p>a. Description and drawing of facilities attached, and</p> <p>b. Description of patient viewing and communicating systems attached, and</p> <p>c. Description of area safeguards attached.</p>	<p>19. LEAK TESTS OF SEALED SOURCES</p> <p>Description of leak test procedures attached.</p>
	<p>20. QUALIFIED EXPERT <i>(Use only if the individual fails to meet 10 CFR 35.24 requirements.)</i></p> <p>Statement of qualifications of the expert who will perform teletherapy calibrations attached.</p>
	<p>21. ALARA PROGRAM <i>(check one)</i></p> <p>ALARA Program as in Appendix I, or</p> <p>Equivalent ALARA Program attached.</p>
<p>22. CERTIFICATE <i>(This item must be completed by the applicant)</i></p>	
<p>The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certifies that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including supplements attached hereto, is true and correct to the best of our knowledge and belief.</p>	
<p>a. LICENSE FEE REQUIRED <i>(See section 170.31, 10 CFR 170)</i></p> <p>(1) LICENSE FEE CATEGORY _____</p> <p>(2) LICENSE FEE ENCLOSED \$ _____</p>	<p>b. APPLICANT OR CERTIFYING OFFICIAL <i>(Signature)</i></p> <p>_____ (1) NAME <i>(Type or print)</i></p> <p>(2) TITLE _____</p> <p>c. DATE _____</p>
<p>WARNING: 18 U.S.C. Section 1001, Act of June 25, 1948, 62 Stat. 749, makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.</p>	

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313T, FACE, 2ND FORM

NRC Form 313T Supplement A (2-82) 10 CFR 35		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER			2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE (if physician)	
3. CERTIFICATION				
SPECIALTY BOARD	CATEGORY	MONTH AND YEAR CERTIFIED		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES (To be completed by institution providing training)				
FIELD OF TRAINING	LOCATION AND DATE(S) OF TRAINING	TYPE AND LENGTH OF TRAINING		
		LECTURE/LABORATORY COURSE (Hours)	FORMAL SUPERVISED OUT/LABORATORY EXPERIENCE (Hours)	
RADIATION PHYSICS AND INSTRUMENTATION				
RADIATION PROTECTION				
MATHEMATICS PERTAINING TO THE USE, MEASUREMENT, AND SHIELDING OF RADIOACTIVE SOURCES				
RADIATION BIOLOGY				
5. EXPERIENCE WITH RADIOACTIVE MATERIALS* (Actual use of radioisotopes or equivalent experience)				
ISOTOPE	MAXIMUM AMOUNT FOR ANY SINGLE APPLICATION	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
*Experience with sealed radioactive sources under the supervision of qualified instructors should include:				
1. Review of initial source calibration and periodic spot check measurements of teletherapy units. 2. Initial source calibration of sealed sources other than teletherapy sources that are used for treatment purposes. 3. Calibration of ion chambers and survey meters.		4. Preparation of treatment plans and treatment times for teletherapy and brachytherapy. 5. Knowledge of appropriate radiation safety, quality control, and emergency procedures for handling and using sealed sources.		
6. I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Signature of program supervisor)				
TYPED OR PRINTED NAME				DATE
NAME OF INSTITUTION				
MAILING ADDRESS				
CITY		STATE	ZIP CODE	RADIOACTIVE MATERIALS LICENSE NUMBER
WARNING: 18 U.S.C. Section 1001, Act of June 25, 1948, 62 Stat. 749 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.				

NRC Form 313T Supplement B
(2-82)

U.S. NUCLEAR REGULATORY COMMISSION

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

<p>1. APPLICANT PHYSICIAN'S NAME AND ADDRESS</p> <p>FULL NAME</p> <hr/> <p>STREET ADDRESS</p> <hr/> <p>CITY STATE ZIP CODE</p>	<p style="text-align: center;">KEY TO COLUMN C PERSONAL PARTICIPATION SHOULD CONSIST OF:</p> <ol style="list-style-type: none"> 1. Supervised examination of patients to determine the suitability for radiotope therapy and recommendations on dosage to be prescribed. 2. Collaboration in calculation of radiation dose, related measurement, and modification of the originally prescribed dose as warranted by patient reaction to the radiation. 3. Followup of patients when required. 4. Study and discussion with preceptor of case histories to establish the most appropriate therapy procedure, limitations, contraindications, etc.
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2. CLINICAL TRAINING AND EXPERIENCE OF PHYSICIAN CITED ABOVE IN USING SOURCES OR DEVICES FOR THERAPY

ISOTOPE A	TYPES OF TREATMENT B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS <i>(Append additional information, if necessary)</i> D
Co-60 OR	COURSES OF TELETHERAPY TREATMENT		
	INTERSTITIAL		
Cs-137	INTRACAVITARY		
I-125 Ir-192 OR Au-198 SEEDS	INTERSTITIAL		
	INTRACAVITARY		
Ra-226	INTRACAVITARY		
X-RAY AND ACCELERATOR THERAPY	COURSES OF THERAPY TREATMENT		
Sr-90	SUPERFICIAL EYE CONDITIONS		
OTHER			

DATE(S) AND TOTAL NUMBER OF HOURS IN CLINICAL TRAINING USING SEALED SOURCES FOR THERAPY

3. PRECEPTOR'S CERTIFICATION

NAME OF SUPERVISOR	NAME OF INSTITUTION	RADIOACTIVE MATERIALS LICENSE NUMBER
MAILING ADDRESS	CITY	STATE ZIP CODE
I CERTIFY THAT (a) THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND (b) I WAS AUTHORIZED BY THE REFERENCED RADIOACTIVE MATERIALS LICENSE(S) TO PERFORM THE PROCEDURES SPECIFIED ABOVE. I FURTHER BELIEVE THAT THE APPLICANT PHYSICIAN IS COMPETENT TO PERFORM THESE PROCEDURES INDEPENDENTLY. <i>(Signature)</i>		DATE

WARNING: 18 U.S.C. Section 1001, Act of June 25, 1948, 62 Stat. 749, makes it a criminal offense to make a willfully false statement of representation to any department or agency of the United States as to any matter within its jurisdiction.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313T, FACE, 3RD FORM

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(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 Nuclear Regulatory Commission on NRC Form 313T. This information is maintained in a system of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY** Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).
2. **PRINCIPAL PURPOSE(S)** The information is evaluated by the NRC staff pursuant to the criteria set forth in 10 CFR Parts 30-35 to determine whether the application meets the requirements of the Atomic Energy Act of 1954, as amended, and the Commission's regulations, for the issuance of a radioactive material license or amendment thereof.
3. **ROUTINE USES** The information may be used: (a) to provide records to State health departments for their information and use; and (b) to provide information to Federal, State, and local health officials and other persons in the event of incident or exposure, for their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State, and local agencies in the event that the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you. A copy of the license issued will routinely be placed in the NRC's Public Document Room, 1717 H Street, N.W., Washington, D.C.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** Disclosure of the requested information is voluntary. If the requested information is not furnished, however, the application for radioactive material license, or amendment thereof, will not be processed.
5. **SYSTEM MANAGER(S) AND ADDRESS** Director, Division of Fuel Cycle and Material Safety
Office of Nuclear Material Safety and Safeguards
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

NRC Form 314 (11-82) 10 CFR 30.34(f) 10 CFR 40.41(f) 10 CFR 70.32(h)	U.S. NUCLEAR REGULATORY COMMISSION CERTIFICATE OF DISPOSITION OF MATERIALS <i>(All items MUST be completed, please print)</i>	APPROVED BY OMB 3150-0028
LICENSEE NAME AND ADDRESS		LICENSE NUMBER
		LICENSE EXPIRATION DATE
THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: <i>(Check and/or complete the appropriate item(s) below.)</i>		
A. MATERIALS DATA <i>(Check one and complete, as necessary)</i>		
<input type="checkbox"/> 1. NO MATERIALS HAVE EVER BEEN POSSESSED OR PROCURED BY THE LICENSEE UNDER THIS LICENSE.		
OR		
<input type="checkbox"/> 2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON		
DATE _____	TO _____	WHICH HAS NRC LICENSE NUMBER _____
OR		
<input type="checkbox"/> 3. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON		
DATE _____	TO _____	WHICH HAS LICENSE NUMBER _____ ISSUED BY THE STATE OF _____
AN AGREEMENT STATE PURSUANT TO SECTION 274 OF THE ATOMIC ENERGY ACT OF 1954, AS AMENDED, AND THE ENERGY REORGANIZATION ACT OF 1974.		
OR		
<input type="checkbox"/> 4. MATERIALS HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER: <i>(Describe specific disposal procedures--if additional space is needed, use the reverse of this form, or provide attachments)</i>		
B. OTHER DATA		
<input type="checkbox"/> 1. OUR LICENSE HAS NOT YET EXPIRED. PLEASE TERMINATE IT.		
<input type="checkbox"/> 2. WAS A RADIATION SURVEY CONDUCTED TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE? <i>(Check one)</i>		
<input type="checkbox"/> NO		
<input type="checkbox"/> YES. THE RESULTS <i>(Check one)</i>		
<input type="checkbox"/> ARE ATTACHED, OR		
<input type="checkbox"/> WERE FORWARDED TO NRC ON <i>(Date)</i> _____		
<input type="checkbox"/> 3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM		
NAME _____	TELEPHONE NUMBER _____	
<input type="checkbox"/> 4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO		

RETURN TO: DIRECTOR, DIVISION OF FUEL CYCLE AND MATERIAL SAFETY OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555		CERTIFYING OFFICIAL SIGNATURE _____ DATE _____ PRINTED NAME AND TITLE _____

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER <i>(Specify)</i> _____	NMSS	10 CFR 30.34(f), 40.41(f), 70.32(h)	7540-00-NRC-0314X	HD	11-82
STATUS OF EXISTING STOCK					
<input type="checkbox"/> USE FIRST					
<input type="checkbox"/> DESTROY:					
<input type="checkbox"/> IMMEDIATELY					
<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE					
STOCKING POINT					
<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS					
<input type="checkbox"/> PROMULGATING OFFICE <i>(ONLY)</i>					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 315

NRC FORM 315 (11-78)		U.S. NUCLEAR REGULATORY COMMISSION										MPS COORDINATOR TELEPHONE NUMBER	
EMPLOYEE STATUS REPORT													
EMPLOYEE'S NAME	SOCIAL SECURITY NUMBER	ORGANIZATION CODE	NEW EMPLOYEE		TRANSFER WITHIN NRC EFFECTIVE DATE	DELETE EMPLOYEE FROM BRANCH		LEFT NRC		AUTOMATIC TIME ALLOCATION (If Applicable)			
			EFFECTIVE DATE	EXEMPT YES NO		EFFECTIVE DATE	OFFICE TRANSFERRED TO	YES	NO	PROGRAM CODE	ACTIVITY CODE	PERCENT	

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 8½ x 14" <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	11-78

TELEPHONE REQUEST FOR INFORMATION
(Request for Documents/Information from or about Documents)

1. REQUEST RECEIVED BY					
NAME	DATE				
2. INFORMATION REQUESTED BY:					
NAME	AGENCY				
TITLE	STREET ADDRESS				
TELEPHONE NUMBER	CITY	STATE	ZIP CODE		
3. INFORMATION REQUESTED					
		FOUND	TO REPRODUCTION		
NOTES — (If more space is needed, continue on reverse)					

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET	SECY:PDR		W7540-00-NRC-0316X	PD	1-79	
<input type="checkbox"/> CARD						
<input checked="" type="checkbox"/> PD/ 100 (Pad/Sheet per Pad)		STATUS OF EXISTING STOCK				
<input type="checkbox"/> US/ _____ (Unit Sets/Number of Parts)		<input type="checkbox"/> USE FIRST				<input type="checkbox"/> OTHER (SPECIFY)
<input type="checkbox"/> MP/ _____ (Multipage/Number of Parts)		<input type="checkbox"/> DESTROY:				
<input type="checkbox"/> LABEL	<input type="checkbox"/> IMMEDIATELY					
<input type="checkbox"/> PC (Postal Card)	<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE					
<input type="checkbox"/> TC (Tab Card)	STOCKING POINT					
<input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts)	<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS				
<input type="checkbox"/> ENVL	<input type="checkbox"/> PROMULGATING OFFICE (ONLY)					
<input type="checkbox"/> OTHER (Specify)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 317

NRC FORM 317 (10-82) NRCM 0231 (Pending Issuance)		U. S. NUCLEAR REGULATORY COMMISSION		1. REPORTING ORGANIZATION (Office, Division, Branch)						
ANNUAL REPORT OF RECORDS HOLDING AND DISPOSITION				2. LOCATION (Field offices, include mailing address)						
REPORT FOR YEAR ENDING SEPTEMBER 30, 19___				3. NAME OF REPORTING OFFICIAL						
4. REPORT FOR: (check one) <input type="checkbox"/> HEADQUARTERS <input type="checkbox"/> FIELD				TITLE						
TYPE OF SPACE	VOLUME (Cubic Feet) (See Exhibit 2, Table of Equivalents for Container Capacity)					NONRECORD MATERIAL ON HAND SEPTEMBER 30 THIS YEAR				
	RECORDS ON HAND SEPTEMBER 30 LAST YEAR A	RECORDS ON HAND SEPTEMBER 30 THIS YEAR B	DISPOSITION DURING REPORTING PERIOD							
			DESTROYED C	TRANSFERRED TO FEDERAL RECORDS CENTERS D	TRANSFERRED TO OTHER AGENCIES E					
5. OFFICE										
6. STORAGE AREAS										
7. TOTALS										
8. MAGNETIC TAPE (No. Reels)										
9. RECORDS TRANSFERRED TO OTHER FEDERAL OR STATE AGENCIES										
NAME OF AGENCY A		LOCATION OF RECORDS B			VOLUME OF RECORDS C					
10. RECORDS TRANSFERRED FROM OTHER FEDERAL OR STATE AGENCIES										
NAME OF AGENCY A		LOCATION OF RECORDS B			VOLUME OF RECORDS C					
FILING EQUIPMENT ON HAND										
TYPE	NUMBER OF CABINETS				TYPE	NUMBER OF UNITS				
	2 DRAWER A	3 DRAWER B	4 DRAWER C	5 DRAWER D		2 TIER A	3 TIER B	4 TIER C	5 TIER D	6 TIER E
11. REGULAR LETTER-SIZE					16. SHELF FILE LETTER					
12. REGULAR LEGAL-SIZE					17. SHELF FILE LEGAL					
13. SAFE FILE LETTER					18. LATERAL PULLOUT 42" W					
14. SAFE FILE LEGAL					19. LATERAL PULLOUT 36" W					
15. TOTALS					20. TOTALS					
21. OTHER (Describe and give linear or cubic feet capacity and quantity of each cabinet)					22. OTHER (Describe and give linear or cubic feet capacity and quantity of each cabinet)					
23. OTHER (Describe and give linear or cubic feet capacity and quantity of each cabinet)					24. OTHER (Describe and give linear or cubic feet capacity and quantity of each cabinet)					
25. SIGNATURE OF RESPONSIBLE OFFICIAL (or person preparing report)					26. TITLE		27. DATE PREPARED			

NRC FORM 317 (10-82) PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE AND EXISTING STOCK SHOULD BE DESTROYED.

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)		ADM:TID:DM	NRCM 0231		Sheet	10-82
		STATUS OF EXISTING STOCK				
		<input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		OTHER (SPECIFY)		
		STOCKING POINT				
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 318

OFFICE ▶						
SURNAME ▶						
DATE ▶						

NRC FORM 318 (10/80) NRCM 0240

OFFICIAL RECORD COPY

USGPO 1980-329-824

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 1 (Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC:DM	NRCM 0240 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) <hr/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0318X	HD	10-80

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 318A

NRC FORM 318A

(10-80)



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

PART 1

OFFICE ▶					
SURNAME ▶	PART 2				
DATE ▶					

NRC FORM 318 (10-80) NRCM 0240

OFFICIAL RECORD COPY

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET CARD PD/ _____ (Pad/Sheet per Pad) US/ <u>6</u> (Unit Sets/Number of Parts) MP/ <u>3</u> (Multipage/Number of Parts) Parts 1 & LABEL 2 differ (as shown), all other PC (Postal Card) parts blank. TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:TIDC:DM	NRCM 0240 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <input type="checkbox"/> OTHER (SPECIFY) STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0318A	HD	10-80

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 318B

NRC FORM 318B
(10-80)

U. S. GOVERNMENT PRINTING OFFICE: 1981-335-732

PARTS 1 & 3 - 6

OFFICE ▶		PART 2			
SURNAME ▶					
DATE ▶					

NRC FORM 318 (10-80) NRCM 0240

OFFICIAL RECORD COPY

FORMS MANAGEMENT DATA						1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>6</u> (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ <u>2</u> (Multipage/Number of Parts) Parts 1, LABEL and 3 - 6 blank, Part 2 prints <input type="checkbox"/> PC (Postal Card) as shown. <input type="checkbox"/> TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC:DM	NRCM 0240 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	W7540-00-NRC-0318B	HD	10-80	
			STOCKING POINT			
			<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS	<input type="checkbox"/> PROMULGATING OFFICE (ONLY)	

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 318C

NRC FORM 318C

(2-82)

★ U.S. GOVERNMENT PRINTING OFFICE 1982-364-705



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

PART 1

OFFICE ▶		PART 2			
SURNAME ▶					
DATE ▶					

NRC FORM 318C (2-82) NRCM 0240

OFFICIAL RECORD COPY

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>2</u> (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ <u>2</u> (Multipage/Number of Parts) Parts 1 & LABEL 2 differ as shown <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC:DM	NRCM 0240 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0318C	HD	2-82

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 318D

NRC FORM 318D
(2-82)

U.S. GOVERNMENT PRINTING OFFICE: 1982-366-571

PART 1

OFFICE ▶		PART 2			
SURNAME ▶					
DATE ▶					

NRC FORM 318 (2-82) NRCM 0240

OFFICIAL RECORD COPY

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>2</u> (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ <u>2</u> (Multipage/Number of Parts) Part 1 <input type="checkbox"/> LABEL blank, Part 2 printing, as <input type="checkbox"/> PC (Postal Card) shown <input type="checkbox"/> TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC:DM	NRCM 0240 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	W7540-00-NRC-0318D	HD	2-82
		STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

INDIVIDUAL DEVELOPMENT PLAN (IDP) NRC FORM 321

NRC FORM 321,
INSTRUCTION PAGE

GENERAL INFORMATION

All NRC employees should complete an Individual Development Plan (IDP). Your IDP should be based upon discussions between you and your supervisor regarding your career development; your performance appraisal should be the foundation of your IDP. When describing your goals and developmental objectives, identify the knowledge, skills, competencies, and the variety of developmental/training activities necessary to obtain these goals. As you progress, update your IDP. You may choose not to fill out the entire form, as not all parts of it may apply to you, but in any case you should submit a signed IDP.

You and your supervisor will use this information as a guide for development and training planning purposes; Management Development and Training Staff (MDTS) will use it when assistance is requested in making arrangements for developmental assignments, and will also use the formal training information as an important input to the NRC training plan and budget formulation process. The original IDP should be sent to the Division of Organization and Personnel for inclusion in your Official Personnel Record. Copies should be retained by both the employee and supervisor. In addition, all participants in formal developmental programs must send a copy to MDTS.

It is NRC policy to encourage every employee to develop short- and long-range development goals and to pursue self-development activities. Also, NRC attempts to provide, to the maximum extent possible within available funding and workloads, opportunities for employees to participate in training. **HOWEVER, THE FACT THAT TRAINING AND DEVELOPMENT ACTIVITIES ARE IDENTIFIED ON THIS IDP CANNOT BE CONSTRUED AS EITHER FORMAL NRC APPROVAL OR AUTHORIZATION TO UNDERTAKE THEM.** Implementation of the plan must be in accordance with the provisions established in Manual Chapter 4150 "Management Development and Training."

INSTRUCTIONS TO BOTH THE INDIVIDUAL AND THEIR SUPERVISOR FOR PREPARING INDIVIDUAL DEVELOPMENT PLANS

- Items 1-3 Self-explanatory
- Item 4 Enter employee's career goals, (be as frank and practical as possible); specify position titles, series, and grades, if appropriate, short-range (one to two years) and long-range (about five years).
- Item 5 Enter specific developmental objectives which are to be met by one or a combination of experiences or activities. State as clearly and concisely as possible (knowledge, skills and competencies to be obtained in support of identified goals).
- Item 6-8 For each developmental objective, enter the information requested in these columns horizontally across the page. Include scheduled dates during which (or by which) developmental activities should occur.
 - Developmental Assignments: State intra- and interagency details or assignments, also include on-the-job assignments.
 - Formal Classroom Training: State courses at Government and non-government facilities.
 - Other Activities: Supplemental readings and other self-development activities.

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(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 Nuclear Regulatory Commission on NRC Form 321, Individual Development Plan. This information is maintained in systems of records designated as NRC-11 and NRC-19 and described at 40 Federal Register 45337 and 45341 (October 1, 1975), 41 FR 20228 (May 17, 1976), and 42 FR 16492 (March 28, 1977), 42 FR 49086 and 49090 (September 26, 1978).

1. AUTHORITY - Section 161(d) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2201(d)). Solicitation of the social security number is authorized under Executive Order 9397, dated November 22, 1943.
2. PRINCIPAL PURPOSES - Information entered on this form is used in planning development programs for NRC employees. It provides a basis for identifying training needs of employees and for monitoring the employees' progress.
3. ROUTINE USES - Information in these records may be made available to supervisors and NRC employees having training and personnel development responsibilities. Information in these records may also be made available to the Office of Personnel Management, other Government agencies, State and local governments, and to educational institutions for use in training programs related to NRC employees.
4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY, AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION - Employees are not required to supply the information requested on this form. However failure to provide all or part of the information may result in an employee's being overlooked, or not being adequately considered, for a developmental program and training; lack of training could limit future promotional opportunities. The social security number is used for computerization of records in order to assure that NRC has an accurate identifier, not subject to the coincidence of similar names among the large number of persons on whom data are maintained.
5. SYSTEM MANAGER AND ADDRESS

Director, Management Development and Training Staff (NRC 19) Office of Administration U.S. Nuclear Regulatory Commission Washington, DC 20555	Chief, Staffing and Position Evaluation Branch (NRC 11) Division of Organization and Personnel Office of Administration U.S. Nuclear Regulatory Commission Washington, DC 20555
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FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input type="checkbox"/> US/_____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ 3 (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:MDT	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	W7540-00-NRC-0321X	HD	1-81
			STOCKING POINT		
			<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)		

NRC FORM 321 (1-81)		U.S. NUCLEAR REGULATORY COMMISSION		1. EMPLOYEE'S NAME (Last, First and Middle Initial)	SOCIAL SECURITY NO.
INDIVIDUAL DEVELOPMENT PLAN (IDP) (Please Print Legibly or Type) (See Attachment for Privacy Act Statement and Instructions)				2. POSITION TITLE	SERIES AND GRADE
				3. ORGANIZATION (Office Division Branch, etc.)	
A. SHORT RANGE GOALS (1-3 years)		4. CAREER GOALS (Include Position)			
B. LONG RANGE GOALS (About 5 years)					
Footnote/double footnote each entry in columns 6-8, as appropriate.		Developmental experiences needed for		Overall career development *More effective performance in present position	
5. DEVELOPMENTAL OBJECTIVES	6. SUPPORTING DEVELOPMENTAL ASSIGNMENTS	7. SUPPORTING FORMAL TRAINING	8. OTHER ACTIVITIES		

(See Reverse for Signature Blocks and Construction of Items 7-8)

NRC FORMS FACSIMILE HANDBOOK

CONTINUATION - ITEMS 5-8

5. DEVELOPMENTAL OBJECTIVES	6. SUPPORTING DEVELOPMENTAL ASSIGNMENTS	7. SUPPORTING FORMAL TRAINING	8. OTHER ACTIVITIES
9. REMARKS			
		10. PRINTED NAME AND SIGNATURE OF EMPLOYEE	
		DATE	
		11. PRINTED NAME AND SIGNATURE OF SUPERVISOR	
		DATE	
		12. PRINTED NAME AND SIGNATURE (As required for formal developmental programs)	
		DATE	

NRC FORM 323A (8-80) NRCM 4130	U.S. NUCLEAR REGULATORY COMMISSION						
WORKSHEET FOR BENCHMARK CORRELATION OF A GG 1-15 POSITION							
POSITION TITLE	NUMBER (To be completed by Division of Organization and Personnel)						
ORGANIZATION (Office, Division, Branch)	LOCATION						
INSTRUCTIONS: This form is to be used during the benchmark evaluation process described in NRC Manual Appendix 4130-A, Part III, A, B, and C. Enter the number and title of each benchmark position which you believe to be "ABOVE," "EQUAL TO," and "BELOW" the position being evaluated as you proceed through the evaluation process. Also record the selected benchmark position's degree level and points using the last two columns for final point recommendations.							
FACTOR	POSITION BENCHMARK					RECOMMENDATION FOR POSITION BEING EVALUATED	
	RATING	NUMBER	TITLE	DEGREE	POINTS	DEGREE	POINTS
BASIC SKILLS	ABOVE						
	EQUAL TO						
	BELOW						
CONTACTS	ABOVE						
	EQUAL TO						
	BELOW						
RESPONSIBILITY FOR DECISIONS	ABOVE						
	EQUAL TO						
	BELOW						
SUPERVISION	ABOVE						
	EQUAL TO						
	BELOW						
WORKING CONDITIONS	ABOVE						
	EQUAL TO						
	BELOW						
EFFORT	ABOVE						
	EQUAL TO						
	BELOW						
TOTAL POINTS							
SIGNATURE—EVALUATOR						DATE	

GPC 879-875

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	ADM:O&P	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0323A	HD	8-80

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 323B

NRC FORM 323B
(7-81)
NRCM 4130

U. S. NUCLEAR REGULATORY COMMISSION

WORKSHEET FOR BENCHMARK CORRELATION OF A GS-16-18 OR STS POSITION

Position Title: _____ Position Number: _____

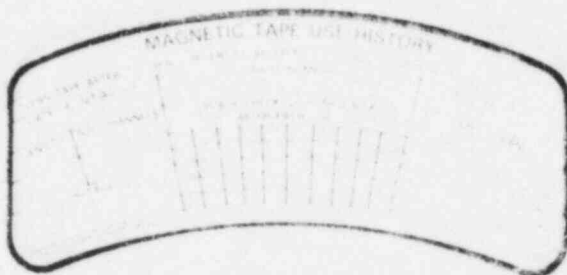
Organizational Location: _____
(Office) (Division)

Signature of Evaluator: _____ Date: _____

For each factor listed below, enter the required data for the benchmarks in Appendix 4130-B which in your judgment are most clearly immediately "above," "equal to," or "below" the position being evaluated. (Omit correlation and scoring on the "Administration" factor, if an STS position.) Enter the resulting evaluation in the last column.

FACTOR	BENCHMARK Number and Title	Points	Recommended Points for Position Being Evaluated
Technical Knowledge	Above: _____		
	Equal To: _____		
	Below: _____		
Administration	Above: _____		
	Equal To: _____		
	Below: _____		
Contacts	Above: _____		
	Equal To: _____		
	Below: _____		
Commitments	Above: _____		
	Equal To: _____		
	Below: _____		
		Total Points	

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/_____(Pad/Sheet per Pad) US/_____(Unit Sets/Number of Parts) MP/_____(Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/_____(Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:O&P	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0323B	HD	7-81



FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input checked="" type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input checked="" type="checkbox"/> TP/ <u>1</u> (Tab Paper/Number of Parts), 4 3/4 x <input type="checkbox"/> ENVL 2", blue ink <input type="checkbox"/> OTHER (Specify)	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		TP/1	8-79

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 326

FROM	DATE OF DOCUMENT	DATE RECEIVED	NO.
	LTR	MEMO	REPORT OTHER
TO	ORIG	CC	OTHER
	ACTION NECESSARY <input type="checkbox"/>	CONCURRENCE <input type="checkbox"/>	DATE ANSWERED
	NO ACTION NECESSARY <input type="checkbox"/>	COMMENT <input type="checkbox"/>	BY
CLASSIF	POST OFFICE	FILE CODE	
	REG NO		
DESCRIPTION (Must Be Unclassified)	REFERRED TO	DATE	RECEIVED BY DATE
ENCLOSURES			
REMARKS			

U. S. NUCLEAR REGULATORY COMMISSION

MAIL CONTROL FORM

FORM NRC 326 (1-75)

NRC FORM 326S

FROM	DATE OF DOCUMENT	DATE RECEIVED	NO.
	LTR	MEMO	REPORT OTHER
TO	ORIG	CC	OTHER
	ACTION NECESSARY <input type="checkbox"/>	CONCURRENCE <input type="checkbox"/>	DATE ANSWERED
	NO ACTION NECESSARY <input type="checkbox"/>	COMMENT <input type="checkbox"/>	BY
CLASSIF	POST OFFICE	FILE CODE	
	REG NO		
DESCRIPTION (Must Be Unclassified)	REFERRED TO	DATE	RECEIVED BY DATE
ENCLOSURES			
REMARKS			

U. S. NUCLEAR REGULATORY COMMISSION

MAIL CONTROL FORM

FORM NRC 326S (8-78)

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
SHEET	ADM:TIDC:DM	NRCM 0240	7540-00-NRC-0326X	HD	1-75	
CARD			STATUS OF EXISTING STOCK		6-76	
PD/____ (Pad/Sheet per Pad)		<input type="checkbox"/> USE FIRST	OTHER (SPECIFY)	7540-00-NRC-0326S	HD	
X US/ 6 (Unit Sets/Number of Parts) NRC 326;		DESTROY:				
MP/____ (Multipage/Number of Parts) IIS/9, NRC		<input type="checkbox"/> IMMEDIATELY				
LABEL 326S,		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
PC (Postal Card) 8 x 5", yellow		STOCKING POINT				
TC (Tab Card)		<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS			
TP/____ (Tab Paper/Number of Parts)		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)				
ENVL						
OTHER (Specify)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 327, PART 2

NRC FORM 327
(4-79)

U.S. NUCLEAR REGULATORY COMMISSION

SPECIAL NUCLEAR MATERIAL (SNM) INVENTORY BALANCE REPORT (PART-2) REGION REVIEW AND EVALUATION

<i>Please Check Appropriate Box for Each Question</i>	YES	NO
1. Was the inventory observed by NRC personnel? If "no", go to question number 2.		
a. Were there any items of noncompliance detected during inventory or reconciliation? If "yes", attach copy of "Notice of Violation".		
b. Are the licensee's inventory procedures adequate? If "no", explain.		
2. Is the LEID (element and/or isotope) within the limiting conditions of license or regulations? If "no", attach copy of licensee's report submitted per 70.53(b)(2).		
3. Is the ID (element and/or isotope) less than the licensee's calculated LEID? If "no", attach copy of licensee's report submitted per 70.53(b)(1).		
4. Is the ID (element and/or isotope) within the limiting conditions of license? If "no", attach copy of licensee's report. (Note: this question is applicable only to licensees with special license conditions. If not applicable, indicate with "N/A".)		
5. Is the ID less than the LEID limits specified in 70.51(e)(5) or any action limits specified in special license conditions? If "yes", go to question 6.		
a. Describe the licensee actions which have been taken or planned.		
b. Are the actions described in 5(a) consistent with the regulations, license conditions, and/or R.G. Page's letter of December 6, 1974? If "no", explain.		
c. What evidence does the licensee present that diversion or theft of SNM is, or is not a probability?		
d. Does the Region agree with licensee's statement concerning the possibility of diversion or theft of SNM? If "no", explain.		
e. Were any IAL's, Orders, or other enforcement correspondence issued with regard to the licensee's actions in response to the excessive ID? If "yes", attach copy.		
6. Provide any additional remarks that the Region considers pertinent.		

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	IE	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	4-79

NRC Form 328 (11-82) NRCM 4145		U.S. NUCLEAR REGULATORY COMMISSION			
REQUEST FOR ANNUAL LEAVE RESTORATION BASED ON EXIGENCY OF PUBLIC BUSINESS					
<p>INSTRUCTIONS: REFER TO NRC APPENDIX 4145, PART II, K AND L. MANAGEMENT INITIATES THIS FORM WHEN IT APPEARS THAT AN EXIGENCY* OF PUBLIC BUSINESS MAY REQUIRE CANCELLATION OF SCHEDULED ANNUAL LEAVE WHICH WILL CAUSE FORFEITURE. (Requests for annual leave restoration due to sickness or administrative error should be made by memorandum, in accordance with NRC Appendix 4145, Part II, L.) ATTACH AN SF 71, APPLICATION FOR LEAVE, OR OTHER SUBSTANTIATING DOCUMENTATION WHICH REQUESTED LEAVE DATED BEFORE THE START OF THE THIRD PAY PERIOD PRIOR TO THE ACTUAL END OF THE LEAVE YEAR. INFORMATION NOT ON THE SF 71 (OR OTHER SUBSTANTIATING DOCUMENTATION) SHOULD BE INCLUDED BELOW. NORMALLY MANAGEMENT OBTAINS THE DECISION THAT AN EXIGENCY EXISTS FROM THE DIRECTOR, OFFICE OF ADMINISTRATION, IN ADVANCE OF CANCELLING SCHEDULED ANNUAL LEAVE WHICH WILL RESULT IN FORFEITURE.</p> <p>*EXIGENCY—AN OPERATIONAL DEMAND OF SUCH IMPORTANCE AS TO PRECLUDE USE OF SCHEDULED ANNUAL LEAVE.</p>					
1. EMPLOYEE NAME			DATE		2. NUMBER OF HOURS REQUESTED FOR RESTORATION
3. ORGANIZATIONAL UNIT (Branch, division, office)			4. TSA UNIT NUMBER		5. EMPLOYEE MAIL STOP
6. BEGINNING DATE OF EXIGENCY			7. ENDING DATE OF EXIGENCY		
8. DATE ON WHICH LEAVE WAS SCHEDULED		9. DATE(S) DURING WHICH LEAVE WAS SCHEDULED FOR USE			10. TOTAL HOURS SCHEDULED FOR USE
		FROM DATE	HOUR	TO DATE	HOUR
			AM PM		AM PM
11. REASON(S) FOR SUBSEQUENT CANCELLATION OF APPROVED LEAVE (Nature of exigency)					
12. CALENDAR DATE CANCELLED LEAVE WAS RESCHEDULED FOR USE (If applicable)		13. DATE(S) DURING WHICH LEAVE RESCHEDULED FOR USE (If applicable)			14. TOTAL HOURS RESCHEDULED FOR USE (If applicable)
		FROM DATE	HOUR	TO DATE	HOUR
			AM PM		AM PM
15. REQUEST/CONCURRENCE (Retain copy if desired for tracking purposes)					
a. SIGNATURE - LEAVE APPROVING OFFICIAL (Normally originates this request, and certifies that facts are correct.)					DATE
b. SIGNATURE - REQUESTING OFFICIAL (Office Director or Regional Administrator)					DATE
c. SIGNATURE - DIRECTOR, DIVISION OF ORGANIZATION AND PERSONNEL (I certify that NRCM 4145 requirements are met.)					DATE
(1) LEAVE SCHEDULED BEFORE CUTOFF DATE		(2) EVIDENCE OF SUPERVISOR'S CANCELLATION OF SCHEDULED LEAVE		(3) NUMBER OF HOURS REQUESTED IS CORRECT	
YES		YES		YES	
NO		NO		NO (Give correct number)	
16. APPROVAL/DISAPPROVAL					
<input type="checkbox"/> APPROVED		SIGNATURE - DIRECTOR, OFFICE OF ADMINISTRATION			DATE
<input type="checkbox"/> DISAPPROVED (Return to 15a above)					
17. PAYROLL PROCESSING DETERMINE AND ENTER DATA BELOW. RETAIN ORIGINAL AND SEND TWO COPIES TO EMPLOYEE (One for Leave Approving Official)					
a. SIGNATURE - CHIEF, EMPLOYEE COMPENSATION UNIT, OFFICE OF RESOURCE MANAGEMENT					DATE
b. NUMBER OF HOURS RESTORED		c. PAY PERIOD IN WHICH RESTORED		d. END OF LEAVE YEAR BY WHICH RESTORED LEAVE MUST BE USED	

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PREScribing DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	
<input checked="" type="checkbox"/>	SHEET	ADM:OP	NRCM 4145		Sheet	
<input type="checkbox"/>	CARD		STATUS OF EXISTING STOCK			
<input type="checkbox"/>	PD/____ (Pad/Sheet per Pad)		<input type="checkbox"/> USE FIRST			<input type="checkbox"/> OTHER (SPECIFY)
<input type="checkbox"/>	US/____ (Unit Sets/Number of Parts)		DESTROY:			
<input type="checkbox"/>	MP/____ (Multipage/Number of Parts)		<input type="checkbox"/> IMMEDIATELY			
<input type="checkbox"/>	LABEL		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
<input type="checkbox"/>	PC (Postal Card)		STOCKING POINT			
<input type="checkbox"/>	TC (Tab Card)		<input type="checkbox"/> WAREHOUSE			<input type="checkbox"/> SUPPLY ROOMS
<input type="checkbox"/>	TP/____ (Tab Paper/Number of Parts)		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					
					11-82	

NRC Form 330 (11-82)															U.S. NUCLEAR REGULATORY COMMISSION																																																																																																																																						
FPDS - INDIVIDUAL CONTRACT ACTION REPORT (\$10,000 OR LESS)																																																																																																																																																					
SEE REVERSE FOR DETAILED INSTRUCTIONS																																																																																																																																																					
1. CONTRACT NUMBER (Left justified)															2. MODIFICATION NUMBER					3. CONTRACTING OFFICE ORDER NUMBER										4. PURCHASING/CONTRACTING OFFICE CODE																																																																																																																							
																														N R C																																																																																																																							
5. DATE OF THIS ACTION															6. REPORT PERIOD					7. ESTABLISHMENT AND COMPLETE ADDRESS																																																																																																																																	
CY		MO		FY		QUARTER (1 digit)		CONTRACTOR NAME										DIVISION NAME										STREET ADDRESS					CITY					STATE																																																																																																															
40		41		42		43		44		45		46																																																																																																																																									
8a. TOTAL DOLLARS OBLIGATED OR DEOBLIGATED (Round to nearest whole dollar; right justify for report to Headquarters)															47					48					8. TYPE OF OBLIGATION																																																																																																																												
																									1 - OBLIGATED										2 - DEOBLIGATED																																																																																																																		
9. KIND OF CONTRACT ACTION																																																																																																																																																					
1 - INITIAL LETTER CONTRACT										2 - DEFINITIVE CONTRACT SUPERSEDING LETTER CONTRACT										3 - NEW DEFINITIVE CONTRACT										4 - ORDER UNDER REPORTING AGENCY'S CONTRACT					5 - MODIFICATION					6 - GSA SCHEDULE					7 - ORDER UNDER ANOTHER AGENCY'S CONTRACT					8 - TERMINATION FOR DEFAULT					9 - TERMINATION FOR CONVENIENCE																																																																																														
10. PRINCIPAL PRODUCT OR SERVICE DESCRIPTION																																																																																																																																																					
11. METHOD OF CONTRACTING																																																																																																																																																					
1 - TWO STEP FORMAL ADVERTISING															2 - OTHER FORMAL ADVERTISING															3 - NEGOTIATED COMPETITIVE										4 - NEGOTIATED NON-COMPETITIVE										5 - DIRECTED CONTRACTS FOR FOREIGN GOVERNMENTS										6 - TARIFF OR REGULATED ACQUISITION																																																																																									
12. EXTENT OF COMPETITION IN NEGOTIATION															COMPETITIVE										NON-COMPETITIVE																																																																																																																												
															A1 - SMALL BUSINESS TOTAL SET ASIDE										A2 - SMALL BUSINESS PARTIAL SET ASIDE										A3 - LABOR SURPLUS AREA SET ASIDE										A4 - LABOR SURPLUS AREA SMALL BUSINESS SET ASIDE										A9 - OTHER NEGOTIATED COMPETITIVE										B1 - BUY INDIAN										B2 - 8(a) PROGRAM										B3 - FOLLOW-ON AFTER COMPETITION										B9 - OTHER NEGOTIATED NON-COMPETITIVE																																																						
13. TYPE OF BUSINESS																																																																																																																																																					
A1 - SMALL BUSINESS-DISADVANTAGED 8(a)										A2 - SMALL BUSINESS-OWNED BY MINORITY GROUP										A3 - OTHER SMALL BUSINESS OR INDIVIDUALS										B1 - LARGE MINORITY BUSINESS										B2 - OTHER LARGE BUSINESS										L1 - NON-PROFIT-PRIVATE EDUCATIONAL ORGANIZATION										C2 - NON-PROFIT HOSPITAL										C3 - NON-PROFIT RESEARCH INSTITUTION, FOUNDATION, LABORATORY										C4 - OTHER NON-PROFIT INSTITUTIONS										D1 - STATE/LOCAL GOVERNMENT EDUCATIONAL										D2 - STATE/LOCAL GOVERNMENT HOSPITAL										D3 - STATE/LOCAL GOVERNMENT RESEARCH ORGANIZATION										D4 - OTHER STATE/LOCAL										E1 - ACQUIRED & USED OUTSIDE U.S./OUTLYING AREAS										E2 - ACQUIRED OUTSIDE U.S./OUTLYING AREAS & USED INSIDE U.S./OUTLYING AREAS									
14. WOMAN-OWNED BUSINESS										0 - EXEMPT										1 - YES										2 - NO										3 - NOT CERTIFIED																																																																																																													
REMARKS																																																																																																																																																					
14. CONTRACTING OFFICER OR REPRESENTATIVE (Typed name and signature)																																																																																																																																																					
															TELEPHONE NUMBER										DATE SUBMITTED																																																																																																																												

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET, h to f	ADM:DC			Sheet	11-82	
<input type="checkbox"/> CARD						
<input type="checkbox"/> PD/____ (Pad/Sheet per Pad)						
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)						
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)						
<input type="checkbox"/> LABEL						
<input type="checkbox"/> PC (Postal Card)						
<input type="checkbox"/> TC (Tab Card)						
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)						
<input type="checkbox"/> ENVL						
<input type="checkbox"/> OTHER (Specify)						
STATUS OF EXISTING STOCK						
<input type="checkbox"/> USE FIRST DESTROY:			OTHER (SPECIFY)			
<input type="checkbox"/> IMMEDIATELY						
<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE						
STOCKING POINT						
<input type="checkbox"/> WAREHOUSE			<input type="checkbox"/> SUPPLY ROOMS			
<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 330, REVERSE

INSTRUCTIONS

- 1. CONTRACT NUMBER.** In the case of a purchase order award directly to a commercial firm or other source of supply (not by purchasing under the provisions of another agency's contract with that source of supply), our purchase order number should be inserted in this field. The entry should be flush left with no following zeros. When contracting with a commercial or other source of supply, but under the provisions of another agency's contract with that source of supply (for example, GSA Schedule purchases), the source's contract number with the agency with whom the contract is held is entered in this field, instead of NRC's order number.
- 2. MODIFICATION NUMBER.** When amending a purchase order the amendment number is placed here, flush right, with no lead zeros.
- 3. CONTRACTING OFFICE ORDER NUMBER.** When placing an order under the GSA Schedule, or under a contract negotiated, awarded, and administered by another agency the purchase order number is placed in this field, flush left, with no following zeros. If awarding a purchase order directly to a source of supply, not through another agency's contract, our purchase order number would have been entered in field 1 above, and, thus, this field would remain blank.
- 4. PURCHASING OR CONTRACTING OFFICE.** The reporting official enters one of the following codes:

OFFICE	CODE
NRC Headquarters	NRCHQ
NRC Region I	NRCR1
NRC Region II	NRCR2
NRC Region III	NRCR3
NRC Region IV	NRCR4
NRC Region V	NRCR5

- 5. DATE OF THIS ACTION.** The reporting official inserts the month and year only of execution of the purchase order or amendment, not necessarily corresponding to the effective date of the order or amendment. For example, an execution date of April 1, 1980 would be inserted as "8004."
- 6. REPORT PERIOD.** The reporting official inserts the fiscal year and quarter thereof in which the action is being reported. Since it is required that all actions having taken place during a quarter be reported for that quarter's submission, the entry in this field will always correspond to that in field 5. Thus an entry in field 5 of "8004" will yield an entry in this field of "803." An entry in field 5 of "7912" will yield an entry in field 6 of "801" (the first quarter of fiscal year 1980). Actions awarded during the last days of the quarter are allowed five days before reporting is required in the case of headquarters offices. Actions awarded by regional offices during the last days of the quarter are allowed ten days before reporting is required. Even though such reporting may technically take place in the next quarter, it should be shown as having taken place during the quarter of award.
- 7. ESTABLISHMENT AND COMPLETE ADDRESS.** The contractor's complete name, including division title, if applicable, should be inserted along with the address of the firm or division thereof with which we are contracting.
- 8. TOTAL DOLLARS OBLIGATED/DEOBLIGATED.** The total amount of the particular procurement being reported is entered. It does not, in the case of a purchase order amendment, reflect the new total purchase order amount following the amendment, but rather, reflects only the amount of change resulting from the amendment. Dollar values in this field should be rounded off to the nearest whole dollar, should be right justified. In field 8, b, it should be noted whether the amount entered in field 8a is an obligation or a deobligation. (Dollar amounts entered in field 8 should be rounded off to the nearest whole dollar, should be flush right.)
- 9. KIND OF CONTRACT ACTION.** The reporting official indicates, from the codes on the ICAR, the kind of action being reported. Codes 1 and 2 will not apply to purchase orders and amendments thereto. Code 3 should be entered when reporting the award of a new purchase order directly to a source, i.e., not by purchasing under the provisions of another agency's contract. Code 4 is not used in relation to purchase orders or purchase order amendments. Code 5 should be used when amending a purchase order that was originally placed with the source of supply, not through the source's contract with another agency. Code 5 is not used, however, for amendments terminating contractors for either default or convenience (see below). Code 6 is used exclusively when issuing an initial order under the GSA Schedule. Code 7 is used when placing an order under an existing contract (other than the GSA Schedule) between the source of supply and another Federal Government agency. Code 8 is used when amending a purchase order to terminate a contract for default. In this instance, code 5 is not used, despite the fact that an amendment is the vehicle for termination. Code 9 is used when amending a purchase order to terminate a contractor for the convenience of the Government. Code 5 is not used for this particular type of termination amendment either.
- 10. PRINCIPAL PRODUCT OR SERVICE.** The reporting official describes in a few words what is being procured.
- 11. METHOD OF CONTRACTING.** The code from the ICAR that best represents the method of acquisition associated with the award of the purchase order or purchase order amendment is entered. If reporting a purchase order amendment, the same code should be entered in this field as was entered for the report of the award of the original purchase order. Codes 1 and 2 are not applicable to small purchases and thus should not be entered. If reporting a GSA Schedule purchase or a purchase under another agency's contract, this field should be left blank.
- 12. EXTENT OF COMPETITION IN NEGOTIATION.** For negotiated procurement only, a code from the ICAR should be entered that best expresses the degree of competition present in the procurement.

If reporting a purchase order amendment, the code entered in this field should match that entered when the original purchase order award was reported. If reporting a GSA Schedule purchase, or a purchase under another agency's contract, this field should be left blank.
- 13. TYPE OF BUSINESS.** The code from the ICAR that best describes the type of business to which the purchase order or purchase order amendment was issued should be entered.
- 14. WOMAN-OWNED BUSINESS.** Enter one of the following codes: 0—EXEMPT, if business is exempt from certification because it is publicly owned, a joint-stock association, or a business trust. Exempt businesses may voluntarily certify whether or not they are woman-owned. 1—YES, if woman-owned, 2—NO, if not woman-owned, 3—NOT CERTIFIED, if contractor did not certify.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 332

- CORRECT THE FOLLOWING CARD TO READ AS FOLLOWS
- ADD THIS CARD

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40		

41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80		

NRC FORM 332
(2-77)

ADP CORRECTION CARD

U.S. NUCLEAR REGULATORY COMMISSION

NEC/NP-15590

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/ _____ (Pad/Sheet per Pad) <input type="checkbox"/> US/ _____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input checked="" type="checkbox"/> TC (Tab Card), gold, w/tab cut, 7 3/8 x <input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts) 3 1/2" <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		TC	2-77

NRC FORM 333A
12-79

FORMERLY RESTRICTED DATA

Unauthorized disclosure subject to Administrative and Criminal Sanctions. Handle as Restricted Data in Foreign Dissemination Section 144 b, Atomic Energy Act, 1954

CONFIDENTIAL

(WHEN PUNCHED)

NRC FORM 333B
12-79

NATIONAL SECURITY INFORMATION

Unauthorized disclosure subject to Administrative and Criminal sanctions

SECRET

(WHEN PUNCHED)

NRC FORM 333C
12-79

RESTRICTED DATA

This document contains Restricted Data as defined in the Atomic Energy Act of 1954. Unauthorized disclosure subject to Administrative and Criminal sanctions.

CONFIDENTIAL

(WHEN PUNCHED)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> FC (Postal Card) <input checked="" type="checkbox"/> TC (Tab Card), pink <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:D	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0333A W7540-00-NRC-0333B W7540-00-NRC-0333C	HD HD HD	2-79 2-79 2-79

NRC FORM 334A
(2-79)

FORMERLY RESTRICTED DATA
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SECRET
(WHEN PUNCHED)

NRC FORM 334B
(2-79)

RESTRICTED DATA
Unauthorized disclosure subject to Administrative and Criminal Sanctions.

CONFIDENTIAL
(WHEN PUNCHED)

NRC FORM 334C
(2-79)

RESTRICTED DATA
This document contains Restricted Data as defined in the Atomic Energy Act of 1954. Unauthorized disclosure subject to Administrative and Criminal Sanctions.

SECRET
(WHEN PUNCHED)

FORMS MANAGEMENT DATA				1/83			
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE		
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input checked="" type="checkbox"/> TC (Tab Card), pink <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:D	STATUS OF EXISTING STOCK		W7540-00-NRC-0334A W7540-00-NRC-0334B W7540-00-NRC-0334C	HD HD HD	2-79 2-79 2-79	
		<input type="checkbox"/> USE FIRST					OTHER (SPECIFY)
		DESTROY:					
		<input type="checkbox"/> IMMEDIATELY					
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE					
		STOCKING POINT					
		<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS					
		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 335

NRC FORM 335 (11-81)		U.S. NUCLEAR REGULATORY COMMISSION BIBLIOGRAPHIC DATA SHEET		1. REPORT NUMBER (Assigned by DDC)	
4. TITLE AND SUBTITLE (Add Volume No., if appropriate)		2. (Leave blank)		3. RECIPIENT'S ACCESSION NO.	
7. AUTHOR(S)		5. DATE REPORT COMPLETED MONTH YEAR		DATE REPORT ISSUED MONTH YEAR	
9. PERFORMING ORGANIZATION NAME AND MAILING ADDRESS (Include Zip Code)		6. (Leave blank)		8. (Leave blank)	
12. SPONSORING ORGANIZATION NAME AND MAILING ADDRESS (Include Zip Code)		10. PROJECT/TASK/WORK UNIT NO.		11. FIN NO.	
13. TYPE OF REPORT		PERIOD COVERED (Inclusive dates)			
15. SUPPLEMENTARY NOTES		14. (Leave blank)			
16. ABSTRACT (200 words or less)					
17. KEY WORDS AND DOCUMENT ANALYSIS			17a. DESCRIPTORS		
17b. IDENTIFIERS/OPEN-ENDED TERMS					
18. AVAILABILITY STATEMENT		19. SECURITY CLASS (This report)		21. NO. OF PAGES	
		20. SECURITY CLASS (This page)		22. PRICE \$	

NRC FORM 335 (11-81)

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	ADM:TIDC	NRCM 3202	7540-00-NRC-0335X	HD	11-81
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/ _____ (Pad/Sheet per Pad)					
<input type="checkbox"/>	US/ _____ (Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/ _____ (Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/ _____ (Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					
		STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <input type="checkbox"/> OTHER (SPECIFY)				
		STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

CONFIDENTIAL

(When filled in)

NRC FORM 336, FACE

NRC FORM 336 (7-79)		U.S. NUCLEAR REGULATORY COMMISSION		REQUEST NUMBER
TECHNICAL SECURITY SURVEY REPORT (U) <i>(See Reverse for Instructions on Completing this Report)</i>				
REQUESTER			DATE(S) OF SURVEY	
OFFICE--DIVISION--BRANCH				
FACILITY -- BUILDING -- ROOM NUMBER(S)				
DESCRIPTION OF AREA(S)				
SURVEY CONDUCTED BY		REPORT PREPARED BY		REPORT APPROVED BY
<p>The purpose of this technical security survey was to detect the presence of clandestine surveillance and listening devices or conditions which would facilitate the employment of such devices.</p>				
<p>NATIONAL SECURITY INFORMATION -- <i>Unauthorized Disclosure Subject to Administrative and Criminal Sanctions</i></p>				
CLASSIFIED BY: DIRECTOR DIVISION OF SECURITY			DERIVATIVE CLASSIFIER -- NAME	
(Declassify 6 years after date of report)			TITLE	DATE

NRC FORM 336
(7-79)

CONFIDENTIAL

(When filled in)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	7-79

INSTRUCTIONS

- I. Complete the block portion of the report in its entirety.
- II. The body of the report will contain the following subheadings with narrative comments under each subheading as appropriate.
 1. TESTS CONDUCTED AND TELEPHONES INSPECTED: (List all tests and inspections conducted, e.g., radio frequencies covered, physical inspection and quantity of telephones inspected).
 2. EQUIPMENT UTILIZED TO EFFECT SURVEY:
(List all technical security equipment utilized to effect this survey).
 3. UNUSUAL CHARACTERISTICS FOUND:
(List any unusual characteristics found which should be documented for reference when the area is surveyed again).
 4. SECURITY DEFICIENCIES:
(List all technical findings which degrade the security of the area surveyed).
 5. SUGGESTIONS OR RECOMMENDATIONS:
(List suggestions or recommendations to correct any security deficiencies noted in 4. above).
 6. REMARKS, INCLUDING RESULTS OF CLOSE-OUT WITH REQUESTER ORGANIZATIONS:
(A close-out should be conducted with the requester organization and an attempt made to resolve any security deficiencies noted in 4. above. The results of that close-out should be noted under this subheading).
- III. Use plain bond paper if additional pages are required to complete this report.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 337

CONFIDENTIAL
(WHEN FILLED IN)

NRC FORM 337 (8-79)		U.S. NUCLEAR REGULATORY COMMISSION		REQUEST NUMBER
REQUEST FOR TECHNICAL SECURITY SERVICES (U)			00003	
TO: Director	FROM: Name and Title		DATE REQUESTED	
Division of Security	Branch - Division - Office		DATE REQUIRED	
FOR FURTHER INFORMATION, CONTACT:	NAME	TITLE	TELEPHONE NUMBER	
TYPE OF SECURITY SERVICES REQUESTED				
FACILITY - BUILDING - ROOM NUMBER(S)				
DESCRIPTION OF AREA				
TO BE COMPLETED BY THE DIVISION OF SECURITY				
APPROVING OFFICIAL - NAME		DERIVATIVE CLASSIFIER - NAME		
TITLE		TITLE	DATE	
TELEPHONE NUMBER	DATE	CLASSIFIED BY DIRECTOR, DIVISION OF SECURITY (Declassify 6 months after date of request)		
NATIONAL SECURITY INFORMATION: <small>Unauthorized Disclosure Subject To Administrative and Criminal Sanctions</small>				

NRC Form 337
(8-79)

CONFIDENTIAL
(WHEN FILLED IN)

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
SHEET	ADM:SEC			US/4	8-79	
CARD						
PD/____ (Pad/Sheet per Page)						
<input checked="" type="checkbox"/> US/4 (Unit Sets/Number of Parts) , 8 X 5 1/2"						
MP/____ (Multipage/Number of Parts)						
LABEL						
PC (Postal Card)						
TC (Tab Card)						
TP/____ (Tab Paper/Number of Parts)						
ENVL						
OTHER (Specify)						
STATUS OF EXISTING STOCK						
<input type="checkbox"/> USE FIRST DESTROY: <table border="1" style="display: inline-table; vertical-align: top;"> <tr> <td>OTHER (SPECIFY)</td> </tr> </table>			OTHER (SPECIFY)			
OTHER (SPECIFY)						
<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE						
STOCKING POINT						
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS						
<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 338

NRC FORM 338 (7-81)		U.S. NUCLEAR REGULATORY COMMISSION		STEWARD'S NAME	
REQUEST FOR OFFICIAL TIME FOR UNION REPRESENTATIONAL FUNCTIONS				OFFICE TO BE VISITED	
TELEPHONE NUMBER					
NATURE OF OFFICIAL DUTIES					
ESTIMATED TIME TO BE SPENT ON OFFICIAL UNION BUSINESS			ACTUAL TIME SPENT ON OFFICIAL UNION BUSINESS		
FROM		TO	DEPARTURE		RETURN
DATE					
TIME					
<input type="checkbox"/> BANK TIME (Section # 4)		CHARGE TO		<input type="checkbox"/> REASONABLE OFFICIAL TIME (Section # 5)	
AMOUNT OF TIME CHARGED TO BANK TIME (if applicable)					
SUPERVISOR'S APPROVAL (Signature)			STEWARD'S CERTIFICATION (Signature)		

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 8 x 5 <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:OP	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	7-81
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORM 339 (7-79)	U.S. NUCLEAR REGULATORY COMMISSION RECORD OF TIME SPENT PREPARING AND PRESENTING GRIEVANCES AND CASES AT ARBITRATION <i>(Sign-in/Sign-out Sheet)</i>	OFFICE/DIVISION BRANCH	ORGANIZATION CODE	PAY PERIOD		
PART I - FIRST WEEK						
NAME OF UNION STEWARD	MONDAY TIME INITIALS	TUESDAY TIME INITIALS	WEDNESDAY TIME INITIALS	THURSDAY TIME INITIALS	FRIDAY TIME INITIALS	TOTAL
OUT IN OUT IN OUT IN OUT IN OUT IN OUT IN						
PART II - SECOND WEEK						
NAME OF UNION STEWARD	MONDAY TIME INITIALS	TUESDAY TIME INITIALS	WEDNESDAY TIME INITIALS	THURSDAY TIME INITIALS	FRIDAY TIME INITIALS	TOTAL
OUT IN OUT IN OUT IN OUT IN OUT IN OUT IN						

FORMS MANAGEMENT DATA						1/83
CONSTRUCTION OF FORM <input checked="" type="checkbox"/> SHEET CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	PROMULGATING OFFICE ADM:OP	PRESCRIBING DIRECTIVE STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	STOCK NUMBER W7540-00-NRC-0339X	UNIT OF ISSUE HD	EDITION DATE 7-79	

NRC Form 340 (7/81)	VITAL RECORDS PLAN	U.S. NUCLEAR REGULATORY COMMISSION REGULATORY DIVISION 1400 DATE: _____ PREPARED BY: Name of Preparer (Print) _____ TITLE: _____ NAME OF TITLE AND CURRENT ADDRESS TO BE USED FOR THIS ITEM: _____ ITEM NUMBER: _____ DATE: _____ PREPARED BY: Name of Preparer (Print) _____ TITLE: _____ NAME OF TITLE AND CURRENT ADDRESS TO BE USED FOR THIS ITEM: _____ ITEM NUMBER: _____ DATE: _____
------------------------	---------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC:DM	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	3-83

TO: <input type="checkbox"/> A <input type="checkbox"/> B	FROM (Originating Office) NRC,	DATE	ITEM NUMBER
FREQUENCY OF DISPATCH			
ITEM IDENTIFICATION			
ITEM MAINTENANCE AND DISPOSITION INSTRUCTION			
NRC Form 341 (3-83)		U.S. NUCLEAR REGULATORY COMMISSION	

VITAL RECORDS IDENTIFICATION LABEL

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input type="checkbox"/> US/_____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____ (Multipage/Number of Parts) <input checked="" type="checkbox"/> LABEL, 8 1/2 x 5 1/2" <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC:DM	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		Label	3-83
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORM 345
(9-79)

U. S. NUCLEAR REGULATORY COMMISSION

**SIGNATURE CARD FOR AUTHORIZING OFFICIAL
TO APPROVE WITHDRAWAL OF IMPREST FUNDS**

_____ (Manual signature of authorizing official)

_____ (Office)

I certify that the above is the signature of _____ (Typed full name of authorizing official)
who is designated (in writing) as an authorizing official to approve withdrawal of imprest funds.

_____ (Signature and title of designating official) _____ Date

FORMS MANAGEMENT DATA					1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/>	SHEET	RM:A			Card	9-79	
<input checked="" type="checkbox"/>	CARD, 5 x 3"						
<input type="checkbox"/>	PD/ _____ (Pad/Sheet per Pad)		STATUS OF EXISTING STOCK				
<input type="checkbox"/>	US/ _____ (Unit Sets/Number of Parts)		<input type="checkbox"/> USE FIRST				OTHER (SPECIFY)
<input type="checkbox"/>	MP/ _____ (Multipage/Number of Parts)		<input type="checkbox"/> DESTROY:				
<input type="checkbox"/>	LABEL		<input type="checkbox"/> IMMEDIATELY				
<input type="checkbox"/>	PC (Postal Card)		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
<input type="checkbox"/>	TC (Tab Card)		STOCKING POINT				
<input type="checkbox"/>	TP/ _____ (Tab Paper/Number of Parts)		<input type="checkbox"/> WAREHOUSE				<input type="checkbox"/> SUPPLY ROOMS
<input type="checkbox"/>	ENVL		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				
<input type="checkbox"/>	OTHER (Specify)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 346

NRC FORM 346
(11-79)

U. S. NUCLEAR REGULATORY COMMISSION NO

7323

CASH RECEIPT

RECEIVED FROM - NAME		DATE	AREA CODE	PHONE NUMBER
ADDRESS		(Check Appropriate Box)		
		<input type="checkbox"/> CHECK	<input type="checkbox"/> CASH	<input type="checkbox"/> MONEY ORDER
QUANTITY	DESCRIPTION OF ITEM	UNIT RATE	COST	
RECEIVED BY	TOTAL AMOUNT RECEIVED			

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 2 (Unit Sets/Number of Parts) 50 US/2s, MP/ _____ (Multipage/Number of Parts) B receipts <input type="checkbox"/> LABEL per 11" page, bound with <input type="checkbox"/> PC (Postal Card) wrap-around vellum cover <input type="checkbox"/> TC (Tab Card) TF/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:A	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	7540-00-NRC-0346X	BK	11-79
		STOCKING POINT			
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

Overtime/Surcharge Authorization

This signature authorizes the Printing & Graphics Branch to obligate overtime or premium time funds for the following purpose:

I understand that should any Government agency question the use of funds on a premium time basis, I will be contacted directly for justification, by the inquiring agency.

Authorized Signature

Title

NRC Form 350
(2-82)

FORMS MANAGEMENT DATA				1/83			
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/>	SHEET, 5½ x 4", green	ADM:TIDC:PG			PD/50	3-82	
<input type="checkbox"/>	CARD						
<input checked="" type="checkbox"/>	PD/ 50 (Pad/Sheet per Pad)		STATUS OF EXISTING STOCK				
<input type="checkbox"/>	US/ (Unit Sets/Number of Parts)		<input type="checkbox"/> USE FIRST				OTHER (SPECIFY)
<input type="checkbox"/>	MP/ (Multipage/Number of Parts)		<input type="checkbox"/> DESTROY:				
<input type="checkbox"/>	LABEL		<input type="checkbox"/> IMMEDIATELY				
<input type="checkbox"/>	PC (Postal Card)		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
<input type="checkbox"/>	TC (Tab Card)		STOCKING POINT				
<input type="checkbox"/>	TP/ (Tab Paper/Number of Parts)		<input type="checkbox"/> WAREHOUSE				<input type="checkbox"/> SUPPLY ROOMS
<input type="checkbox"/>	ENVL		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				
<input type="checkbox"/>	OTHER (Specify)						

**SENIOR EXECUTIVE SERVICE (SES)
PERFORMANCE PLANNING AND APPRAISAL
SUMMARY PAGE**

U.S. NUCLEAR REGULATORY COMMISSION

INSTRUCTIONS: This page contains the major steps required for the SES performance appraisal process and is used by the supervisor and the appraiser. Complete only the upper right portion of this page and proceed to page 1.

STEP	SUMMARY RATING 0 1 2 3 4 5	PAC LEVEL		RANKING	AWARDS RECOMMENDED	PLACEMENT	DATE
		FROM	TO				
4 AND 8 CONTINUED		ES	ES	TOP 5%	AMOUNT	POSITION	
10 CONTINUED							
11							
12							
13							
14							

SUPERIORLY EXCELLENCE
MEETS AND EXCEEDS EXPECTATIONS
PERFORMS WELL
PERFORMS SATISFACTORILY
PERFORMS ADEQUATELY
PERFORMS ACCEPTABLY

RATING OFFICIAL, APPOINTING AUTHORITY, COMMENTS

OUTSTANDING
For subelements and critical elements, all performance standards exceeded the performance standards in an exceptional degree. For the summary rating, the Senior Executive performed at an exceptional level and has been outstanding in all critical elements and not less than excellent in all subelements.
Job performance frequently exceeded that expected in the performance standards to a noticeable degree.
For the summary rating, the Senior Executive performed at an exceptional level and has been rated at least excellent in all critical elements and not less than fully competent in all subelements.
Job performance consistently met or exceeded the performance standards. For the summary rating, the Senior Executive performed at an exceptional level.

EXCELLENT
For subelements and critical elements, all performance standards exceeded the performance standards in an exceptional degree. For the summary rating, the Senior Executive performed at an exceptional level and has been outstanding in all critical elements and not less than excellent in all subelements.
Job performance frequently exceeded that expected in the performance standards to a noticeable degree.
For the summary rating, the Senior Executive performed at an exceptional level and has been rated at least excellent in all critical elements and not less than fully competent in all subelements.
Job performance consistently met or exceeded the performance standards. For the summary rating, the Senior Executive performed at an exceptional level.

FULLY SUCCESSFUL
For subelements and critical elements, all performance standards exceeded the performance standards in an exceptional degree. For the summary rating, the Senior Executive performed at an exceptional level and has been outstanding in all critical elements and not less than excellent in all subelements.
Job performance frequently exceeded that expected in the performance standards to a noticeable degree.
For the summary rating, the Senior Executive performed at an exceptional level and has been rated at least excellent in all critical elements and not less than fully competent in all subelements.
Job performance consistently met or exceeded the performance standards. For the summary rating, the Senior Executive performed at an exceptional level.

MINIMALLY SATISFACTORY
For subelements and critical elements, all performance standards exceeded the performance standards in an exceptional degree. For the summary rating, the Senior Executive performed at an exceptional level and has been outstanding in all critical elements and not less than excellent in all subelements.
Job performance frequently exceeded that expected in the performance standards to a noticeable degree.
For the summary rating, the Senior Executive performed at an exceptional level and has been rated at least excellent in all critical elements and not less than fully competent in all subelements.
Job performance consistently met or exceeded the performance standards. For the summary rating, the Senior Executive performed at an exceptional level.

UNSATISFACTORY
For subelements and critical elements, all performance standards exceeded the performance standards in an exceptional degree. For the summary rating, the Senior Executive performed at an exceptional level and has been outstanding in all critical elements and not less than excellent in all subelements.
Job performance frequently exceeded that expected in the performance standards to a noticeable degree.
For the summary rating, the Senior Executive performed at an exceptional level and has been rated at least excellent in all critical elements and not less than fully competent in all subelements.
Job performance consistently met or exceeded the performance standards. For the summary rating, the Senior Executive performed at an exceptional level.

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ <u>7</u> (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:OP	NRCM 4152 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	7540-00-NRC-0351X	HD	4-82

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 351, REVERSE

NRC FORM 351
(4-82)

U.S. NUCLEAR REGULATORY COMMISSION

SES PERFORMANCE APPRAISAL RESPONSIBILITIES AND SEQUENCE OF STEPS

For all continuation pages, use NRC Form 351A, "SES Planning and Appraisal Continuation." Use NRC Form 149, "ADDRESSEE ONLY" envelopes for transmitting this performance appraisal.

OFFICIAL(S) RESPONSIBLE	ITEM DESIGNATION	INSTRUCTIONS
SENIOR EXECUTIVE AND SUPERVISING EXECUTIVE	STEP 1	TO BE COMPLETED AT BEGINNING OF RATING PERIOD DEVELOP CRITICAL ELEMENTS A. PROGRAM GOALS (at least one is mandatory) Specific Program Goal Element(s) Subelements, which are based on assignments. There may be more than one Subelement, the sequence of additional Subelements should be listed alphabetically (a, b, c, etc.) B. MANAGEMENT EFFECTIVENESS GOAL (mandatory) a - e. Subelements as stated on the form. Additional Subelements, as appropriate, listed alphabetically (f, g, h, etc.) C. INDIVIDUAL PERFORMANCE (mandatory) a & b. Subelements as stated on the form. Additional Subelements as appropriate, listed alphabetically (c, d, e, etc.)
	STEP 2	IDENTIFY PERFORMANCE STANDARDS. Complete performance planning and forward to next level supervisor for approval.
	STEP 3	Review (or return for modification if necessary), approve, and return the performance plan to the Supervising Executive.
REVIEWING OFFICIAL (next level supervisor over Supervising Executive)	STEP 3	Review (or return for modification if necessary), approve, and return the performance plan to the Supervising Executive.
SUPERVISING EXECUTIVE	NOTE	Upon receipt of an approved performance plan from the Reviewing Official, give one copy to the Senior Executive and retain the original form until the end of the rating period. Performance plan may be changed during the rating period as outlined in NRCM 4152, following the same steps. Interim review should also occur.
SUPERVISING EXECUTIVE	STEP 4	COMPLETE PERFORMANCE EVALUATION-APPRAISAL. Place summary rating, any recommended pay level change, reassignment or removal action in STEP 4 AND 6 CONTINUED on the Summary Page.
	STEP 4A	If reviewing official used in office, forward to that official (STEP 5).
REVIEWING OFFICIAL (Optional by Office)	STEP 4B	If reviewing official not used, proceed to STEP 6.
	STEP 5	Review, but cannot change appraisal. Check form to indicate review has occurred, within three days. Return form to Supervising Executive.
SUPERVISING EXECUTIVE	STEP 6	Discuss appraisal with Senior Executive. Sign and date (mandatory) STEP 4 AND 6 CONTINUED on the Summary Page. NOTE: If there is another supervisory level between Supervising Executive and Ranking Official, send an information copy to that official.
	STEP 7	Sign (mandatory), provide comments (optional), and request Independent Review within 5 workdays (optional), and return the original of the appraisal to the Supervising Executive.
SENIOR EXECUTIVE	STEP 8	On receipt:
	STEP 8A	If Independent Review is requested, forward appraisal to the Performance Review Board (STEP 9).
	STEP 8B	If Independent Review is not requested, forward the appraisal to the Ranking Official (STEP 11).
PERFORMANCE REVIEW BOARD (PRB)	STEP 9	Appoint and forward appraisal to the Independent Executive Reviewer (mandatory) within two workdays.
INDEPENDENT EXECUTIVE REVIEWER	STEP 10	Conduct review within five workdays of assignment (mandatory). Indicate below whether you agree or disagree with the Supervisor's rating and why. On the Summary Page, STEP 10 CONTINUED place the recommended summary rating, any recommended pay level change, reassignment or removal action, and sign.
RANKING OFFICIAL	STEP 11	Rank Senior Executive, if appropriate, and recommend award consideration (mandatory), within five workdays. Recommend pay level change, reassignment or removal (optional). Forward appraisal to PRB.
PERFORMANCE REVIEW BOARD	STEP 12	Review, evaluate, and document recommendations on summary rating, pay level change, award and reassignment and removal (mandatory). Forward original of the appraisal to the Rating Official-Appointing Authority.
RATING OFFICIAL/ APPOINTING AUTHORITY	STEP 13	Consider recommendations of PRB (mandatory) and give final summary rating, decide on reassignment and removal, if necessary. Forward any appraisals requiring award and pay level change decisions to the Awarding Authority. Return other appraisals to the Chairman, PRB.
AWARDING AUTHORITY	STEP 14	Consider recommendations of PRB (mandatory), and make final award and pay level change decisions. Forward completed appraisals to the Chairman, Performance Review Board.

A copy of the completed appraisal will be provided to the Senior Executive. The original will be kept in an Employee Performance File maintained by the PRB for five years in accordance with the System of Records designated as NRC 22.

NRC Form 351
NRC 4-83

U.S. NUCLEAR REGULATORY COMMISSION

**SENIOR EXECUTIVE SERVICE (SES)
PERFORMANCE PLANNING AND APPRAISAL**

SENIOR EXECUTIVE SERVICE NAME (Last, First, Middle Initial) _____

ORGANIZATION _____

POSITION _____

DATE _____

REPORTING SUPERVISOR'S NAME (Last, First, Middle Initial) _____

ORGANIZATION _____

POSITION _____

DATE _____

PERFORMANCE RATING: 1 2 3 4 5

ADMINISTRATIVE INSTRUCTIONS: Supervisors and Supervisees should complete this form for each performance appraisal. Supervisors should complete this form for each supervisee at the end of the rating period.

STEP 1 - DEVELOP CRITICAL ELEMENTS, SUBELEMENTS, PROGRAM GOALS, AND MEASUREMENTS:

PERFORMANCE STANDARDS EXPECTED RESULTS

1. SPECIFIC PROGRAM GOAL, CRITICAL ELEMENT, NUMBER, MEASUREMENTS, & 2.3
a. Subelements Assigned to assignments. These may be more than one subelement for an assignment. (e.g., 1.1.1)

STEP 2 - IDENTIFY PERFORMANCE STANDARDS

PERFORMANCE APPRAISAL - EVALUATION

2. EXCELLENT 3. FULLY SUCCESSFUL 4. SATISFACTORY 5. UNSATISFACTORY

6. EXCELLENT 7. FULLY SUCCESSFUL 8. SATISFACTORY 9. UNSATISFACTORY

PERFORMANCE APPRAISAL - Commenting Supervisor
NARRATIVE JUSTIFICATION OF EVALUATION

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 351A, REVERSE OF
NRC FORM 351, PAGES 1, 2, & 3

U.S. NUCLEAR REGULATORY COMMISSION EMPLOYEE'S NAME (Last, First, Middle Initial)		*STEP 4 - PERFORMANCE APPRAISAL/EVALUATION (Continued) (Check appropriate box for performance appraisals) E - EXCELLENT S - FULLY SUCCESSFUL M - MINIMALLY SATISFACTORY U - UNSATISFACTORY PERFORMANCE APPRAISAL: <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U SUPERVISOR'S SIGNATURE: _____ DATE: _____	
STEP 2 - IDENTIFY PERFORMANCE STANDARDS (Continued) PERFORMANCE STANDARDS EXPECTED RESULTS		STEP 3 - IDENTIFY PERFORMANCE STANDARDS (Continued) PERFORMANCE STANDARDS EXPECTED RESULTS	
STEP 1 - CRITICAL ELEMENTS, SUBELEMENTS (Continued) SPECIFY THE ELEMENT, SUBELEMENTS THAT ARE BEING CONTINUED		PERFORMANCE RATING: To be completed for each critical element. (See Instructions for use)	

<p>STEP 1 - CRITICAL ELEMENTS: SUBELEMENTS (Continued)</p> <p>ASSESSMENT SPECIFIC CRITICAL ELEMENTS (See Coverage of Subelements through the next pages. Address Subelements per Special)</p> <ul style="list-style-type: none"> 1. PLANNING AND ORGANIZING 2. IDENTIFICATION OF NEEDS AND PROBLEMS 3. RESEARCH, INVESTIGATION, AND APPRAISAL OF STAFF 4. EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION (EEO/AA) Matters in all phases conducted by the subcommittee area in carrying out programmatic activities 5. ACCOMPLISHING THE ELEMENTS of the element 	<p>STEP 2 - IDENTIFY PERFORMANCE STANDARDS (Continued)</p> <p>PERFORMANCE STANDARDS EXPECTED RESULTS</p>	<p>STEP 4 - PERFORMANCE APPRAISAL EVALUATION (Continued)</p> <p>0 - OUTSTANDING 1 - EXCELLENT 2 - FULLY SUCCESSFUL 3 - MINIMAL 4 - SATISFACTORY 5 - UNSATISFACTORY</p> <p>PERFORMANCE APPRAISAL (See Form 351, 351-1, 351-2)</p> <p>NAME OF ASSESSOR (Last, First, Middle Initial)</p> <p>DATE</p>

NRC FORMS FACSIMILE HANDBOOK

<p>STEP 1 - CRITICAL ELEMENTS: SUBELEMENTS (Continued)</p> <p><small>REGULATORY PERFORMANCE: Coverage of subelements and a majority address subelements for</small></p> <p><small>PROBLEM SOLVING</small></p> <p><small>INTERPERSONAL SKILLS INCLUDING COMMUNICATIONS</small></p> <p><small>ADDITIONAL SUBELEMENTS, IF APPROPRIATE</small></p>	<p>STEP 2 - IDENTIFY PERFORMANCE STANDARDS (Continued)</p> <p>PERFORMANCE STANDARDS EXPECTED RESULTS</p>	<p>STEP 4 - PERFORMANCE APPRAISAL: EVALUATION (Continued)</p> <p><small>D. DUTY/ACHIEVING: 1. EXCELLENT 2. FULLY SUCCESSFUL 3. MINIMALLY SATISFACTORY 4. UNSATISFACTORY</small></p> <p><small>PERFORMANCE APPRAISAL: Copying and pasting data from the previous page into this column is not permitted.</small></p> <p><small>APPROVALS</small></p> <p>0 1 2 3 4 5</p>

U.S. NUCLEAR REGULATORY COMMISSION

SF 351-1 EXECUTIVE SERVICE (SES) PERFORMANCE PLANNING AND APPRAISAL

STEP 1 - SUPERVISING EXECUTIVE - At the beginning of the rating period, STEPS 1, 2, and 3 are completed. At the end of the rating period, complete STEP 4.

STEP 4 - PERFORMANCE APPRAISAL EVALUATION - Continued SF 351-1, REVISING EXECUTIVE. Page Summary rating. Mandatory: any recommended job new change, reassignment or removal action in STEP 4 AND 6 CONTINUED on the Summary Page. See STEP 6.

SUPERVISING EXECUTIVE COMMENTS - If an individual Summary or SES is under review for a new assignment or reassignment, this box is used to provide information for the next rating period. (Step 4, see NRC Form 351-1)

STEP 4A - If Receiving Official needs to be forwarded to this official (STEP 5).

STEP 4B - If Receiving Official has been promoted to STEP 6.

STEP 5 - REVIEWING OFFICIAL - Chosen by Office Reviewer cannot change Appraisal or rating. Indicates any review has been made. Complete and return within three workdays.

STEP 6 - SUPERVISING EXECUTIVE - Discuss Appraisal with Senior Executive. Sign and date STEP 4 AND 6 CONTINUED on the Summary Page. Note: If there is another supervisory level between Supervising Executive and Ranking Official, send an information copy to that official.

STEP 7 - SENIOR EXECUTIVE - Take to meet and discuss the performance Appraisal with the individual. An appraisal does not imply that you agree with the Appraiser's rating. Complete this box and return the Appraisal to your supervisor within two work days.

INDEPENDENT REVIEW

REQUESTED NOT REQUESTED

DATE _____

SENIOR EXECUTIVE'S COMMENTS - (Optional) Use additional page if necessary.

SENIOR EXECUTIVE'S SIGNATURE _____

STEP 8 - SUPERVISING EXECUTIVE - On receipt of appraisal, supply one copy to the Senior Executive and **STEP 8B -** If an independent Review is requested, send the original of the appraisal to the Receiving Official.

STEP 9 - PERFORMANCE REVIEW BOARD - Appoint an Independent Executive Reviewer if requested by the Senior Executive, with or without their consent. (Mandatory if requested; optional if requested without their consent.)

INDEPENDENT EXECUTIVE APPOINTED _____

POSITION TITLE _____

ORGANIZATION _____

STEP 10 - INDEPENDENT EXECUTIVE REVIEWER - Conduct review within the guidelines of assignment. Mandatory: indicate below whether you agree or disagree with the Supervisor's recommended rating and with the additional page if necessary. Place recommended Summary rating and recommended job new change recommendation in removal action in STEP 10 CONTINUED on the Summary Page.

SES PERFORMANCE PLANNING AND APPRAISAL (Continuation)

U.S. NUCLEAR REGULATORY COMMISSION

EMPLOYEE'S NAME (Last, first, middle initial)

STEP 4—PERFORMANCE APPRAISAL/EVALUATOR (Continued)

(Check appropriate box under performance appraisal)

E—EXCELLENT S—FULLY SUCCESSFUL M—MINIMALLY SATISFACTORY Q—UNSATISFACTORY

PERFORMANCE APPRAISAL: *Supervisor's Name*

(Specify the sub-elements of the job)

STEP 7—IDENTIFY PERFORMANCE STANDARDS (Continued)

PERFORMANCE STANDARDS EXPECTED RESULTS

STEP 1—CRITICAL ELEMENTS/SUBELEMENTS (Continued)

SPECIFY THE ELEMENT/SUBELEMENTS THAT ARE BEING CONTINUED

PERFORMANCE RATING (To be completed for each critical element)

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:OP	NRCM 4152 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-NRC-0351A	HD	9-81

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 354, FACE

NRC Form 354 (12-81)		UNITED STATES NUCLEAR REGULATORY COMMISSION		Approved by OMB 3150-0026 Expires 2-29-84	
DATA REPORT ON SPOUSE					
INSTRUCTIONS — This form shall be completed by: (a) persons who marry after the time they submit NRC Form 1, "Personnel Security Questionnaire," as applicants for security clearance, or access authorization, (b) applicants for clearance or access authorization who are married to aliens.					
1. NAME OF EMPLOYEE OR APPLICANT (Last, First, Middle)			2. OTHER NAMES USED BY EMPLOYEE OR APPLICANT (Maiden name and/or other names previously used)		
3. EMPLOYMENT (Present assignment)			4. DATE AND PLACE OF MARRIAGE		
5. PRESENT NAME OF SPOUSE (Last, First, Middle)			6. OTHER NAMES USED BY SPOUSE (Maiden name and/or all other names previously used)		
7. DATE AND PLACE OF BIRTH OF SPOUSE			8. PRESENT EMPLOYMENT OF SPOUSE (Name and location) OR LAST PREVIOUS EMPLOYMENT		
9. PRESENT ADDRESS OF SPOUSE			10. LAST PREVIOUS ADDRESS OF SPOUSE		
11. CITIZENSHIP OF SPOUSE: U.S. <input type="checkbox"/> ALIEN <input type="checkbox"/>					
IF U.S. CITIZEN, INDICATE WHETHER:			IF ALIEN, INDICATE ALIEN REGISTRATION NO.		
(A) BY BIRTH <input type="checkbox"/>		(C) BY NATURALIZATION <input type="checkbox"/>			
(B) DERIVATIVE <input type="checkbox"/>		PETITION NO.		(A) DATE OF ENTRY	
DATE		DATE		(C) PRESENT CITIZENSHIP	
CERTIFICATE NO.		CERTIFICATE NO.		(B) PORT OF ENTRY	
PLACE		PLACE			
12. MILITARY SERVICE OF SPOUSE (Past or present)					
COUNTRY	SERIAL NO.	BRANCH	FROM (YR.)	TO (YR.)	
13. SPOUSE'S RELATIVES (Parents, divorced spouse or spouses, children, brothers, sisters, stepbrothers, stepsisters, half brothers, half sisters, living or dead)					
RELATION	NAME IN FULL	DATE OF BIRTH	ADDRESS	COUNTRY OF BIRTH	PRESENT CITIZENSHIP
14. SIGNATURE OF EMPLOYEE OR APPLICANT		DATE	NRC FILE NO. (To be filled in by Security Office)		

NRC FORM 354
(12-81)

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET, h to h <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____(Pad/Sheet per Pad) <input type="checkbox"/> US/_____(Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____(Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____(Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:SEC		W7540-00-NRC-0354X	HD	12-81	
		STATUS OF EXISTING STOCK				
		<input type="checkbox"/> USE FIRST				OTHER (SPECIFY)
		DESTROY:				
		<input type="checkbox"/> IMMEDIATELY				
<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE						
STOCKING POINT						
<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS					
		PROMULGATING OFFICE (ONLY)				

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(3)(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 Nuclear Regulatory Commission on NRC Form 354. This information is maintained in a system of records designated as NRC-39 and described at 40 Federal Register 44533 (September 26, 1975).

1. Authority. Sections 145 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2165 and 2201(i)), and Executive Orders 10450, 10865, and 12065.
2. Principal Purpose(s). Information entered on this form is used as a basis for an investigation to determine your initial or continuing eligibility for access to Restricted Data, national security information, or special nuclear material, or for clearance for NRC employment.
3. Routine Uses. This information may be disclosed to Federal investigative agencies for the purpose of conducting a security investigation for the NRC. The information may also be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.
4. Whether Disclosure is Mandatory or Voluntary and Effect on Individual of Not Providing Information. Disclosure of this information is voluntary, however, if it is not supplied, your clearance processing may be delayed or your application may not be processed.
5. System Manager(s) and Address. Director, Division of Security
Office of Administration
U. S. Nuclear Regulatory Commission
Washington, DC 20555

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 355

NRC FORM 355 (12-79)		U.S. NUCLEAR REGULATORY COMMISSION	
REPORT OF RECORDS/NONRECORDS DISPOSAL			
FORWARD COMPLETED REPORT TO Chief, Document Management Branch LA-212		FROM: REPORTING OFFICE/DIVISION BRANCH LOCATION—BUILDING AND ROOM NUMBER	
Reference conversion table below to determine volume in cubic feet.			
CUBIC FEET OR RECORDS/NONRECORDS DESTROYED	CUBIC FEET OF RECORDS TRANSFERRED TO RECORDS HOLDING AREA	NUMBER OF FILE CABINETS TURNED BACK IN	
REMARKS			
SIGNATURE			DATE
CONVERSION TABLE			
CONTAINER		VOLUME IN CUBIC FEET	
Letter-size Filing Cabinet		1 1/3 cubic feet per drawer	
Legal-size Filing Cabinet		2 cubic feet per drawer	
Tabulating Card Box		1/5 cubic foot per box	
Tabulating Cards — 10,000 cards		1 cubic foot	
12-inch 3x5 File Drawer		1/10 cubic foot per drawer	
12-inch 4x6 File Drawer		1/6 cubic foot per drawer	
12-inch 5x8 File Drawer		1/4 cubic foot per drawer	
Federal Records Center Containers		1 cubic foot per container	
Map Cases and Other Odd-sized Equipment or Containers		Use cubic foot measurement of inside of container	

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:TIDC:DM	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	12-79

<p>NRC Form 356 (4-82)</p> <p style="text-align: center;">APPLICATION FOR SENIOR EXECUTIVE SERVICE CANDIDATE DEVELOPMENT PROGRAM</p>	<p style="text-align: center;">U.S. NUCLEAR REGULATORY COMMISSION</p> <p>APPLICANT'S NAME _____</p> <p>POSITION TITLE _____ GRADE _____</p> <p>OFFICE _____ DIVISION _____ TELEPHONE NUMBER _____</p> <p>MAIL ADDRESS/MAIL STOP _____</p> <p>PART I - COMPETENCIES</p> <p>To supplement information contained in the SF-171, in your own words describe work experience, training and development, or other experiences (including applicable non-work related activities) that demonstrate your ability or potential in the areas listed below. (Examples highlighting ability or potential are shown for each area.)</p> <p>A. EFFECTIVENESS IN INTEGRATING INTERNAL AND EXTERNAL PROGRAM POLICY ISSUES (Understanding the impact of program activities on regulatory efforts, with special reference to other Government agencies, and the impact of regulatory activities on other agencies and contractors; understanding the relationship between regulatory and congressional, technical, and economic developments; understanding key national and agency-wide goals and their application in carrying out his or her responsibilities.)</p> <p>B. ABILITY TO FUNCTION AS AN ORGANIZATIONAL REPRESENTATIVE AND LIAISON ON SUBSTANTIVE ISSUES (Serves as a spokesperson for his or her unit, office, or NRC with industry, professional, or other groups/associations.)</p> <p>C. ABILITY TO PROVIDE DIRECTION AND GUIDANCE OF PROGRAMS, PROJECTS, OR POLICY DEVELOPMENT (i.e., short and long term planning of programmatic activities; formulate program goals and objectives and the structure and processes necessary to carry them out; demonstrate ability in information gathering and analysis, organizing work, scheduling and effective delegation or assignment of responsibility.)</p> <p>D. ABILITY IN RESOURCE ACQUISITION AND ADMINISTRATION (Staffing, work force planning, including recruitment and selection, EEO and affirmative action planning, budgeting and contracting.)</p>
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FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h, 11" side <input type="checkbox"/> CARD <input type="checkbox"/> PD/ _____ (Pad/Sheet per Pad) <input type="checkbox"/> US/ _____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify) _____	ADM:MDT	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	4-82

<p>E ABILITY TO UTILIZE HUMAN RESOURCES <i>(Developing training and managing a professional staff. EEO and affirmative action achievements.)</i></p>	
<p>F ABILITY TO ANALYZE AND REVIEW PROGRAM PROJECT ACTIVITY RESULTS AND SEEING THAT PLANS ARE IMPLEMENTED AND/OR ADJUSTED AS NECESSARY AND THAT APPROPRIATE RESULTS ARE BEING ACHIEVED <i>(Periodically monitors and reviews programs, and provides program evaluation.)</i></p>	
<p>G JUDGE THE TECHNICAL ACCURACY AND APPROACH IN A SPECIALTY ENGINEERING SCIENTIFIC, ADMINISTRATIVE MANAGEMENT LEGAL <i>(Keeps up-to-date on technological developments, has a keen grasp of theory, practice, and techniques utilized in his or her specialty, handles full range of technical tasks in current position, comprehends technical issues, consults with other professionals to obtain their views.)</i></p>	
<p>PART II - COMMITMENTS <i>(Check those you are willing to make, noting any modifications/conditions.)</i></p>	
<p><input type="checkbox"/> Self Development - Contribute a portion of your own resources and time for study and personal improvements.</p>	
<p><input type="checkbox"/> Increased Workload - In addition to your present responsibilities, accept special assignments (e.g., task forces, details, etc.)</p>	
<p><input type="checkbox"/> No Promotion Guarantee - Undertake all developmental efforts without any prior commitment of reward or promotion.</p>	
<p><input type="checkbox"/> Be willing to accept developmental and possible future permanent assignments within other program or administrative NRC headquarters offices, and when career progress work nearly requires geographical mobility, be willing to accept developmental and possible future permanent assignments in a different NRC geographical location.</p>	
<p>APPLICANT'S SIGNATURE _____</p>	<p>DATE _____</p>
<p>PRIVACY ACT STATEMENT</p>	
<p>Pursuant to 5 U.S.C. 552a(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 subject form. This information is maintained in a system of records designated as NRC 19 and identified at 40 Federal Register 45331 (October 1, 1975).</p>	<p>ROUTINE USES - Information on this form may be divulged to the Office of Personnel Management if required to resolve questions of certification for entry into the SES.</p>
<p>AUTHORITY - Public Law 95-454 (Civil Service Reform Act) dated October 13, 1978 and 5 U.S.C. 1101-92 Stat. 1111</p>	<p>WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION - Disclosure is voluntary, however, failure to provide the requested information may prevent your being considered for the Candidate Development Program.</p>
<p>PRINCIPAL PURPOSE(S) - This information will be used to select candidates for the NRC Senior Executive Service (SES) Candidate Development Program. Applicants who are accepted for and successfully complete this program will be certified for entry into the SES.</p>	<p>SYSTEM MANAGER AND ADDRESS - Director, Management Development and Training Staff, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555</p>

NRC Form 357 (4-82) U.S. NUCLEAR REGULATORY COMMISSION SENIOR EXECUTIVE SERVICE CANDIDATE DEVELOPMENT PROGRAM APPRAISAL	APPLICANT NAME CHECK APPROPRIATE BOX FIRST LEVEL SUPERVISOR'S RATING OTHER (Specify)
INSTRUCTIONS: Check appropriate rating according to level of demonstrated ability or potential. (Examples typifying potential are shown for each area.)	
1 - LITTLE OR NONE 2 - BELOW AVERAGE 3 - AVERAGE 4 - ABOVE AVERAGE 5 - OUTSTANDING	
COMPETENCY FACTORS A. EFFECTIVENESS IN INTEGRATING INTERNAL AND EXTERNAL PROGRAM/POLICY ISSUES (Understanding the impact of program activities, coordinating efforts with internal offices, other Government agencies, laboratories and industry groups on varied, complex and controversial technical issues. Keeping up-to-date with relevant social, political and economic developments. Understanding key national and agency-wide goals and their application in carrying out his or her responsibilities.) <div style="text-align: right;">1 2 3 4 5</div>	COMMENTS (Should substantiate assigned rating, with specific accomplishments, use reverse side and additional sheets as necessary.)
B. ABILITY TO FUNCTION AS AN ORGANIZATIONAL REPRESENTATIVE AND LIAISON ON SUBSTANTIVE ISSUES (Serve as a spokesman for his or her unit, office, or NRC with industry, professional, or other groups/associations.) <div style="text-align: right;">1 2 3 4 5</div>	
C. ABILITY TO PROVIDE DIRECTION AND GUIDANCE OF PROGRAMS, PROJECTS, OR POLICY DEVELOPMENT (Long-term and short-term planning of program/project activities, formulate program goals and objectives and the structure and processes necessary to carry them out. Demonstrate ability in information-gathering and analysis, organizing work, scheduling and effective delegation or assignment of responsibility.) <div style="text-align: right;">1 2 3 4 5</div>	
D. ABILITY IN RESOURCE ACQUISITION AND ADMINISTRATION (Staffing, work force planning-including recruitment and selection, EEO and affirmative action planning, budgeting and contracting.) <div style="text-align: right;">1 2 3 4 5</div>	
E. ABILITY TO UTILIZE HUMAN RESOURCES (Developing, training, and managing a professional staff; EEO and affirmative action achievements.) <div style="text-align: right;">1 2 3 4 5</div>	
F. ABILITY TO ANALYZE AND REVIEW PROGRAM/PROJECT ACTIVITY RESULTS AND SEEING THAT PLANS ARE IMPLEMENTED AND/OR ADJUSTED AS NECESSARY AND THAT APPROPRIATE RESULTS ARE BEING ACHIEVED (Periodically monitors and reviews programs, and provides program evaluation.) <div style="text-align: right;">1 2 3 4 5</div>	
G. JUDGE THE TECHNICAL ACCURACY AND APPROACH IN A SPECIALTY-ENGINEERING, SCIENTIFIC, ADMINISTRATIVE MANAGEMENT, LEGAL (Keeps up-to-date on technological developments; has a keen grasp of theory, practice and techniques utilized in his or her specialty; handles full range of technical tasks in current position; comprehends technical issues; consults with other professionals to obtain their views.) <div style="text-align: right;">1 2 3 4 5</div>	
SIGNATURE - SUPERVISOR/RATING OFFICIAL _____ DATE _____	
TYPED NAME - RATING OFFICIAL _____ TITLE _____	
PRIVACY ACT STATEMENT Pursuant to 5 U.S.C. 552a (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 subject form. This information is maintained in a system of records designated as NRC-19 and described at 40 Federal Register, 45331 (October 1, 1975). AUTHORITY - This information is provided pursuant to the Civil Service Reform Act (Public Law 95-454), October 13, 1978 and 5 U.S.C. 1101-92 Stat 1111. PRINCIPAL PURPOSE(S) - This information will be used to select candidates for the NRC Senior Executive Service (SES) Candidate Development Program. Applicants who are accepted for and successfully complete this program will be certified for entry into the SES. ROUTINE USES - Information on this form may be divulged to the Office of Personnel Management if required to resolve questions of certification for entry into the SES. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION - Disclosure is voluntary, however, failure to provide the requested information may prevent the applicant from being considered for the Candidate Development Program. SYSTEM MANAGER AND ADDRESS - Director, Management Development and Training Staff, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.	

FORMS MANAGEMENT DATA				1/83			
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE		
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____(Pad/Sheet per Pad) <input type="checkbox"/> US/_____(Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____(Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____(Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:MDT			Sheet	4-82		
STATUS OF EXISTING STOCK							
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE </td> <td style="width:50%; border: none;"> <input type="checkbox"/> OTHER (SPECIFY) </td> </tr> </table>						<input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	<input type="checkbox"/> OTHER (SPECIFY)
<input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	<input type="checkbox"/> OTHER (SPECIFY)						
STOCKING POINT							
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)							

NRC Form 358 (10-81)		U.S. NUCLEAR REGULATORY COMMISSION		DATE REQUIRED (Use ASAP)	REQUISITION NUMBER 1002
REQUEST FOR MICROGRAPHIC SERVICES				NAME	
INSTRUCTIONS: Submit original and one copy to the Document Management Branch, and retain one copy until request is properly filled.				ORGANIZATION (Office, Division, Branch)	
1. DOCUMENT INFORMATION					
TITLE					
DOCUMENT OR PUBLICATION NO.		MICROFICHE NO.		TELEPHONE NO.	MAIL STOP NO.
(For products from vendors only)					
				CALL FOR PICK-UP <input type="checkbox"/>	RETURN BY MAIL <input type="checkbox"/>
2. PRODUCTION SERVICES			3. EQUIPMENT SERVICES		
DESCRIPTION		NO. OF ITEMS	NO. COPIES REQ.	INSTALLATION OF NEW EQUIPMENT (Contact the Paperwork Management Section for consultation)	
PAPER COPY INTO MICROFICHE (FICHE) FORM				REPAIR	
DUPLICATE FICHE				SUPPLIES	
FICHE TO PAPER COPY				LENS(ES) (Specify magnification)	
BIND PAPER COPY YES <input type="checkbox"/> NO <input type="checkbox"/>				PAPER	
PAPER COPY INTO APERTURE CARD				TONER	
DUPLICATE APERTURE CARD				EQUIPMENT DESCRIPTION (for supply & repair requests)	
APERTURE CARD TO PAPER COPY				BRAND	MODEL
BIND PAPER COPY YES <input type="checkbox"/> NO <input type="checkbox"/>				NRC TAG NO.	
				LOCATION (if equipment to be repaired)	
				CONTACT (if other than requester)	
JUSTIFICATION (Required for requests for equipment. See EPMR 101.11.5)					
REQUESTER'S SIGNATURE (Watch Chief, if request is for equipment)					DATE REQUESTED
FOR DOCUMENT MANAGEMENT BRANCH USE ONLY					
STATUS OF REQUEST					
PRODUCTION REQUEST RECEIVED			EQUIPMENT		
MAIL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> WALK-IN <input type="checkbox"/>			REQUISITION NO. (NRC Form 36)	DATE	
PROCESSING			EQUIPMENT DESCRIPTION		
IN-HOUSE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/>		ESTIMATED COST	BRAND	MODEL	NRC TAG NO.
DATE RECEIVED	DATE COMPLETED	RETURN DUE DATE	PROCESSOR		DATE COMPLETED
REMARKS					

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>3</u> (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	ADM:TIDC		7540-00-NRC-0358X	HD	10-81
STATUS OF EXISTING STOCK					
<input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY)					
DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE					
STOCKING POINT					
<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 359A

NRC FORM 359A (6-80)		U.S. NUCLEAR REGULATORY COMMISSION		SERIAL NUMBER		A 02202	
LOG OF MONIES RECEIVED BY OFFICES OTHER THAN DIVISION OF ACCOUNTING						FOR DIVISION OF ACCOUNTING USE ONLY	
						DATE LOGGED IN _____ TIME _____	
						RECORDER _____	
ORGANIZATION RECEIVING MONIES (Office, Division, Branch)							
DATE LOGGED IN _____				TIME _____		RECORDER _____	
NO	CHECK NO	CASH	REMITTER	DATE OF CHECK	AMOUNT	DRR NO. AND DATE	
1							
2							
3							
4							
5							
6							
7							
8							
9							
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26							
27							
28							
29							
30							
31							
32							
RECEIVER - CASHIER/ALTERNATE (Signature)						DATE _____ TIME _____	

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE		STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/25 (Pad/Sheet per Pad) US/3 <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:A	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		W7540-00-NRC-0359A	PD	6-80
		STOCKING POINT				
		<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 363

NRC FORM 363 (5-79) NRCM 4154		U. S. NUCLEAR REGULATORY COMMISSION		FOR USE OF PROCESSING UNIT SUGGESTION NUMBER	
EMPLOYEE SUGGESTION				DATE RECEIVED	
<i>INSTRUCTIONS: Prepare this form legibly (preferably typewritten) and submit 3 copies to your supervisor.</i>					
1. NAME OF SUGGESTER		2. POSITION TITLE		3. GRADE	
4. OFFICE - DIVISION - BRANCH - SECTION		5. BUILDING ROOM NO.	6. SUPERVISOR		
7. DESCRIBE THE PRESENT SITUATION, CONDITION, METHOD, ETC., WHICH YOU BELIEVE SHOULD BE CHANGED OR IMPROVED. <i>(Continue on reverse if necessary)</i>					
8. DESCRIBE YOUR SUGGESTION. <i>(If you believe the suggestion will save manpower or material, improve methods, simplify work, prevent accidents, give specific details about the savings and improvements. Continue on reverse if necessary).</i>					
9. I hereby agree that the use of this suggestion by the United States shall not form the basis of a further claim of any nature upon the United States by me, my heirs, or assigns.			SIGNATURE OF SUGGESTER		
			DATE		
			SIGNATURE OF COSUGGESTER (if any)		
			DATE		
ACKNOWLEDGMENT					
THANK YOU FOR YOUR SUGGESTION. It will be carefully considered by those who have functional responsibility in the area of your suggestion, and you will be advised of the action taken. Your interest in improving NRC operations is appreciated.			SIGNATURE OF SUPERVISOR		
			DATE SUGGESTION RECEIVED		DATE OF ACKNOWLEDGMENT

NRC FORM 363 (5-79)

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	ADM:OP	NRCM 4154	7540-00-NRC-0363X	HD	5-79
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/ (Pad/Sheet per Pad)					
<input type="checkbox"/>	US/ (Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/ (Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/ (Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					
			STATUS OF EXISTING STOCK			
			<input type="checkbox"/> USE FIRST	<input type="checkbox"/> OTHER (SPECIFY)		
			<input type="checkbox"/> DESTROY: IMMEDIATELY			
			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
			STOCKING POINT			
			<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS		
			PROMULGATING OFFICE (ONLY)			

NRC FORM 364 (2-76) NRCM 4154		U. S. NUCLEAR REGULATORY COMMISSION	
EVALUATION OF SUGGESTION <i>(Prepare 3 legible copies -- preferably typewritten)</i>			
TO: NAME		FROM: NAME OF EVALUATOR	
ORGANIZATION Division of Organization and Personnel		ORGANIZATION	
The attached suggestion from _____ <div style="text-align: center;"><i>(Suggester)</i></div> <div style="text-align: center;"><i>(Organization)</i></div> <div style="text-align: right;"><i>(Date)</i></div>			
1. <input type="checkbox"/> Was adopted by me on _____, and <div style="text-align: center;"><i>(Date)</i></div>			
(a) <input type="checkbox"/> is in use (whole) (part) or <div style="text-align: center;"><i>(Date)</i></div>			
(b) <input type="checkbox"/> will be in use on _____ <div style="text-align: center;"><i>(Date)</i></div>			
and will continue in use until _____ <div style="text-align: center;"><i>(Date)</i></div>			
(c) <input type="checkbox"/> Also merits consideration by other offices, because:			
See attached NRC Form 365 (Recommendation and Authorization for Cash Award)			
2. <input type="checkbox"/> Was not adopted by me, because:			
3. <input type="checkbox"/> is outside my responsibility, but should be referred to:			
<input type="checkbox"/> another NRC office (specify):			
<input type="checkbox"/> another Government agency (specify) because:			
Additional comments or information:			
SIGNATURE OF EVALUATOR		POSITION TITLE	DATE

NRC FORM 364 (2-76)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/_____ (Pad/Sheet per Pad) US/_____ (Unit Sets/Number of Parts) MP/_____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:OP	NRCM 4154 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	7540-00-NRC-0364X	HD	2-76
			STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)		

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 365, FACE

NRC Form 365 (10-82) NRCM 4154		U.S. NUCLEAR REGULATORY COMMISSION			DATE OF NOMINATION	
NOMINATION AND AUTHORIZATION FOR CASH AWARD						
INSTRUCTIONS: Prepare two signed copies. Include a citation of 100 words or less on the reverse.						
1. CASH AWARD NOMINEES						
A. EMPLOYEE'S (Payroll) NAME		B. POSITION TITLE		C. ORGANIZATION	D. GRADE	E. BASIC ANNUAL SALARY
2. KIND OF CONTRIBUTION		SUGGESTION (Attach copy) SPECIAL ACT OR SERVICE		SUSTAINED SUPERIOR PERFORMANCE Complete 5 and 6 below.		
		Complete 3A, 3B, 4 or 5 below				
3A. BENEFITS FROM SUGGESTIONS OR SPECIAL ACTS (Only)						
a. INTANGIBLE	1) VALUE	MODERATE	SUBSTANTIAL	HIGH	EXCEPTIONAL	
	2) APPLICATION	LIMITED	EXTENDED	BROAD	GENERAL	
b. TANGIBLE (Show cost figures on an annual basis)	FORMER METHOD		IMPROVED METHOD		SAVINGS	
	LABOR COST	\$	\$	\$	\$	
	MATERIALS COST	\$	\$	\$	\$	
	TOTAL	\$	\$	\$	\$	
B. RECOMMENDED AMOUNT OF CASH AWARD (Attach itemized list of individual amounts making group total)						
		TANGIBLE BENEFITS	INTANGIBLE BENEFITS	TOTAL		
A. INDIVIDUAL	\$	\$	\$	\$		
B. GROUP	\$	\$	\$	\$		
4. JUSTIFICATION OR EVALUATION (Suggestions or Special Acts - Narrative statement to support the information in 3A and B above. Give dates of job performance or achievement. For tangible benefits, give detailed computations to justify figures shown. Continue on reverse if necessary.)						
5. SUSTAINED SUPERIOR PERFORMANCE						
Attach performance appraisal. If the appraisal is more than 60 days old, a written justification MUST accompany the appraisal (may be provided on the reverse). Performance awards are based primarily on performance as evidenced by the performance appraisal. The following table contains the range of percentages to be used.						
PERFORMANCE APPRAISAL SUMMARY RATING	AMOUNT OF AWARD	To determine the percentage of base salary to be used, consider the difficulty of the job, caliber of performance plan, recent promotions and relative cash values of award compared with other monetary recognition. Lower percentages of base salary would be appropriate in most instances.				
Outstanding	Up to 15% of base pay	RECOMMENDED PERCENTAGE OF BASE PAY	AMOUNT OF CASH AWARD	The availability of awards is subject to funding constraints.		
Excellent	Up to 10% of base pay	% X BASE PAY	\$			
6. RECOMMENDATION AND CERTIFICATION						
a. SIGNATURE - SUBMITTING OFFICIAL (Recommending Supervisor, Recommending Peer, or Suggestion Evaluator)						DATE
b. I approve the recommended cash award, subject to the certifications in c and d below.						
SIGNATURE - APPROVING OFFICIAL (Office Director/Regional Administrator/EDO/Chairman, See NRCM 4154)						DATE
c. I hereby certify that the above proposal meets the requirements of NRC Manual Chapter 4154.						
SIGNATURE - CERTIFYING OFFICIAL (Division of Organization and Personnel)						DATE
d. I hereby certify that there are sufficient funds available to cover the approved award. I therefore authorize the preparation of a public voucher and payment of cash as recommended in item 2, c, 5, above.						
SIGNATURE - CERTIFYING OFFICIAL (Office of Administration, Program Support Branch, Fiscal Section)						DATE

FORMS MANAGEMENT DATA					1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PREScribing DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET, h to h		ADM:OP	NRCM 4154	7540-00-NRC-0365X	HD	10-82	
<input type="checkbox"/> CARD			STATUS OF EXISTING STOCK				
<input type="checkbox"/> PD/____ (Pad/Sheet per Pad)			<input type="checkbox"/> USE FIRST				OTHER (SPECIFY)
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)			DESTROY:				
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)			<input type="checkbox"/> IMMEDIATELY				
<input type="checkbox"/> LABEL			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
<input type="checkbox"/> PC (Postal Card)			STOCKING POINT				
<input type="checkbox"/> TC (Tab Card)			<input checked="" type="checkbox"/> WAREHOUSE				<input checked="" type="checkbox"/> SUPPLY ROOMS
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)			PROMULGATING OFFICE (ONLY)				
<input type="checkbox"/> ENVL							
<input type="checkbox"/> OTHER (Specify)							

PROVIDE THE NUMBER AND LETTER TO WHICH YOU ARE PROVIDING ADDITIONAL INFORMATION

CITATION (100 words or less--to be used on certificate presented)

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 367

NRC FORM 367 (8-80) NRCM 1401	U.S. NUCLEAR REGULATORY COMMISSION DOE SOURCE SELECTION JUSTIFICATION	1. FIN NUMBER
2. FIN TITLE	3. SELECTED SOURCE	
4. ORGANIZATION (Office, Division and Branch)		
5. SIGNATURE - PROJECT MANAGER TYPED NAME - PROJECT MANAGER		DATE
6. BASIS FOR SELECTION (Describe the factors used to justify the basis for selection; see Bulletin 1401-1)		
7. APPROVAL (Intermediate)		DATE
8. APPROVED (Signature of Office Director or Designee)		DATE

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:B	NRCM 1401 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	7540-00-NRC-0367X	HD	8-80
			STOCKING POINT		
			<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)		

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 368,
PARTS 1, 3 & 4

NRC FORM 368 5-82; NRCM 4100 EXCEPTION TO SF 182 APPROVED BY OPM AND GSA 3-90		U. S. NUCLEAR REGULATORY COMMISSION			REQUEST NUMBER
TRAINING REQUEST AND AUTHORIZATION				DATE RECEIVED BY MOTS	
<i>(Read "INSTRUCTIONS" on the reverse before completing this form. Additional instructions are provided to fill handicapped or disabled requester's requirements.)</i>					
A. EMPLOYMENT INFORMATION					
1. EMPLOYEE'S NAME		2. SOCIAL SECURITY	3. DATE OF BIRTH	4. MAIL STOP	5. ORGANIZATION CODE (First 8 digits)
LAST	FIRST	MIDDLE INITIAL	a. MO. b. YR.		
6. OFFICE-DIVISION BRANCH		7. POSITION TITLE	8. SERIES	9. GRADE/STEP	10. OFFICE PHONE NO. (7 digits)
11. EDUCATION			12. CONTINUOUS CIVILIAN GOVERNMENT SERVICE		
a. HIGH SCHOOL	b. YRS OF COLLEGE	c. HIGHEST DEGREE	d. DEGREE FIELD	YEARS	MONTHS
NOTE: If service is less than one year, leave blank. Leave blank if training through Non-Government facilities. (See G-2 on reverse.)					
13. HOME ADDRESS			14. NRC-PAID TRAINING RECEIVED DURING PAST TWO YEARS		
TELEPHONE NUMBER					
B. PROPOSED TRAINING DATA					
1. NAME OF FACILITY		TELEPHONE NUMBER	2. LOCATION OF TRAINING (If same as facility, mark box <input type="checkbox"/>)		
a. STREET ADDRESS		b. CITY		STATE	ZIP CODE
b. CITY		STATE	ZIP CODE	3a. GOVERNMENT	TO BE COMPLETED BY MOTS
				b. NON GOVERNMENT	PURPOSE TYPE SOURCE SPECIAL ANNOTATION
4. TRAINING DATES (6 digits each)		5. ACTUAL TRAINING HOURS (4 digits each)		a. DUTY	b. NON DUTY
a. START		b. COMPLETE		c. TOTAL	
YEAR	MONTH	DAY	YEAR	MONTH	DAY
6. TITLE, COURSE NUMBER (if applicable), BRIEF DESCRIPTION, AND SOURCE OF INFORMATION (Do not provide additional information elsewhere)					
7. STATEMENT OF EMPLOYEE'S TRAINING IN RELATIONSHIP TO EMPLOYEE'S DUTIES OR AGREED UPON DEVELOPMENT PLAN (Do not provide additional information elsewhere)					
CONTINUED SERVICE AGREEMENT REQUIRED FOR ALL NON-GOVERNMENT TRAINING EXCEEDING 80 HOURS. See Section F on the reverse. SPECIAL INSTRUCTIONS FOR TRAINING REQUIRING A "REQUEST AND AUTHORIZATION FOR OFFICIAL TRAVEL", NRC FORM 279. This training must be authorized and funded before submitting the request for travel. It is required that a copy of the completed NRC Form 368 accompany the NRC Form 279.					
C. COST AND FUNDS OBLIGATION					
1. COST ESTIMATES		TO BE ASSUMED BY		c. TUITION INCLUDED MEALS AND LODGING (If yes, Appropriate MOTS Official's Signature) DATE	
a. DIRECT COSTS		EMPLOYEE	NRC	YES	
(1) TUITION				NO	
(2) REGISTRATION				AGENCY STATION NUMBER	
(3) OTHER (Specify)				31 00 0001	
SUB TOTAL				DOCUMENT NUMBER (MOTS use only)	
b. INDIRECT COSTS				A/E (MOTS use only)	
(1) PER DIEM RATE		DAYS		BILLING ADDRESS	
(2) TRAVEL				U. S. NUCLEAR REGULATORY COMMISSION	
(3) OTHER (Specify)				OFFICE OF RESOURCE MANAGEMENT	
SUB TOTAL				DIVISION OF ACCOUNTING AND FINANCE	
TOTAL				WASHINGTON, DC 20555	
D. FUNDING SYMBOLS					
APPROPRIATION		B & R NUMBER			
31X0200.403		41 20 27 202			
E. SIGNATURES OF REQUEST, RECOMMENDATION, APPROVAL, AUTHORIZATION (Read Section H. FRAUDULENT CLAIMS, on reverse before signing.)					
ARE YOU RECEIVING VA/GI BILL EDUCATIONAL BENEFITS? YES NO					
1. EMPLOYEE		DATE	4. PROPOSED TRAINING IS AUTHORIZED (Training Official)		DATE
3. THE PROPOSED TRAINING IS RECOMMENDED (Supervisor)		DATE	5. THERE ARE SUFFICIENT FUNDS TO COVER THE DIRECT TRAINING COSTS STATED IN C. 1. a. (Appropriate Official)		DATE
3. DIVISION/OFFICE APPROVAL (Approving Official)		DATE	6. THERE ARE SUFFICIENT FUNDS TO COVER THE INDIRECT COSTS STATED IN C. 1. b., I.E. TRAVEL, ETC. (Appropriate Official)		DATE

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET CARD		ADM:MDT	NRCM 4150	7540-00-NRC-0368X	HD	5-82
PD/____ (Pad/Sheet per Pad)						
X JS/ 4 (Unit Sets/Number of Parts) all parts		STATUS OF EXISTING STOCK				
MP/____ (Multipage/Number of Parts) print except LABEL part 2, reverse printing on PC (Postal Card) part 1		USE FIRST				
TC (Tab Card)		DESTROY:				
TP/____ (Tab Paper/Number of Parts)		IMMEDIATELY				
ENVL		WHEN NEW STOCK IS AVAILABLE				
OTHER (Specify)		STOCKING POINT				
		X WAREHOUSE X SUPPLY ROOMS				
		PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 368,
REVERSE OF PART 1

F. CONTINUED SERVICE AGREEMENT

NOTE: This agreement must be signed by the non-federal for all non-government training that exceeds 80 hours and for which the Government approves payment of training costs before such training begins. Nothing contained in Section F below shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

SECTION F. EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE

1. I AGREE that, upon completion of the Government sponsored training described in this request, if I receive salary covering the training period, I will serve in the agency three times the length of the training period. If I receive no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours of each day of training, up to a maximum of 40 hours a week.) NOTE: For the purpose of this agreement, the term "agency" refers to the employing organization (such as an Executive Department or independent establishment), not to a segment of such an organization.
2. If I voluntarily leave the agency before completing the period of service agreed to in Item 1 above, I AGREE to reimburse the agency for the tuition and related fees, travel and other special expenses (EXCLUDING SALARY) paid in connection with my training. These amounts are reflected in Item C1.
3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in Item 1 above, I will give my organization written notice of at least ten working days, during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the amount of additional expenses (5 U.S.C. 4109(a)(2)) incurred by the Government in this training.
4. I understand that any amounts which may be due to the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
5. I FURTHER AGREE to obtain approval from my organization training officer and that person responsible for authorizing non-government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that, if there is a transfer of my service obligations to another Federal agency or other organization in any branch of the Government, the agreements in Items 1, 2, and 3 of this section will remain in effect until I have completed my obligated service with that other agency or organization.

(Employee's Signature)

(Date)

G. SPECIAL REQUIREMENTS

1. SPECIAL REIMBURSEMENTS

2. GENERAL OR SPECIAL WAIVER OF STATUTORY LIMITATIONS FOR EMPLOYEES WITH LESS THAN ONE YEAR OF CURRENT, CONTINUOUS CIVILIAN SERVICE. (Only for training through non-government facilities. Refer to Appendix, NRC Manual Chapter 4150.01.) Postponement of training is contrary to the public interest for the following reason(s):

- | |
|---------------------------------------------------------------------------------------------------------------|
| Training is essential to protection of life, safety, or property. |
| Training is essential to law enforcement activities. |
| Training that employee can take at little or no cost to NRC, other than salary expenses. |
| Training that is part of a formal apprentice training program in a skilled trade. |
| Training that is relatively short, highly specialized, very closely job related and of immediate application. |
| Training that is an integral part of a formal, entry-level, development program. |

H. FRAUDULENT CLAIMS

Double payment of Educational Allowances: Normally 38 U.S.C. 1781 prohibits educational assistances by the Veterans Administration (VA) to a veteran who is attending a course of education or training paid for under the Government Employees Training Act (GETA).

Fraud: The following applicable Federal Statutes provide criminal sanctions for willful fraud: 38 U.S.C. 3502 (Fraudulent receipt of funds from VA), 18 U.S.C. 1001 (False statement or representation to U.S.), and 18 U.S.C. 287 (Making false, fictitious, or fraudulent claims to the U.S.)

I. INSTRUCTIONS

1. Prepare this form for all training requests. If the requester is handicapped or disabled and in need of special arrangements (Braille, taping, interpreters, facility accessibility, etc.) describe the special arrangements on a separate sheet and attach to the TRAINING FACILITY copy. NOTE: The requester is not required to furnish this information. His/her signature on the descriptive sheet indicates agreement to release it to training facilities.
2. Retain the TRAINEE PENDING copy, and forward the set, complete with required office approvals, through the office training coordinator to the Management Development and Training Staff (MDTS), Office of Administration (ADM).
3. The MDTS will log in the request and assign a Training Request Number.
4. After the request is reviewed and approved by the Training Official, MDTS, an Authorization for Training letter is sent to the Training Facility, Office of the Controller, Training Coordinator, and to the employee.

PRIVACY ACT STATEMENT

Pursuant to U.S.C. 552a(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 Nuclear Regulatory Commission on NRC Form 368. This information is maintained in a system of records designated as NRC-11 and NRC-19 and described at 40 Federal Register 45337 and 45331, respectively (October 1, 1975).

1. AUTHORITY, 5 U.S.C. 4103 and Executive Order 11348 dated April 20, 1967
2. PRINCIPAL PURPOSES. Information entered on this form relates to: (a) nomination for requested training; (b) document for agency approval of training; (c) document authorizing training; (d) employment agreement to be used when training is given in a non-government facility; (e) billing document; and (f) registration/acceptance form for training courses.
3. ROUTINE USES. Information on this form may be disclosed to the Civil Service Commission, other Federal, State, and local agencies, and educational institutions for use in training programs related to NRC employees.
4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION. Disclosure is voluntary. If the requested information is not provided, you might not receive full consideration for acceptance to a training course/program in which this information is needed.
5. SYSTEM MANAGER AND ADDRESS. Director, Management Development and Training Staff, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 368, PART 2

NRC FORM 368 (5-82) NRCM 4150 SUBSTITUTION TO SF 182 APPROVED BY OPM AND GSA 380.		U. S. NUCLEAR REGULATORY COMMISSION		REQUEST NUMBER
TRAINING REQUEST AND AUTHORIZATION				DATE RECEIVED
(Read "INSTRUCTIONS" on the reverse before completing this form. Additional instructions are provided for full-time employees or disabled requesters in Appendments I.)				
A. EMPLOYMENT INFORMATION				
1. EMPLOYEE'S NAME			4. MAIL STOP	
LAST	FIRST	MIDDLE INITIAL		
5. OFFICE DIVISION BRANCH		7. POSITION TITLE	8. SERIES	10. OFFICE PHONE NO. (7 digits)
11. EDUCATION			12. CONTINUOUS CIVILIAN GOVERNMENT SERVICE	
HIGHEST DEGREE			13. DEGREE FIELD	YEARS
NOTE: If service is less than one year, months are required for training through Non-Government facilities. See G.2 for more info.				
11. HOME ADDRESS				
TELEPHONE NUMBER				
B. PROPOSED TRAINING DATA				
1. NAME OF FACILITY		TELEPHONE NUMBER	2. LOCATION OF TRAINING (If same as facility, mark box <input type="checkbox"/>)	
a. STREET ADDRESS		a. STREET ADDRESS		
b. CITY		b. CITY		STATE
STATE		ZIP CODE		ZIP CODE
		3a. GOVERNMENT		b. NON GOVERNMENT
4. TRAINING DATES (6 digits each)		5. ACTUAL TRAINING HOURS (4 digits each)		a. DUTY
a. START		b. COMPLETE		b. NON DUTY
YEAR	MONTH	DAY	YEAR	MONTH
DAY			DAY	c. TOTAL
6. TITLE, COURSE NUMBER (if applicable), BRIEF DESCRIPTION, AND SOURCE OF INFORMATION (Do not provide additional information elsewhere)				
CONTINUED SERVICE AGREEMENT REQUIRED FOR ALL NON-GOVERNMENT TRAINING EXCEEDING 80 HOURS. See Section F on the reverse. SPECIAL INSTRUCTIONS FOR TRAINING REQUIRING A "REQUEST AND AUTHORIZATION FOR OFFICIAL TRAVEL": NRC FORM 279. This training must be authorized and funded before submitting the request for travel. It is required that a copy of the completed NRC Form 368 accompany the NRC Form 279.				
C. COST AND FUNDS OBLIGATION				
1. COST ESTIMATES		TO BE ASSUMED BY		6. TUITION INCLUDED MEALS AND LODGING (If yes, Appropriate MDTs Official's Signature) DATE
a. DIRECT COSTS		NRC		YES
(1) TUITION				NO
(2) REGISTRATION				AGENCY SYMBION NUMBER
(3) OTHER (Specify)				DOCUMENT NUMBER (MDTS use only)
b. INDIRECT COSTS				31-00-0001
BIBL TO AL				A/E (MDTS use only)
BILLING ADDRESS				
U. S. NUCLEAR REGULATORY COMMISSION OFFICE OF RESOURCE MANAGEMENT DIVISION OF ACCOUNTING AND FINANCE WASHINGTON, DC 20555				
D. FUNDING SYMBOLS				
APPROPRIATION			B & R NUMBER	
31X0200 403			41-20-27 202	
E. SIGNATURES OF REQUEST, RECOMMENDATION, APPROVAL, AUTHORIZATION (Read Section H. FRAUDULENT CLAIMS, on reverse before signing.)				
ARE YOU RECEIVING VA/GI BILL EDUCATIONAL BENEFITS?				
1. EMPLOYEE		DATE		YES
				NO
2. THE PROPOSED TRAINING IS RECOMMENDED (Supervisor)			4. PROPOSED TRAINING IS AUTHORIZED (Training Official)	
DATE			DATE	
			ADM MDTs	
3. DIVISION/OFFICE APPROVAL (Approving Official)			5. THERE ARE SUFFICIENT FUNDS TO COVER THE DIRECT TRAINING COSTS STATED IN C. 1. a. (Appropriate Official)	
DATE			DATE	
			ADM Fiscal Sec	
			6. THERE ARE SUFFICIENT FUNDS TO COVER THE INDIRECT COSTS STATED IN C. 1. b. 1.E., TRAVEL, ETC. (Appropriate Official)	
			DATE	

NON-GOVERNMENT TRAINING FACILITY

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 368, PART 3, FACE
(NRC FORM 368A, FACE)

NRC FORM 368A (11-82)		U.S. NUCLEAR REGULATORY COMMISSION			REQUEST NUMBER	
EVALUATION OF TRAINING					DATE RECEIVED BY MDTs	
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER		DATE OF BIRTH		MAIL STOP
LAST	FIRST	MIDDLE INITIAL	SSN	MO	DAY	YEAR
OFFICE DIVISION BRANCH		POSITION TITLE		SERIES	GRADE STEP	OFFICE PHONE NO. (7 digits)
<p>INSTRUCTIONS. NRC MANUAL APPENDIX 4150, PART III G2a, REQUIRES THAT ALL TRAINING PAID FOR BY THE GOVERNMENT BE EVALUATED. UPON COMPLETION OF THE TRAINING IDENTIFIED BELOW, PLEASE COMPLETE ITEMS 1 THROUGH 16 BELOW AND ON THE REVERSE AND SUBMIT IT TO YOUR SUPERVISOR FOR SIGNATURE. HE/SHE SHOULD SEND THE COMPLETED EVALUATION FORM TO YOUR OFFICE TRAINING COORDINATOR WHO WILL FORWARD IT TO THE MANAGEMENT DEVELOPMENT AND TRAINING STAFF (MDTS), MNBB 3201.</p>						
TRAINING DATA						
NAME OF FACILITY		TELEPHONE NUMBER		LOCATION OF TRAINING (if same as facility, mark box) <input type="checkbox"/>		
STREET ADDRESS		STREET ADDRESS				
CITY		STATE		ZIP CODE		
CITY		STATE	ZIP CODE	GOVERNMENT	TO BE COMPLETED BY MDTs	PURPOSE
				NONGOVERNMENT	DUTY	NONDUTY
TRAINING DATES (6 digit each)		START		COMPLETE		ACTUAL TRAINING HOURS (4 digit each)
		YEAR	MONTH	DAY	YEAR	MONTH
		DAY				
TITLE COURSE NUMBER						
<p>RECOGNITION OF THE COMPLETION OF THIS TRAINING WILL NOT BE ENTERED IN YOUR OFFICIAL PERSONNEL FOLDER UNTIL THIS EVALUATION FORM HAS BEEN COMPLETED AND RETURNED TO MDTs.</p> <p>THE EVALUATION SHOULD BE SUBMITTED AS SOON AS POSSIBLE, BUT NOT LATER THAN TWO WEEKS AFTER COMPLETION OF TRAINING SO THAT PAYMENT OF TRAINING EXPENSES MAY BE APPROVED.</p>						
EVALUATION OF TRAINING						
EVALUATION FACTORS		<i>Read each item and check the appropriate rating column</i>				
		A	B	C		
1. Stated objective accomplished		Yes	Partially	No		
2. Coverage of subject matter		Excellent	Sufficient	Poor		
3. Organization of subject matter		Well Organized	Adequate	Poorly Organized		
4. Suitability of instructional materials		Excellent	Adequate	Poor		
5. Level of difficulty		Too advanced	Appropriate	Too elementary		
6. Length of course		Too long	Appropriate	Too short		
7. Amount of outside or evening work		Too much	Appropriate	Insufficient		
8. Effectiveness of instructors		Excellent	Good	Poor		
9. Applicability of subject matter to the job		Significant	Adequate	Insignificant		
10. Facilities		Excellent	Good	Poor		
11. Recommendation to colleagues		Highly recommend	Recommend	Not recommend		
12. Meet career development plans		Yes	No	Not applicable		
13. Rate at which course progressed		Too fast	Too slowly	Just right		
<p>14. Specify the areas you feel require more emphasis</p>						

CONTINUED ON REVERSE

14. Specify the areas you feel require less emphasis.

15. REMARKS: Please make any comments you wish about the course.

16. I successfully completed the training identified on the reverse on (date):

EMPLOYEE SIGNATURE	DATE	NOTED-SUPERVISOR
--------------------	------	------------------

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552(a)(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 Nuclear Regulatory Commission on the form "Request for Evaluation of Training". This information is maintained in a system of records designated as NRC-19 and described at 40 Federal Register 45341 (October 1, 1975).

1. **AUTHORITY** — 5 U.S.C. 4103 and Executive Order 11348 dated April 20, 1967.
2. **PRINCIPAL PURPOSE(S)** — Information entered on this form is used to obtain the employee's evaluation about a Government/non-Government training course or program.
3. **ROUTINE USES** — Information on this form may be disclosed to the Office of Personnel Management, other Federal, State, and local agencies and educational institutions for use in training programs related to NRC employees.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** — Disclosure is voluntary.
5. **SYSTEM MANAGER(S) AND ADDRESS:** Director
Management Development and Training Staff
Office of Administration
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

NRC Form 370 (10-82)	U.S. NUCLEAR REGULATORY COMMISSION		
TRANSMITTAL OF INVOICE FOR GOODS/SERVICES RENDERED <i>(Under Purchase Order, Agreement, Training Request or Bill of Lading)</i>			
TO	MAIL STOP		
FROM	DATE		
FUNDS, GOVERNMENT AND COMMERCIAL ACCOUNTS, BILLINGS AND COLLECTIONS SECTION, FINANCIAL OPERATIONS BRANCH, DIVISION OF ACCOUNTING AND FINANCE, OFFICE OF RESOURCE MANAGEMENT			
ENCLOSED FOR YOUR REVIEW AND APPROVAL PRIOR TO PAYMENT IS A COPY OF AN INVOICE FOR GOODS OR SERVICES RENDERED TO NRC. PLEASE READ, FILL IN, SIGN, AND RETURN BY _____			
FOR YOUR INFORMATION, MOST INVOICES FOR GOODS OR SERVICES UNDER ORDERS ISSUED ON OR AFTER OCTOBER 1, 1982 ARE SUBJECT TO PUBLIC LAW 97-177. THE PROMPT PAYMENT ACT. IF PAID LATE, THE INVOICES ARE SUBJECT TO AN INTEREST PENALTY. IT IS THEREFORE IMPERATIVE THAT YOUR IMMEDIATE ATTENTION BE GIVEN TO THE PROCESSING OF THIS INVOICE.			
FURTHERMORE, NOTICE OF AN APPARENT ERROR, DEFECT OR IMPROPRIETY IN THE INVOICE WILL BE GIVEN TO THE BUSINESS CONCERN WITHIN 15 DAYS OF RECEIPT OF THIS INVOICE. THEREFORE IF THAT IS THE CASE, YOU MUST NOTIFY US BY _____ WE WILL IN TURN NOTIFY THE VENDOR			
VENDOR CONTRACTOR	ORDER, AGREEMENT, TRAINING REQUEST OR BILL OF LADING NUMBER		
INVOICE BILL NUMBER	DATE INVOICE RECEIVED	PAYMENT DUE DATE	
PERIOD COVERED	PRODUCT/SERVICE DESCRIPTION		
AFC	B&P NUMBER	FIN	AMOUNT
THIS CERTIFICATION IN LIEU OF RECEIVING REPORT <u>MUST</u> , BY LAW, CONTAIN ALL OF THE FOLLOWING INFORMATION:			
I certify that goods/services have been rendered/received in accordance with the terms of the above referenced order, agreement, training request or bill of lading.			
QUANTITIES RECEIVED	DATE(S) PROPERTY/SERVICE ACCEPTED		
SIGNATURE - RECEIVING OFFICIAL	YOUR PRINTED NAME AND TITLE		
YOUR PHONE NUMBER	YOUR MAIL STOP	DATE YOU SIGNED THIS CERTIFICATE	
RETURN TO: MNBB 11104			
ENCLOSURE AS STATED			

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
SHEET	RM:A		7540-00-NRC-0370X	HD	10-82	
CARD						
PD/_____(Pad/Sheet per Pad)						
<input checked="" type="checkbox"/> US/ 2_____(Unit Sets/Number of Parts)		STATUS OF EXISTING STOCK				
MP/_____(Multipage/Number of Parts)		<input type="checkbox"/> USE FIRST				OTHER (SPECIFY)
LABEL		DESTROY:				
PC (Postal Card)		<input type="checkbox"/> IMMEDIATELY				
TC (Tab Card)		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
TP/_____(Tab Paper/Number of Parts)		STOCKING POINT				
ENVL		<input checked="" type="checkbox"/> WAREHOUSE				<input type="checkbox"/> SUPPLY ROOMS
OTHER (Specify)	<input type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC Form 371 (1-82)		SUPPLEMENTAL QUALIFICATION STATEMENT				Approved by OMS 3-80-0084 (Replaces 3-71-8)					
LIST OF COLLEGE COURSES AND CERTIFICATE OF SCHOLASTIC ACHIEVEMENT											
Complete and submit this Form with your Personal Qualifications Statement											
1. NAME (Last, First, M.I.)			2. BIRTH DATE (Month, day, year)			3. SOCIAL SECURITY NUMBER					
4. POSITION FOR WHICH YOU ARE APPLYING (Include options, if any)											
5. LIST THE UNDERGRADUATE AND/OR GRADUATE COLLEGE DEGREES YOU HAVE RECEIVED OR EXPECT TO RECEIVE. (Give name of degree, name of college or university granting degree, and date received or to be received)											
6. STATE YOUR MAJOR UNDERGRADUATE COURSE(S) OF STUDY				6a. STATE YOUR MAJOR GRADUATE COURSE(S) OF STUDY							
PART I—COLLEGE COURSES											
List below by appropriate academic field (e.g., biology, mechanical engineering, economics, sociology, etc.) all courses you have taken (including those failed) which appear to satisfy the qualification requirements of positions for which you are applying. Credits for each category should be totaled to determine if you meet the minimum course requirements.											
INDICATE ACADEMIC FIELD:				INDICATE ACADEMIC FIELD:							
DESCRIPTIVE TITLE	COMPLETION DATE	GRADE	CREDIT HOURS			DESCRIPTIVE TITLE	COMPLETION DATE	GRADE	CREDIT HOURS		
			SEM	QTR	CLASS ROOM				SEM	QTR	CLASS ROOM
TOTAL						TOTAL					

NRC Form 371 (1-82)

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET, 17 x 11", fold to 8½ x 11", <input type="checkbox"/> CARD h to h PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ 4 (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	ADM:OP	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0371X	HD	1-82	

PART III—SCHOLASTIC ACHIEVEMENT

NOTE: This part is for the use of college students and graduates who may qualify for some GS-7 and GS-9 positions on the basis of undergraduate scholastic achievement, as provided in an open announcement other than the *Professional and Administrative Career Examination* (see appropriate announcement for complete requirements for GS-7 eligibility). If you do not wish to qualify on this basis or if you do not meet the requirements below, do not complete this part. In any case, YOU MUST SIGN YOUR NAME AFTER THE CERTIFICATION STATEMENT AT THE BOTTOM OF PAGE 3.

A. COLLEGE OR CLASS STANDING. Must be in upper third of the college or university, or major subdivision such as School of Engineering, School of Business Administration, etc.

NUMBER IN CLASS _____ YOUR STANDING _____

B. COLLEGE GRADE AVERAGE. Must equal a "B" average (2.90 on a 4.0 scale) or better for all undergraduate courses, or equal "B+" (3.5) or better in courses comprising the major field of study, completed during the period specified in the announcement under which you file. If the announcement permits a choice of computing periods, you may use the one which gives you the best average. In any case you should indicate the method used by check mark in the appropriate box in item 1 and in item 2 below, and compute your average in the space provided at the bottom of this page.

1. (Check one) "B" average for all undergraduate courses
 "B+" average in major field of study
2. (Check one) All 4 years First 3 years Last 2 years*
 At time of filing (*In some announcements this is the only computing period permitted.*)

*NOTE: For those announcements which permit you to qualify on the basis of a grade average during the last 2 years of the undergraduate curriculum, you may be rated provisionally eligible if you are a senior student, provided you have the required average in the junior year. You will be required to submit evidence at the time of appointment that you maintained the required average during your senior year.

Most colleges have "A," "B," "C," and "D" as passing grades and compute grade point averages on a 4, 3, 2, 1 scale. In computing your grade point average, round to the first decimal place (e.g., 2.95=3.0, 2.94=2.9, etc.); however, the 2.90 average may not be achieved by rounding up a lower average. If your college uses a different system, explain below and show how it compares with the "A," "B," "C," "D" system.

NO. OF SEMESTER OR QUARTER HOURS WITH A GRADE OF "A" _____ X 4 = _____
 NO. OF SEMESTER OR QUARTER HOURS WITH A GRADE OF "B" _____ X 3 = _____
 NO. OF SEMESTER OR QUARTER HOURS WITH A GRADE OF "C" _____ X 2 = _____
 NO. OF SEMESTER OR QUARTER HOURS WITH A GRADE OF "D" _____ X 1 = _____
 NO. OF SEMESTER OR QUARTER HOURS FAILED _____ X 0 = _____
 TOTAL (1) _____ TOTAL (3) _____

GRADE POINT AVERAGE _____

Total (3) divided by Total (1)

C. HONOR SOCIETY MEMBERSHIP. Must be one of the national honorary scholastic societies meeting the minimum requirements of the Association of College Honor Societies (other than freshman scholarship honor societies).

Name of honor society and date you were elected to membership _____

NOTE: Many colleges and universities offer courses of study which have disposed, in whole or in part, of traditional grading systems in favor of pass/fail or similar systems. If your grades are more than 10 percent pass/fail, you may claim credit under the scholastic achievement provision only on the basis of class standing or membership in a national honorary society. Proof of class standing should be in the form of a statement in writing from the institution's registrar, the dean of the applicant's course of study, or the appropriate department head or chairman. This statement of class standing must be based on a suitable measure of the student's academic performance, such as the results of a comprehensive examination or an overall faculty assessment, and must indicate the basis of the judgment. Class standing must be based on the candidate's standing in his college or university or a major subdivision of the university (e.g., the College of Business Administration, the College of Arts and Sciences, etc.). Subdivisions of colleges, such as the History Department, are not recognized as subdivisions for this purpose. This proof should not be submitted with your application, but will be required by your hiring agency before you may report for work.

MATERIALS LICENSE

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 40 and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s); and to import such byproduct and source material. This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

Licensee		
1.		3. License number
2.		4. Expiration date
		5. Docket or Reference No.
6. Byproduct, source, and/or special nuclear material	7. Chemical and/or physical form	8. Maximum amount that licensee may possess at any one time under this license

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD: _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 10 (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NMSS:FC	10 CFR 30 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0374X	HD	8-82

NRC Form 374A (8-82)	U. S. NUCLEAR REGULATORY COMMISSION	PAGE _____ OF _____ PAGES
MATERIALS LICENSE SUPPLEMENTARY SHEET		License number _____ Docket or Reference number _____ _____ _____

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>10</u> (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NMSS:FC	10 CFR 30 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0374A	HD	8-82

NRC Form 374T
(12-81)

U.S. NUCLEAR REGULATORY COMMISSION

Page _____ of _____ Pages

MATERIALS LICENSE - TELETHERAPY

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter 1, Parts 30, 31, 32, 33, 34, 35, 36, 40 and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s); and to import such byproduct and source material. This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

Licensee		
1.		3. License number
2.		4. Expiration date
		5. Docket or Reference No.
6. Byproduct, source, and/or special nuclear material	7. Chemical and/or physical form	8. Maximum amount that licensee may possess at any one time under this license
A. Cobalt 60	A. Teletherapy sealed	A. _____ curies (2 sources of not more than _____ curies each)

9. Authorized use

A. One source to be used in a teletherapy unit for the treatment of humans. One source in its shipping container to be in possession of the licensee as necessary to the replacement of the source in the teletherapy unit only.

CONDITIONS

10. Licensed material shall be used only at _____
11. The licensee shall comply with the provisions of Title 10, Chapter 1, Code of Federal Regulations, Part 19, "Notices, Instructions and Reports to Workers, Inspections" and Part 20, "Standards for Protection Against Radiation."
12. Licensed material shall be used by, or under the supervision of, _____
13. The teletherapy facility shall be provided with a system permitting continuous observation of the patient from outside the treatment room, during patient irradiation.

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 7 (Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NMSS:FC	10 CFR 30 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0374T	HD	12-81

MATERIALS LICENSE - TELETHERAPY
(Continued)

License number

14. A. Teletherapy sources shall be tested for leakage at intervals not to exceed six months. Records of test results shall be kept in units of microcuries and maintained for inspection by the Commission. In the absence of a certificate from a transferor indicating that a test has been made within six months prior to the transfer, the source shall not be used until tested for leakage.
- B. The test shall be sufficiently sensitive to detect 0.05 microcurie of contamination on the test sample.
- C. The test sample shall be taken from selected accessible surfaces of the teletherapy head. The selected accessible surfaces should be those surfaces on which one might expect contamination (if there were to be leakage) to accumulate and shall include the inner surface of the most frequently used treatment cones or beam collimating device. The test shall be taken with the source in the "off" position.
- D. If the test reveals the presence of 0.05 microcurie or more of removable contamination, the licensee shall promptly take action to prevent spread of contamination and shall file a report within five days of the test with the Material Licensing Branch, Division of Fuel Cycle and Material Safety, U. S. Nuclear Regulatory Commission, Washington, D.C. 20555, describing the test results and the corrective action taken. A copy of such report shall also be sent to the Director of the appropriate Nuclear Regulatory Commission Regional Office of Inspection and Enforcement listed in Appendix D of 10 CFR 20.
15. Prior to initiation of a treatment program, each teletherapy unit shall be equipped with electrical or mechanical stops limiting use of the primary beam of radiation so as to assure compliance with § 20.105(b) of 10 CFR 20, "Standards for Protection Against Radiation," as evidenced by a radiation survey. Necessary use restrictions shall be fully described in radiation survey reports submitted in accordance with Condition No. 18.
16. A set of written emergency instructions shall be posted at the teletherapy machine control. These instructions shall inform the machine operator of the procedure to be followed should he be unable to turn the machine's primary beam of radiation "off" with the controls outside the treatment room.
17. A. Access to the teletherapy room shall be controlled by a door at each entrance. Such doors shall be normally closed.
- B. Each entrance to the teletherapy room shall be equipped with an electrical interlock system that will turn the teletherapy machine's primary beam of radiation off immediately upon opening of any entrance door. The interlock system shall be connected in such a manner that the teletherapy machine's primary beam of radiation cannot be turned on until all treatment room entrance doors are closed and the beam "on-off" control is reset at the control panel.
- C. Electrical interlocks on entrance doors to the teletherapy room shall be tested for proper operation at least once every six months. Records of test results shall be maintained for inspection by the Commission.
- D. In the event of malfunction of any door interlock, the teletherapy machine control shall be locked in the "off" condition and not used, except as may be necessary to the repair or replacement of the interlock system, until the interlock system is shown to be functioning properly.
18. Prior to initiation of a treatment program, and subsequent to each installation of a teletherapy source, radiation surveys and tests shall be performed in accordance with the following:
 - A. A radiation survey shall be made of:
 - (i) The teletherapy source housing, with the teletherapy source in the "off" position. The maximum and average radiation levels at one meter from the teletherapy source in the "off" position shall not exceed 10 milliroentgens per hour and 2 milliroentgens per hour, respectively.
 - (ii) All areas adjacent to the treatment room, with the teletherapy source in the "on" position. The survey, except item (c), shall be performed with a phantom in the primary beam of radiation shall clearly establish:
 - (a) The radiation levels in restricted areas are not likely to cause personnel exposure in excess of the limits specified in Section 20.101, Title 10, Part 20, Code of Federal Regulations, Chapter 1, "Standards for Protection Against Radiation" (10 CFR 20).

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
SHEET	NMSS:FC	10 CFR 30	W7540-00-NRC-374TA	HD	12-81	
CARD		STATUS OF EXISTING STOCK				
PD/ (Pad/Sheet per Pad)		USE FIRST				OTHER (SPECIFY)
X US/ 7 (Unit Sets/Number of Parts)		DESTROY:				
MP/ (Multipage/Number of Parts)		<input type="checkbox"/> IMMEDIATELY				
LABEL		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
PC (Postal Card)		STOCKING POINT				
TC (Tab Card)		<input checked="" type="checkbox"/> WAREHOUSE				<input type="checkbox"/> SUPPLY ROOMS
TP/ (Tab Paper/Number of Parts)		PROMULGATING OFFICE (ONLY)				
ENVL						
OTHER (Specify)						

NRC Form 374TB (12-81)	U.S. NUCLEAR REGULATORY COMMISSION MATERIALS LICENSE - TELETHERAPY (Continued)	Page 3 of _____ Pages	License number _____
---------------------------	-------------------------------------------------------------------------------------------------	-----------------------	-----------------------------

18. (Continued)

- (b) That quantities of radiation in unrestricted areas do not exceed the limits specified in § 20.105(b), 10 CFR 20.
- (c) The intensity of the primary beam of radiation at a specified distance from the teletherapy source.

B. Tests shall be made to determine proper operation of:

- (i) Electrical interlocks on entrance doors to the teletherapy treatment room.
- (ii) The teletherapy source "on-off" indicators, both at the source housing and on the teletherapy machine control panel.
- (iii) Electrical or mechanical stops installed for the purpose of limiting use of the primary beam of radiation (restriction of source housing angulation or elevation, carriage or stand travel and operation of the beam "on-off" mechanism.)
- (iv) The teletherapy treatment timing device.

C. A report of the results of the above surveys and tests shall be sent to the Material Licensing Branch, Division of Fuel Cycle and Material Safety, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555, not later than thirty (30) days following each installation of a teletherapy source. A copy of such report shall be sent to the Director of the appropriate Nuclear Regulatory Commission Regional Office of Inspection and Enforcement listed in Appendix D of 10 CFR 20.

19. A. Any changes made in the treatment room shielding, location of the unit within the treatment room, or use of the teletherapy unit that could result in increased radiation levels in areas outside the teletherapy treatment room shall be evaluated by a radiation survey made in accordance with Condition 18, and reported to the Commission within thirty (30) days following completion of the changes(s).

B. Relocation of the teletherapy unit to a new facility is not permitted without prior approval of the plans and details by the Commission. Following such approval and relocation, a radiation survey shall be made in accordance with Condition 18, and reported to the Commission within thirty (30) days after completion of the move.

20. Each teletherapy machine shall be fully inspected and serviced during source replacement or at intervals not to exceed five (5) years, whichever comes first, to assure proper functioning of the source exposure mechanism. This inspection and servicing must be performed by persons specifically authorized to do so by the U.S. Nuclear Regulatory Commission's Office of Inspection and Enforcement.

21. The following shall be performed only by persons specifically authorized by the Commission or an Agreement State to perform such services.

- A. Installation, relocation, or removal of teletherapy units containing sources.
- B. Source exchange.
- C. Any maintenance or repair operations on a teletherapy unit involving work on the source drawer, the shutter, or other mechanism that could expose the source, reduce the shielding around the source, or compromise the safety of the unit and result in increased radiation levels.

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>7</u> (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	NMSS:FC	10 CFR 30 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	W7540-00-NRC-374TB	HD	12-81

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 376

NRC FORM 376 3-80		DATA INPUT FOR GENERAL MASTER/TEXT/DATE RECORDS (IPELTS I)										U.S. NUCLEAR REGULATORY COMMISSION		PAGE
												DATE		
I. GENERAL MASTER RECORD DATA														
LICENSE NO.	AMEND NO.	FILE CODE	GROUP	RECORD NO.	A	B	C	D	E	F	G	H	I	
REPEAT LICENSE AND AMEND NOS. FOR EVERY TRANSACTION IN THE GROUP														
ADDITIONAL REC'D PAPER NOS. (TOTAL OF 8)														
ADDITIONAL LICENSE/MATERIAL LINK NOS. (TOTAL OF 5)														
II. TEXT RECORD DATA														
LICENSE NO.	AMEND NO.	FILE CODE	GROUP	RECORD NO.	A	B	C	D	E	F	G	H	I	
REPEAT LICENSE AND AMEND NOS. FOR EVERY TRANSACTION IN THE GROUP														
ADDITIONAL GROUP OF TEXT RECORDS														
III. DATE RECORD DATA														
LICENSE NO.	AMEND NO.	FILE CODE	GROUP	RECORD NO.	A	B	C	D	E	F	G	H	I	
REPEAT LICENSE AND AMEND NOS. FOR EVERY TRANSACTION IN THE GROUP														
ADDITIONAL GROUP OF DATE RECORDS														

NOTE: A Required entries

1 - License (N, R)	9 - Applicant Reference	34 - Record Status (A)
2 - Material for Master Reference A, P, R	10 - License Reference (if number)	35 - Schedule Flag (Blank or 1)
3 - Activity Schedule, C, D, E, M, T, W	11 - Person Assigned	36 - Date (MMDDYY)
4 - Division (Number)	12 - REC'D Paper Number	37 - Completion Code (Blank or C)
5 - Applicant (Table 1)	13 - License Code (Blank unless for license number)	38 - Person Assigned
6 - Date (1-2)	14 - Material Link (for material numbers, Table 1 of RCNM, RCNM, VR, W)	39 - Record Number (Number)
	15 - Table 1, may be blank	40 - Text
	16 - Material Link (for material numbers, Table 1 of RCNM, RCNM, VR, W)	
	17 - Table 1, may be blank	
	18 - Material Link (for material numbers, Table 1 of RCNM, RCNM, VR, W)	
	19 - Table 1, may be blank	
	20 - Material Link (for material numbers, Table 1 of RCNM, RCNM, VR, W)	
	21 - Table 1, may be blank	
	22 - Material Link (for material numbers, Table 1 of RCNM, RCNM, VR, W)	
	23 - Table 1, may be blank	

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET, 14 x 8½" <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	RM:D			Sheet	6-80	
STATUS OF EXISTING STOCK						
<input type="checkbox"/> USE FIRST DESTROY: <table style="float: right; border: none;"> <tr> <td style="border: none;">OTHER (SPECIFY)</td> </tr> </table>						OTHER (SPECIFY)
OTHER (SPECIFY)						
<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE						
STOCKING POINT						
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 385

NRC FORM 385 (8-80) NRCM 1401	U. S. NUCLEAR REGULATORY COMMISSION PROJECT FILE IDENTIFICATION	FIN NUMBER	
ORGANIZATION (Division, Branch)			
PROJECT MANAGER		TELEPHONE NUMBER	
INSTRUCTIONS: Complete columns 3 and 4 below only if referenced documents are not maintained in this folder.			
1 SECTION	2 CONTENTS	3 RESPONSIBLE ORGANIZATION	4 TELEPHONE NUMBER

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL PC (Postal Card) TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	RM:B	NRCM 1401 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	7540-00-NRC-0385X	HD	8-80
		STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 386

NRC FORM 386 (11-81) NRCM 0270 FACSIMILE TRANSMITTAL REQUEST	U.S. NUCLEAR REGULATORY COMMISSION		REQUESTER'S MAILING ADDRESS	
	STREET			
	CITY			STATE
	DATE		RETURN ORIGINAL TO SENDER	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		

MESSAGE TO		
NAME AND ORGANIZATION	FACSIMILE PHONE NUMBER	VERIFICATION PHONE NUMBER
CITY	STATE	NUMBER OF PAGES (INCLUDING TRANSMITTAL INSTRUCTIONS)
<input type="checkbox"/> YES <input type="checkbox"/> NO		

MESSAGE FROM				
NAME	TELEPHONE NO.	FACSIMILE PHONE NUMBER		VERIFICATION TELEPHONE NUMBER
		HIGH-SPEED (up to 2 min.)	LOW-SPEED (up to 4 min.)	
BUILDING	MAIL STOP	AUTOMATIC		
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

PRECEDENCE				
<input type="checkbox"/> OVERNIGHT	<input type="checkbox"/> FOUR HOURS	<input type="checkbox"/> TWO HOURS	<input type="checkbox"/> ONE HOUR	<input type="checkbox"/> IMMEDIATE

SPECIAL INSTRUCTIONS

TIME/DATE (Stamp)	
RECEIVED	TRANSMITTED

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:FOS:T	NRCM 0270 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	7540-00-NRC-0386X	HD	11-81
STOCKING POINT					
<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 387, FACE

NRC FORM 387 (5-80) NRCM 0270		U.S. NUCLEAR REGULATORY COMMISSION			REPORTING PERIOD (Mo./Day/Yr.)	
ANNUAL TELEPHONE UTILIZATION SURVEY AND INVENTORY		FROM		TO		
INSTRUCTIONS: Tally each call by using a stroke under the applicable day and give totals (incoming/outgoing) for the week.						
PART I: UTILIZATION SURVEY (To be filed by person at each telephone)						
DIRECTION OF CALL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL FOR WEEK
INCOMING	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	
OUTGOING	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	
SUBTOTAL	_____	_____	_____	_____	_____	_____
GRAND TOTAL (INCOMING AND OUTGOING CALLS FOR WEEK)						
USER	ORGANIZATIONAL ABBREVIATION	BUILDING AND ROOM NO.		TELEPHONE NO.	STATION NO.	
IMPORTANT INSTRUCTIONS: After filling in information above, retain form for pickup by Telecommunications Branch personnel.						

GPO 873 230

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h <input type="checkbox"/> CARD PD/_____ (Pad/Sheet per Pad) US/_____ (Unit Sets/Number of Parts) MP/_____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:T	NRCM 0270 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-03-NRC-0387X	HD	5-80

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 392

NRC FORM 392
(9-80)
NRCM 2101

U.S. NUCLEAR REGULATORY COMMISSION

REQUEST NO.

REQUEST FOR INVESTIGATION

DATE

TO: <input type="checkbox"/> NACI Center Bureau of Personnel Investigations United States Office of Personnel Management Boyers, PA 16018		FROM: Personnel Security Branch Division of Security Office of Administration United States Nuclear Regulatory Commission Washington, DC 20555	
<input type="checkbox"/> ATTN, Full Field Section NACI Center United States Office of Personnel Management Boyers, PA 16018		It is requested that an investigation be conducted on the individual(s) listed below. Personnel Security Forms Packets are enclosed. Please furnish copies of any prior investigations except with reinvestigation requests.	
<input type="checkbox"/> Employees Security & Special Inquiry Section Federal Bureau of Investigation United States Department of Justice Washington, DC 20535		CHECK ONE <input type="checkbox"/> FULL FIELD INVESTIGATION <input type="checkbox"/> NATIONAL AGENCY CHECKS <input type="checkbox"/> NATIONAL AGENCY CHECKS AND INQUIRIES <input type="checkbox"/> FILE AND FINGERPRINT CHECKS ONLY <input type="checkbox"/> REOPEN INVESTIGATION	
FULL NAME <i>(Last, First, Middle)</i>		SPECIAL INSTRUCTIONS <i>(Check if applicable)</i>	
NRC NUMBER		ADVANCE NACs REQUESTED REINVESTIGATION	
PREVIOUS INVESTIGATION(S) <i>(Year and Agency)</i>		STOCK NUMBER	

NRC FORM 392 (9-80)

FORMS MANAGEMENT DATA			
CONSTRUCTION OF FORM		PROMULGATING OFFICE	
SHEET CARD X PD/ 50 (Pad/Sheet per Pad) US/ (Unit Sets/Number of Parts) MP/ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/ (Tab Paper/Number of Parts) ENVL OTHER (Specify)		ADM: SEC NRCM 2101	
PRESCRIBING DIRECTIVE NRCM 2101		STATUS OF EXISTING STOCK USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE	
STOCKING POINT WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY) <input type="checkbox"/>		STOCK NUMBER	
UNIT OF ISSUE PD/50		EDITION DATE 9-80	

1/83

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 395, REVERSE

FROM: BOARD OF SURVEY		TO: DIRECTOR OFFICE OF ADMINISTRATION	
BOARD FINDINGS			
BOARD RECOMMENDATIONS			
The accountable officer be relieved of liability:			Date:
Reimbursement in the amount of \$ _____		be secured from _____	
SIGNATURE			
CHAIRMAN	MEMBER	MEMBER	MEMBER
18 TO: CHIEF, PROPERTY AND SUPPLY BRANCH, FOS			
The recommendations of the Board of Survey are approved in detail, or as modified in the following respects:			
SIGNATURE		TITLE DIRECTOR, OFFICE OF ADMINISTRATION	
DATE		DATE	
19. CERTIFICATES OF ACCOMPLISHMENT			
a. I certify that, as required by preceding endorsements, the respective items of property have been expended from the accounting records, that the sum of \$ _____ has been billed as directed and immediate steps will be taken towards collection and reports, and that the General Accounting Office has been advised of such change as required by 28 Stat. 47, as amended by 37 Stat. 581 and 42 Stat. 24 (Title 31 U.S. Code, Sections 89, 90, and 91).		b. I certify that the property records in question have been properly adjusted as directed above.	
SIGNATURE		SIGNATURE	
DATE		DATE	
TITLE		TITLE	

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 396, PAGE

<p>NRC FORM 396 (7-81) 10 CFR 55</p>	<p>U.S. NUCLEAR REGULATORY COMMISSION</p> <p>CERTIFICATE OF MEDICAL HISTORY</p> <p>For Facility Operator's or Senior Operator's Licensee</p>	<p>Approved by OMB 3150-0024</p>	
<p>INSTRUCTIONS: Applicant must complete all items on page 1. Typewrite or print in ink. Physician must complete all items on page 2.</p>			
<p>1. LAST NAME</p>	<p>FIRST NAME</p>	<p>MIDDLE NAME</p>	
<p>3. HOME ADDRESS</p>		<p>2. DATE OF BIRTH</p>	
<p>4. SEX</p>			
<p>HAVE YOU EVER HAD OR DO YOU NOW HAVE ANY OF THE FOLLOWING? GIVE DETAILS OF ANY CONDITION ANSWERED AFFIRMATIVELY UNDER ITEM 38</p>			
<p>5. Rheumatic fever</p>	<p>YES</p>	<p>NO</p>	<p>16. Bone, joint, or other deformity</p>
<p>6. Frequent or severe headaches</p>			<p>17. Painful or "trick" shoulder</p>
<p>7. Dizziness or fainting spells</p>			<p>18. Painful or "trick" elbow</p>
<p>8. Eye trouble</p>			<p>19. Paralysis</p>
<p>9. Diabetes</p>			<p>20. Epilepsy or seizures</p>
<p>10. Tuberculosis</p>			<p>21. Depression or excessive worry</p>
<p>11. Chronic shortness of breath</p>			<p>22. Loss of memory or amnesia</p>
<p>12. Pain or pressure in chest or "heart attack"</p>			<p>23. Nervous condition which would impair judgment or reliability</p>
<p>13. High blood pressure</p>			<p>24. Drug, narcotic habit or excessive drinking</p>
<p>14. Low blood pressure</p>			<p>25. Do you normally wear eyeglasses?</p>
<p>15. Peptic ulcer</p>			
<p>COMPLETE EACH OF THE FOLLOWING. GIVE DETAILS OF EVERY AFFIRMATIVE ANSWER UNDER ITEM 38</p>			
		<p>QUESTION</p>	<p>YES NO</p>
<p>26. Are you taking any routine medication?</p>			
<p>27. Has your work ever been limited or restricted for medical reasons?</p>			
<p>28. Have you ever been denied or rated up for life insurance for medical reasons?</p>			
<p>29. Have you ever been under observation or received care or treatment for any mental or nervous condition as a patient in a hospital, sanitarium, clinic or other facility, or from a physician, clinic psychologist, etc.?</p>			
<p>30. Have you ever been rejected for or discharged from employment or military service for physical, mental, or nervous disorder?</p>			
<p>31. Have you ever received, is there pending, have you applied for, or do you intend to apply for pension or compensation for existing disability?</p>			
<p>32. Have you ever seriously considered committing suicide?</p>			
<p>33. Have you ever been convicted of any violation of Federal law, State law, county or municipal law, regulations or ordinance? Do not include anything that happened before your 18th birthday. Do not include violations for which a fine of \$25 or less was imposed.</p>			
<p>34. Have you ever had any major illness or injury other than those already noted?</p>			
<p>35. How many jobs have you had in the last 3 years?</p>			
<p>36. What is the length of time in your present employment?</p>			
<p>37. GIVE A BRIEF STATEMENT OF YOUR PRESENT HEALTH IN YOUR OWN WORDS</p>			
<p>38. DETAILS OF ANY ITEM, 5 THROUGH 34, ANSWERED IN THE AFFIRMATIVE. (In addition, if your medical history includes any matter relating to physical, mental, or nervous conditions, please describe the condition and set forth your explanation of why this matter would not affect your ability to function as a facility operator. Use additional sheet if more space is needed.)</p>			
<p>39. CERTIFY THAT THE FOREGOING INFORMATION SUPPLIED BY ME IS TRUE TO THE BEST OF MY KNOWLEDGE, AND AUTHORIZE THE U.S. NUCLEAR REGULATORY COMMISSION TO USE ANY OF THE INFORMATION IN THIS CERTIFICATE IN THE EXERCISE OF ITS AUTHORITY OVER THE LICENSING OF OPERATORS. (Sign your name in ink as it appears on your application for operator's or senior operator's license)</p>			
<p>SIGNATURE</p>		<p>DATE</p>	
<p>PRIVACY ACT STATEMENT</p>			
<p>Pursuant to 5 U.S.C. 552(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-502), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC-18 and described at 40 Federal Register 45332 (October 1, 1975).</p>		<p>ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.</p>	
<p>AUTHORITY: Sections 107 and 181(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).</p>		<p>WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.</p>	
<p>PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.</p>		<p>SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555</p>	

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<p><input checked="" type="checkbox"/> SHEET, h to h</p> <p><input type="checkbox"/> CARD</p> <p>PD/____ (Pad/Sheet per Pad)</p> <p>US/____ (Unit Sets/Number of Parts)</p> <p>MP/____ (Multipage/Number of Parts)</p> <p>LABEL</p> <p>PC (Postal Card)</p> <p>TC (Tab Card)</p> <p>TP/____ (Tab Paper/Number of Parts)</p> <p>ENVL</p> <p>OTHER (Specify)</p>	<p>NRRC:DHFS:OL</p>	<p>10 CFR 55</p>	<p>7540-00-NRC-0396X</p>	<p>HD</p>	<p>7-81</p>
<p style="text-align: center;">STATUS OF EXISTING STOCK</p>					
		<p>USE FIRST DESTROY:</p>	<p>OTHER (SPECIFY)</p>		
		<p><input type="checkbox"/> IMMEDIATELY</p>			
		<p><input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE</p>			
<p>STOCKING POINT</p>					
		<p><input checked="" type="checkbox"/> WAREHOUSE</p>	<p><input checked="" type="checkbox"/> SUPPLY ROOMS</p>		
		<p><input type="checkbox"/> PROMULGATING OFFICE (ONLY)</p>			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 396, REVERSE

MEDICAL EXAMINATION					PAGE 2	
<p>DOCTOR: IT IS ESSENTIAL THAT EACH ITEM ON THIS PAGE BE COMPLETED. Sign this Certificate and mail to:</p> <p><i>(For a reactor operator license)</i> Director, Office of Nuclear Reactor Regulation U.S. Nuclear Regulatory Commission Washington, DC 20555</p> <p><i>(For a non-reactor operator license)</i> Director, Division of Fuel Cycle and Material Safety U.S. Nuclear Regulatory Commission Washington, DC 20555</p>						
<p>PHYSICIAN: SUMMARY AND ELABORATION OF THE MEDICAL HISTORY FROM FRONT OF REPORT. USE ADDITIONAL SHEET IF MORE SPACE IS NEEDED.</p>						
<p>INSTRUCTIONS: Give dates of abnormal findings under item 22 below.</p>						
1. DATE OF EXAMINATION	2. HEIGHT	3. WEIGHT	4. BLOOD PRESSURE	5. PULSE		
VISUAL EXAMINATION						
DESCRIPTION	RIGHT EYE	LEFT EYE	METHOD USED			
6. DISTANT VISUAL ACUITY UNCORRECTED	20'	20'				
7. DISTANT VISUAL ACUITY CORRECTED	20'	20'	DATE: required only if corrective lenses are normally worn			
8. NEAR VISUAL ACUITY UNCORRECTED	20"	20"				
9. NEAR VISUAL ACUITY CORRECTED	20"	20"	DATE: required only if corrective lenses are normally worn			
10. COLOR VISION						
11. GROSS VISUAL FIELD			12. OPHTHALMOLOGIC			
13. PUPILS	14. EYES - GENERAL					
15. HEARING	RIGHT EAR	LEFT EAR	METHOD USED			
16. EAR DRUMS			17. EARS - GENERAL			
18. HEART	19. VASCULAR SYSTEM					
SPECIFIC RESULTS OF THE FOREGOING EXAMINATION					YES	NO
20. Was there any physique, motor power, range of motion, or dexterity disorder which would not allow ready access to, and safe execution of assigned duties?						
21. Was there any condition, habit or practice which might result in sudden or unexpected incapacitation?						
22. Was there any mental or physical disability which might cause impaired judgment or motor coordination?						
23. DETAILS AND EVALUATION OF ANY ITEM 1 THROUGH 22 ABOVE REPORTED ABNORMAL AND SUMMARY EVALUATION OF OVER-ALL CONDITION						
<p>I understand that any of the information in this examination may be used by the U.S. Nuclear Regulatory Commission in the exercise of its authority over the licensing of operators.</p>						
SIGNATURE OF PHYSICIAN					DATE	
TYPED OR PRINTED NAME OF EXAMINING PHYSICIAN		PHYSICIAN'S ADDRESS		STATE IN WHICH LICENSED		
<p>REMINDER: IT IS REQUIRED THAT EVERY ITEM ON THIS PAGE BE COMPLETED EXCEPT THOSE MARKED WITH AN * WHEN NOT APPLICABLE. SEND THIS CERTIFICATE TO THE PROPER ADDRESS LISTED ABOVE.</p>						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 396A

NRC FORM 396A (1-83)	U.S. NUCLEAR REGULATORY COMMISSION CERTIFICATE OF MEDICAL EXAMINATION TRANSMITTAL AND REPORT	DATE POCKET NUMBER 55
APPLICANT'S NAME	TYPE OF EXAMINATION <input type="checkbox"/> INITIAL <input type="checkbox"/> RENEWAL	
FACILITY NAME		
SIGNATURE - CHIEF, OPERATOR LICENSING BRANCH, HEADQUARTERS OR CHIEF, REGIONAL OPERATOR LICENSING SECTION / DATE		
INSTRUCTIONS FOR DOCTOR. REVIEW THE ENCLOSED CERTIFICATE OF MEDICAL EXAMINATION AND PROVIDE YOUR CONCLUSIONS AS TO THE APPLICANT'S PHYSICAL CONDITION UNDER "REPORT" BELOW.		
REPORT		
A review has been completed to determine if the physical condition and general health of the applicant are not such as to be expected to cause operational errors which might endanger public health and safety.		
The following recommendation is submitted:		
<input type="checkbox"/> THE PHYSICAL CONDITION AND GENERAL HEALTH ARE SATISFACTORY FOR LICENSING.		
<input type="checkbox"/> THE PHYSICAL CONDITION AND GENERAL HEALTH ARE SATISFACTORY FOR LICENSING WITH THE FOLLOWING CONDITIONS:		
<input type="checkbox"/> THE PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SATISFACTORY FOR LICENSING. THE ADVERSE CONDITION(S) IS (ARE):		
<input type="checkbox"/> A DETERMINATION CANNOT BE MADE UNTIL THE FOLLOWING ADDITIONAL INFORMATION IS SUBMITTED		
MEDICAL DOCTOR'S SIGNATURE		DATE
UPON COMPLETION RETURN THE REPORT TO:		
<input type="checkbox"/> CHIEF, OPERATOR LICENSING BRANCH, AR 5221 DIVISION OF HUMAN FACTORS SAFETY U. S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555		
<input type="checkbox"/> CHIEF, REGIONAL OPERATOR LICENSING SECTION U. S. NUCLEAR REGULATORY COMMISSION, RI 631 PARK AVENUE KING OF PRUSSIA, PA 19406		
<input type="checkbox"/> CHIEF, REGIONAL OPERATOR LICENSING SECTION U. S. NUCLEAR REGULATORY COMMISSION, RIII 101 MARIETTA STREET, SUITE 3100 ATLANTA, GA 30303		
<input type="checkbox"/> CHIEF, REGIONAL OPERATOR LICENSING SECTION U. S. NUCLEAR REGULATORY COMMISSION, RIII 799 ROOSEVELT ROAD GLEN ELLYN, IL 60137		
<input type="checkbox"/> CHIEF, REGIONAL OPERATOR LICENSING SECTION U. S. NUCLEAR REGULATORY COMMISSION, RIV 611 RYAN PLAZA DRIVE, SUITE 1000 ARLINGTON, TX 76012		
<input type="checkbox"/> CHIEF, REGIONAL OPERATOR LICENSING SECTION U. S. NUCLEAR REGULATORY COMMISSION, RV 1450 MARIA LANE, SUITE 210 WALNUT CREEK, CA 94596		

FORMS MANAGEMENT DATA					
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 2____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NRR:DHFS:OL	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER [SPECIFY]	STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	US/2	1-83

INSTRUCTIONS FOR COMPLETION OF
NRC FORM 398, PERSONAL QUALIFICATIONS STATEMENT - LICENSEE

NEW APPLICANTS: Complete each category of the form completely, following the instructions below.

RENEWAL, UPGRADED, MULTI-UNIT, AND REAPPLICATION APPLICANTS: Complete all information that has changed since your previous submittal of an NRC Form 398. In addition, be sure to complete the following information:

- 1 - YOUR FULL NAME
- 4 - TYPE OF APPLICATION
- 5 - TYPE OF LICENSE APPLIED FOR
- 6 - PREVIOUS LICENSES AND/OR DOCKET NUMBER HELD

SPECIFIC INSTRUCTIONS FOR ITEMS 11 - 17:

11 - EDUCATION: Indicate both academic and vocational/technical post high school education. For MAJOR AREA(S) OF STUDY, indicate the number of years spent in each college curriculum and the highest degree received, using the degree code provided. For VOCATIONAL/TECHNICAL education, include programs such as nuclear power school, military training, air conditioning/refrigeration, diesel mechanic school, etc. Indicate the number of months in each program and whether a certificate or degree was awarded. If additional space is needed, continue under ITEM 15.

12 - TRAINING: In this item indicate the training you have received to meet the requirements of ANSI N18.1/ANSI 3.1. The breakdown of training in this category parallels the ANSI standards; please refer to the standards if you need further clarification. Include both beginning and completion dates and the total number of weeks spent in each type of training. NUMBER OF WEEKS is provided, in addition to beginning and completion dates, to account for intermittent training (for example, four weeks of classroom training spread over a two month period). Therefore, the date columns may indicate a larger time span than the actual number of weeks spent in full-time training.

All requalification training time is to be accounted for in the REQUALIFICATION item. Please avoid "double listing" recording all time spent in requalification training under item 12 & REQUALIFICATION, even though it may include classroom or simulator time.

13 - EXPERIENCE: For each position held, complete item 14.

14 - EXPERIENCE DETAILS: Include position title, facility, and a brief description of duties performed while serving in that position. If more space is needed, use item 15, or if necessary attach additional information.

15 - COMMENTS: Use this space to include any extra information or clarification for other items on the application form. If the space provided is not sufficient, you may attach extra information with your application.

16 - NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION: Include a completed NRC Form 396 with each application in order to limit delays in issuing licenses. If this is not possible, place an "X" in item 16b, and forward the form as soon as possible; make sure all items are completed.

17 - SIGNATURES: Sign and date item 17a. Obtain your Training Coordinator's signature and that of your highest level of corporate management for plant operations.

DETACH THESE INSTRUCTIONS AND SUBMIT THE COMPLETED NRC FORMS 398, IN TRIPLICATE AND 396 TO:

Branch Chief, Operator Licensing Branch or the appropriate Regional Administrator.

PRIVACY ACT STATEMENT

Pursuant to U.S.C. 552a(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 398. This information is maintained in a system of records designated as NRC 16 and described at 46 Federal Register 46717 (September 21, 1981).

1. **AUTHORITY:** Section 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).
2. **PRINCIPAL PURPOSES:** The information will be collected and evaluated for determining licensing eligibility and to generate statistical data and reports on licensing actions.
3. **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 selection, 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.
4. **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.
5. **SYSTEMS MANAGERS AND ADDRESSES:**

Chief, Operator Licensing Branch
Division of Human Factors Safety
Office of Nuclear Reactor Regulation
U.S. Nuclear Regulatory Commission
Washington, DC 20555

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
631 Park Avenue
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30303

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glene Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	NRR:DHFS:OL	10 CFR 55.10 & 55.33		MP/7	1-83
CARD					
PD/ (Pad/Sheet per Pad)					
US/ (Unit Sets/Number of Parts)					
X MP/7 (Multipage/Number of Parts) instruction page and 3 2-page forms,					
LABEL PC (Postal Card) h to f					
TC (Tab Card)					
TP/ (Tab Paper/Number of Parts)					
ENVL					
OTHER (Specify)					
STATUS OF EXISTING STOCK					
<input type="checkbox"/> USE FIRST			OTHER (SPECIFY)		
<input type="checkbox"/> DESTROY: IMMEDIATELY					
<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE					
STOCKING POINT					
<input type="checkbox"/> WAREHOUSE			<input type="checkbox"/> SUPPLY ROOMS		
<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					

14. EXPERIENCE DETAILS (AW)			
a. POSITION TITLE	b. FACILITY	c. DUTIES	
15. COMMENTS (Specify the item number to which you are elaborating)			
FOR NRC USE	MEETS REQUIREMENTS	IS ATTACHED	DOES NOT MEET REQUIREMENTS
16. NRC FORM 398, CERTIFICATE OF MEDICAL EXAMINATION (AX)		b. IS ATTACHED	d. WILL BE FORWARDED
17a. I certify that the information provided on this form is true and correct to the best of my knowledge. I also authorize the NRC to submit the results of examinations to my employer for use in preparing training programs, as necessary.			
SIGNATURE - APPLICANT		DATE	
b. I certify that the above named individual has or will have completed by the time of examination all the required training and has learned to operate the controls in a competent and safe manner pursuant to Title 10, Code of Federal Regulations, Part 55, and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties. I also certify that the facility will be made available for examination.			
SIGNATURE - TRAINING COORDINATOR	DATE	SIGNATURE - HIGHEST LEVEL OF CORPORATE MANAGEMENT FOR PLANT OPERATION	DATE
c. RENEWAL ONLY. I certify that the above named individual has satisfactorily completed the approved requalification program as required by section 50.54(c)-(1) of 10 CFR 50 and that she has discharged his/her licensed responsibilities competently and safely.			
SIGNATURE - TRAINING COORDINATOR	DATE	SIGNATURE - HIGHEST LEVEL OF CORPORATE MANAGEMENT FOR PLANT OPERATION	DATE

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 399, FACE

<p style="text-align: center;">BILL FOR COLLECTION</p> <p>MAKE CHECKS PAYABLE TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL TO:</p> <p style="text-align: center;">U.S. NUCLEAR REGULATORY COMMISSION OFFICE OF RESOURCE MANAGEMENT DIVISION OF ACCOUNTING AND FINANCE WASHINGTON, DC 20555</p> <p>TO: </p>	<p>BILL NUMBER (Note on remittance)</p> <p>BILL DATE</p> <p>PAYMENT DUE DATE</p> <p>LICENSE NUMBER (if applicable)</p> <p>REFERENCE NUMBER (if applicable)</p> <p>CONTACT NAME</p> <p>TELEPHONE</p> <p>AREA CODE 301</p>
<p style="text-align: center;">DESCRIPTION</p>	<p style="text-align: center;">AMOUNT</p>
<p>AMOUNT DUE <i>(See terms)</i></p>	
<p>TERMS. Late payment charge will be assessed after payment due date at the rate of _____ % of the overdue payment for each 30 day period or portion thereof that the payment is overdue.</p> <p>NOTE. The NRC debt collection procedures are found in 10 CFR 15. If there are any questions about the existence or amount of the debt, refer to these procedures or contact the individual given above.</p> <p>PRESENT AND SEPARATED EMPLOYEES. Read the reverse of this bill. The Notice of Due Process Rights apply to both present and separated employees.</p>	

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/_____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>2</u> (Unit Sets/Number of Parts) with print MP/_____ (Multipage/Number of Parts) on reverse LABEL of Part 1 <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	RM:A	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	W7540-00-NRC-0399X	HD	4-82
		STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 399, REVERSE
U.S. NUCLEAR REGULATORY COMMISSION

NRC Form 399
12-92

NOTICE OF DUE PROCESS RIGHTS

1. The NRC will send only one written demand (i.e., bill) to a debtor who is a current NRC employee.
2. Payment of the amount shown on this Bill for Collection is due prior to termination of employment by the NRC or such earlier date as may have been specified on the reverse.
3. If payment cannot be made in accordance with the terms and conditions on the Bill, efforts will be made to collect by offset against:
 - a. the employee's current or final pay check
 - b. any excess amount that has been withheld for income tax purposes, and
 - c. any amount payable to the employee from the Civil Service Retirement and Disability Fund.
4. If the amount due cannot be paid in accordance with the terms and conditions, and cannot be collected by offset as stated above, a late payment charge, based upon the interest rate specified by the U.S. Treasury, will be added to the debt each 30 days or portion thereof until the debt is paid.
5. An employee has the right to:
 - a. receive this written demand for payment and to be informed of these rights,
 - b. request reconsideration of the amount or validity of the debt,
 - c. request a waiver of the debt if provided by 5 U.S.C. 5584, involving erroneous payment of pay or allowances, and
 - d. request a pre-offset hearing if issues of credibility or veracity arise during a request for reconsideration or waiver and cannot be resolved by the documentary evidence available.

NRC has the right to conduct the hearing *after* the offset is taken if the time prior to termination does not permit a pre-offset hearing.

If an employee fails to respond to at least one of the following statements, NRC will make the offset based upon its knowledge of the debt. If the employee responds to one or more of the following statements, the response(s) will be taken into consideration.

- I REQUEST THAT NRC RECONSIDER THE DEBT. (Give reason(s) below.)
- I REQUEST THAT NRC WAIVE THE DEBT. (Give reason(s) below.)
- I REQUEST A PRE-OFFSET HEARING BECAUSE OF THE ISSUES OF CREDIBILITY OR VERACITY STATED BELOW.

REMARKS

EMPLOYEE'S SIGNATURE

DATE

<p>NRC Form 400, Part 1 (6-82)</p> <p style="text-align: center;">U. S. NUCLEAR REGULATORY COMMISSION</p> <p style="text-align: center;">REQUEST FOR PROCUREMENT ACTION (RFP)</p>		<p>1. RFP NUMBER</p> <hr/> <p>2. RFP REVISION NUMBER</p> <hr/> <p>3. DATE OF REQUEST</p>						
<p>INSTRUCTIONS: This form is to be used for various types of procurement requests, including sole-source actions, competitive solicitations and modifications.</p> <p>Inapplicable items or those for which information has not been developed, should be left blank. In such cases, the project officer should contact the Division of Contracts for specific guidance.</p> <p>Submit the completed form to: Director Division of Contracts Office of Administration</p>		<p>4. TYPE OF ACTION REQUESTED (Check and complete as appropriate)</p> <p><input type="checkbox"/> ADMINISTRATIVE ACTION INITIATED BY DIVISION OF CONTRACTS</p> <p><input type="checkbox"/> ISSUE A COMPETITIVE SOLICITATION</p> <p><input type="checkbox"/> AWARD A CONTRACT ON THE BASIS OF AN UNSOLICITED PROPOSAL (Give contractor's name)</p> <p><input type="checkbox"/> EXECUTE A MODIFICATION TO A CONTRACT</p> <p style="text-align: center;">CONTRACT NUMBER _____ CONTRACTOR _____</p> <p><input type="checkbox"/> AWARD A NONCOMPETITIVE CONTRACT (Give contractor's name)</p> <p><input type="checkbox"/> EMPLOY A BASIC ORDERING AGREEMENT (BOA)</p> <p style="text-align: center;">BOA NUMBER _____ TITLE OF BOA _____</p> <p><input type="checkbox"/> ISSUE AN INTERAGENCY AGREEMENT (Give agency's name)</p>						
<p>5a. PERIOD OF PERFORMANCE</p> <p style="text-align: center;">FROM _____ TO _____</p>	<p>5b. DELIVERY SCHEDULE</p>							
<p>6. SECURITY CLASSIFIED INFORMATION ANTICIPATED</p> <p><input type="checkbox"/> YES (Attach NRC Form 187)</p> <p><input type="checkbox"/> NO</p>	<p>7. PREPROPOSAL CONFERENCE CONTEMPLATED</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>							
<p>8. DECISION UNIT TITLE</p>								
<p>9. TITLE OF PROJECT AND BRIEF DESCRIPTION OF WORK (50 word summary)</p>								
<p>10. PROGRAM OFFICE RECOMMENDATION REGARDING SOCIO-ECONOMIC SET-ASIDES (Complete where action requested in 4, above is for a competitive solicitation, a basic ordering agreement, or a noncompetitive contract.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><input type="checkbox"/> 100% SET-ASIDE FOR SMALL BUSINESS</td> <td style="width:50%;"><input type="checkbox"/> PARTIAL SET-ASIDE FOR SMALL BUSINESS</td> </tr> <tr> <td><input type="checkbox"/> JOINT SMALL BUSINESS -- LABOR SURPLUS AREA SET-ASIDE</td> <td><input type="checkbox"/> 100% LABOR SURPLUS AREA SET-ASIDE</td> </tr> <tr> <td><input type="checkbox"/> NONCOMPETITIVE CONTRACT PROCESSED UNDER THE PROCEDURES OF SECTION 8(a) OF THE SMALL BUSINESS ACT FOR AWARD TO A SMALL, DISADVANTAGED BUSINESS</td> <td><input type="checkbox"/> RESTRICTED ACTION</td> </tr> </table>			<input type="checkbox"/> 100% SET-ASIDE FOR SMALL BUSINESS	<input type="checkbox"/> PARTIAL SET-ASIDE FOR SMALL BUSINESS	<input type="checkbox"/> JOINT SMALL BUSINESS -- LABOR SURPLUS AREA SET-ASIDE	<input type="checkbox"/> 100% LABOR SURPLUS AREA SET-ASIDE	<input type="checkbox"/> NONCOMPETITIVE CONTRACT PROCESSED UNDER THE PROCEDURES OF SECTION 8(a) OF THE SMALL BUSINESS ACT FOR AWARD TO A SMALL, DISADVANTAGED BUSINESS	<input type="checkbox"/> RESTRICTED ACTION
<input type="checkbox"/> 100% SET-ASIDE FOR SMALL BUSINESS	<input type="checkbox"/> PARTIAL SET-ASIDE FOR SMALL BUSINESS							
<input type="checkbox"/> JOINT SMALL BUSINESS -- LABOR SURPLUS AREA SET-ASIDE	<input type="checkbox"/> 100% LABOR SURPLUS AREA SET-ASIDE							
<input type="checkbox"/> NONCOMPETITIVE CONTRACT PROCESSED UNDER THE PROCEDURES OF SECTION 8(a) OF THE SMALL BUSINESS ACT FOR AWARD TO A SMALL, DISADVANTAGED BUSINESS	<input type="checkbox"/> RESTRICTED ACTION							
11. MANAGEMENT DIRECTIVES APPLICABILITY								
DESCRIPTION	APPLICABLE	INAPPLICABLE	EXEMPTION NUMBER					
OMB CIRCULAR A-76 (See NRC Bulletin 5105-1)								
AUTOMATIC DATA PROCESSING COORDINATION (See NRCM 0904 and NRC Bulletin 2101-15)								
APPROVAL FOR ACQUISITION OF CONSULTANT SERVICES (See NRCM 4139)								

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<p>SHEET</p> <p>CARD</p> <p>PD/ _____ (Pad/Sheet per Pad)</p> <p><input checked="" type="checkbox"/> US/ <u>6</u> (Unit Sets/Number of Parts)</p> <p>MP/ _____ (Multipage/Number of Parts)</p> <p>LABEL</p> <p>PC (Postal Card)</p> <p>TC (Tab Card)</p> <p>TP/ _____ (Tab Paper/Number of Parts)</p> <p>ENVL</p> <p>OTHER (Specify)</p>	ADM:DC	<p>STATUS OF EXISTING STOCK</p> <p><input type="checkbox"/> USE FIRST DESTROY:</p> <p><input type="checkbox"/> IMMEDIATELY</p> <p><input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE</p> <p>STOCKING POINT</p> <p><input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS</p> <p>PROMULGATING OFFICE (ONLY)</p>	7540-00-NRC-0400P1	HD	6-82

NRC FORM 400, Part 2 18-80		U.S. NUCLEAR REGULATORY COMMISSION																					
REQUEST FOR PROCUREMENT ACTION (RFP)																							
11. DUPLICATION OF EFFORT (Check as appropriate) <input type="checkbox"/> I certify, based on inquiries made with other NRC offices, that no unnecessary duplication of effort will result from the conduct of the subject work. (For actions less than \$100,000)		12. LIST OF ATTACHMENTS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">NUMBER</th> <th>DESCRIPTION</th> </tr> <tr> <td></td> <td>STATEMENT OF WORK</td> </tr> <tr> <td></td> <td>EVALUATION CRITERIA WITH NUMERICAL WEIGHTS ASSIGNED</td> </tr> <tr> <td></td> <td>LIST OF FIRMS TO BE SOLICITED, IN ADDITION TO THE GENERAL PUBLIC</td> </tr> <tr> <td></td> <td>UNSOLICITED PROPOSAL JUSTIFICATION</td> </tr> <tr> <td></td> <td>JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT</td> </tr> <tr> <td></td> <td>DESIGNATION OF MEMBERS TO SOURCE EVALUATION PANEL</td> </tr> <tr> <td></td> <td>JUSTIFICATION FOR ACQUISITION OF CONSULTANT SERVICES, NRC FORM 800A</td> </tr> <tr> <td></td> <td>SPECIAL REQUIREMENTS (See NRC Appendix 5101, Exhibit 1, Page 3)</td> </tr> <tr> <td></td> <td>CONTROLLER'S APPROVAL OF A 78 DETERMINATION</td> </tr> </table>		NUMBER	DESCRIPTION		STATEMENT OF WORK		EVALUATION CRITERIA WITH NUMERICAL WEIGHTS ASSIGNED		LIST OF FIRMS TO BE SOLICITED, IN ADDITION TO THE GENERAL PUBLIC		UNSOLICITED PROPOSAL JUSTIFICATION		JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT		DESIGNATION OF MEMBERS TO SOURCE EVALUATION PANEL		JUSTIFICATION FOR ACQUISITION OF CONSULTANT SERVICES, NRC FORM 800A		SPECIAL REQUIREMENTS (See NRC Appendix 5101, Exhibit 1, Page 3)		CONTROLLER'S APPROVAL OF A 78 DETERMINATION
NUMBER	DESCRIPTION																						
	STATEMENT OF WORK																						
	EVALUATION CRITERIA WITH NUMERICAL WEIGHTS ASSIGNED																						
	LIST OF FIRMS TO BE SOLICITED, IN ADDITION TO THE GENERAL PUBLIC																						
	UNSOLICITED PROPOSAL JUSTIFICATION																						
	JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT																						
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	JUSTIFICATION FOR ACQUISITION OF CONSULTANT SERVICES, NRC FORM 800A																						
	SPECIAL REQUIREMENTS (See NRC Appendix 5101, Exhibit 1, Page 3)																						
	CONTROLLER'S APPROVAL OF A 78 DETERMINATION																						
Attached are certifications executed by each member of the Contract Review Board (Actions in excess of \$100,000)																							
Contract Review Board Certification requests have been forwarded to Board Members for concurrence comment. Completed certifications will be forwarded. (For urgent actions only, with prior approval of the Division of Contracts)																							
13. ESTIMATED COST (Attach cost estimate breakdown)																							
CURRENT	FISCAL YEAR	SECOND	THIRD																				
			TOTAL																				
14. FUNDING: This certifies that funds in the amount cited below are available in the current budget for the work described above.																							
AMOUNT	NAME OF CERTIFYING OFFICIAL (Typed and Signed)		DATE																				
NUMBERS	BAR	AMOUNTS	APPN NUMBERS																				
15. PROJECT OFFICER'S NAME			TELEPHONE NUMBER																				
			MAIL STOP																				
16. APPROVAL OF DIRECTOR OR DESIGNEE (Type name on line, and have signature placed above typewriting)			DATE																				
ORGANIZATION																							
17. REMARKS																							
FOR DIVISION OF CONTRACTS USE ONLY (Do not write below this line)																							
INITIAL ENTRY MADE INTO THE CIS-FPOS SYSTEM																							
INFLITER'S NAME			DATE ENTERED																				

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/6____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:DC		7540-00-NRC-0400P2	RD	8-80
STATUS OF EXISTING STOCK					
		<input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY:	<input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		
		<input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	OTHER (SPECIFY)		
STOCKING POINT					
		<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS		
		PROMULGATING OFFICE (ONLY)			

<p>NRC Form 400A (8-80) NRCM 4139</p> <p style="text-align: center;">JUSTIFICATION TO ENTER INTO A CONSULTANT CONTRACT</p>	<p>1. REQUEST FOR PROCUREMENT ACTION NUMBER</p> <hr/> <p>2. PROPOSED PERIOD OF PERFORMANCE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">FROM</td> <td style="width:50%; text-align: center;">TO</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	FROM	TO		
FROM	TO				
3. CONSULTANT DUTIES TO BE PERFORMED					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><input type="checkbox"/> TEMPORARY (not more than one year)</td> <td style="width:50%;"><input type="checkbox"/> INTERMITTENT (not more than 130 working days in any consecutive 12-month period)</td> </tr> </table>		<input type="checkbox"/> TEMPORARY (not more than one year)	<input type="checkbox"/> INTERMITTENT (not more than 130 working days in any consecutive 12-month period)		
<input type="checkbox"/> TEMPORARY (not more than one year)	<input type="checkbox"/> INTERMITTENT (not more than 130 working days in any consecutive 12-month period)				
4. DETERMINATION AND SUPPORTING STATEMENT OF WHY THE EXISTING RESOURCES OF THE NRC ARE INADEQUATE TO FURNISH THE SERVICES					
5. DETERMINATION AND SUPPORTING STATEMENT OF WHY PERSONNEL WITH EXISTING SKILLS CANNOT BE OBTAINED FROM ANOTHER FEDERAL AGENCY					
6. DETERMINATION AND SUPPORTING STATEMENT OF WHY PERSONNEL CANNOT BE OBTAINED THROUGH NORMAL CIVIL SERVICE APPOINTMENT PROCEDURES					
7. APPROVED BY (Signature of Director) _____ DATE _____					
TYPED NAME _____ ORGANIZATION (Office) _____					

NRC Form 400A
(8-80)

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:DC	NRCM 4139 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	8-80

NRC FORM 401 (2-81)	U.S. NUCLEAR REGULATORY COMMISSION
REQUEST FOR COMPUTER PRINT OUT	
Prepare and submit in duplicate TO: FOS, Property and Supply Branch Property Management Section	REQUESTER—NAME OFFICE (Division, branch, etc.) BUILDING AND ROOM NUMBER PHONE NUMBER
DESCRIPTION OF PRINT OUT REQUESTED	
PURPOSE OF PRINT OUT	
TO BE COMPLETED BY THE PROPERTY MANAGEMENT SECTION	
REMARKS	
DATE JOB COMPLETED	OPERATOR

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input type="checkbox"/> US/_____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:F05	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	7540-00-NRC-0401X	HD	2-81

NRC Form 402 (Rev. 12-81)		U.S. NUCLEAR REGULATORY COMMISSION	
TRIP REPORT			
TO:	TRAVELER F R O M		
PLACES VISITED:	BRANCH		
PERSONS CONTACTED:		DATE(S) OF TRIP:	
PURPOSE OF TRIP:			
ACCOMPLISHMENTS:			
PROBLEMS ENCOUNTERED:			
PENDING ACTIONS:			
RECOMMENDATIONS:			
SIGNATURE - TRAVELER			DATE

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:FOS:T	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	3-81

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 403, FACE

NRC FORM 403 (7-82)	U.S. NUCLEAR REGULATORY COMMISSION	RESPONSIBLE PERSON/OFFICE PERIOD COVERED
MANAGEMENT BY OBJECTIVES - MILESTONE PLAN		
PROPOSED OBJECTIVE(S)		
JUSTIFICATION		
APPROACH		
RESOURCES		

(See Reverse For Milestone Data)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD, 8 1/2 x 11", h to h PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Carr ¹) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC:DM	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	7540-00-NRC-0403X	HD	7-82
		OTHER (SPECIFY)			
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 405

OFFICIAL USE ONLY

NRC Form 405 (1-76) NRCM 2101 (PENDING ISSUANCE)		U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, D.C. 20555	
FILE TRANSFER RECORD			
TO:		FROM:	
REQUESTER'S REFERENCE		SENDER'S REFERENCE	
DATE OF REQUEST		DATE SENT	
THE FOLLOWING PERSONNEL SECURITY FILE(S) ARE TRANSMITTED FOR: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> REVIEW AND RETURN <input type="checkbox"/> RETENTION </div>			
NAME <small>(Last, First, Middle)</small>	FILE NUMBER	REMARKS	
RECIPIENT'S SIGNATURE		REMARKS:	
DATE			
RECEIPT ACKNOWLEDGED			

NRC FORM 405 (1-76)

When separated from enclosures, delete ODU markings

ORIGINAL - To Be Signed By Recipient And Returned To Sender

OFFICIAL USE ONLY

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 5 ____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:SEC	NRCM 2101 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		US/5	1-76

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 406

NRC Form 406 11/81 NRCMP 9234		U.S. NUCLEAR REGULATORY COMMISSION		DATE OF REQUEST	
OMB REPORTING REQUIREMENTS					
<input type="checkbox"/> THIS IS A REQUEST FOR REVIEW			<input type="checkbox"/> THIS IS A NOTIFICATION OF OMB APPROVAL		
This form must be completed and ALL copies returned to the Document Management Branch (DMB) by the specified "DUE DATE" to ensure adequate time for NRC Internal review and OMB review and clearance by the expiration date. FAILURE TO COMPLY WILL RESULT IN THE INFORMATION COLLECTION REQUIREMENT BEING DISCONTINUED UNTIL SUCH TIME AS THE CLEARANCE CAN BE REINSTITUTED.					DUE DATE
TO:	NAME	PROGRAM OFFICE	MAIL STOP	FROM AND RETURN TO:	
				DOCUMENT MANAGEMENT BRANCH DIVISION OF TECHNICAL INFORMATION AND DOCUMENT CONTROL	
				MAIL STOP	TELEPHONE NUMBER
SUBJECT (Copy attached)					OMB CLEARANCE NUMBER
					CURRENT EXPIRATION DATE
Please review subject requirements to ensure figures are correct and continued use of the clearance is warranted. The clearance will expire unless the responsible program official responds by the requested "DUE DATE". Check or complete items below, as appropriate.					
<input type="checkbox"/> REQUIREMENT IS CURRENT AND NO REVISIONS ARE ANTICIPATED FOR AT LEAST THREE YEARS			AUTHORIZING OFFICIAL'S SIGNATURE TITLE TELEPHONE NUMBER DATE		
<input type="checkbox"/> REVISIONS PENDING IN _____ MONTH(S).					
<input type="checkbox"/> MINOR REVISIONS REQUIRED. (Indicate details on attached supporting statement)					
<input type="checkbox"/> MAJOR REVISIONS REQUIRED. (Submit new supporting statement)					
<input type="checkbox"/> OBSOLETE AND MAY BE DISCONTINUED					
CLEARANCE INFORMATION (To be completed by OMB personnel, who will send a copy to the Authorizing Official upon approval.)					
PLACE THE OMB CLEARANCE NUMBER AND EXPIRATION DATE, CITED BELOW, IN THE UPPER RIGHT CORNER OF THE NRC FORM.					
PLACE THE OMB CLEARANCE NUMBER AND EXPIRATION DATE, CITED BELOW, IN EACH APPLICABLE SECTION OF THE NRC REGULATIONS.					
OMB CLEARANCE NUMBER	NEW EXPIRATION DATE	SIGNATURE—AGENCY CLEARANCE OFFICER			DATE

REPORTS MANAGEMENT RECORD COPY

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	ADM:TIDC:DM	NRCM 0230		US/6	11-81
CARD					
PD/____ (Pad/Sheet per Pad)					
<input checked="" type="checkbox"/> US/ 6 (Unit Sets/Number of Parts), 8 1/2 x 5 1/2"					
MP/____ (Multipage/Number of Parts)					
LABEL					
PC (Postal Card)					
TC (Tab Card)					
TP/____ (Tab Paper/Number of Parts)					
ENVL					
OTHER (Specify)					
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST DESTROY:			
		<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS			
		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

Region Location	Model	Accessories	Serial Number	Printing Plan	Installation Date	Region Contact	Telephone Number	Meter	Meter	Current Volume	MONTH/YEAR	
											Cost	Cost per Copy

CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET		ADM:TIDC:PG	NRCM 0260		Sheet	10-80
<input type="checkbox"/> CARD						
PD/ _____ (Pad/Sheet per Pad)						
US/ _____ (Unit Sets/Number of Parts)						
MP/ _____ (Multipage/Number of Parts)						
<input type="checkbox"/> LABEL						
<input type="checkbox"/> PC (Postal Card)						
<input type="checkbox"/> TC (Tab Card)						
TP/ _____ (Tab Paper/Number of Parts)						
<input type="checkbox"/> ENVL						
<input type="checkbox"/> OTHER (Specify)						
			STATUS OF EXISTING STOCK			
			<input type="checkbox"/> USE FIRST OTHER (SPECIFY) <input type="checkbox"/> DESTROY:			
			<input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
			STOCKING POINT			
			<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORM 410 (12-82) NRCM 0260		U.S. NUCLEAR REGULATORY COMMISSION		
REQUEST FOR COPYING EQUIPMENT				
1. LOCATION OF NEAREST AVAILABLE COPYING MACHINE		2. AVERAGE COPY REQUIREMENT		
		NO. OF PAGES PER DOCUMENT	NO. OF COPIES PER DOCUMENT	NO. OF COPIES REQUIRED PER MONTH
3. PROPOSED COPIER SPACE				
4. NAME OF KEY OPERATOR		PHONE	5. NAME OF ALTERNATE KEY OPERATOR	
6. JUSTIFICATION FOR COPIER PLACEMENT				
7. HOW LONG WILL COPIER BE REQUIRED?				
8. TYPES OF SPECIAL FEATURES REQUIRED				
<input type="checkbox"/> AUTOMATIC FEEDER <input type="checkbox"/> COPY REDUCTION		<input type="checkbox"/> VUDGRAPHS <input type="checkbox"/> LABELS		<input type="checkbox"/> COLLATORS
SIGNATURE-DIRECTOR/DEPUTY DIRECTOR				DATE
TO BE FILLED BY PRINTING AND GRAPHICS BRANCH ONLY				
APPROVED		DISAPPROVED		
COMMENTS				
SIGNATURE				DATE

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per F.d) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC:PG	NRCM 0260 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> OTHER (SPECIFY)		Sheet	12-82
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORM 412 (2-82)	U.S. NUCLEAR REGULATORY COMMISSION EMPLOYEE PERFORMANCE APPRAISAL (Non-SES Employees)	POSITION TYPE (Check appropriate box) SUPERVISORY _____ NON-SUPERVISORY _____ FROM _____ TO _____ SERIES AND GRADE _____ POSITION DESCRIPTION NO. _____ DUTY STATION _____
PART A—PERFORMANCE ELEMENTS AND STANDARDS		TO BE COMPLETED AT THE END OF THE RATING PERIOD. Indicate with narrative and rating ("Y" = Yes to meet standard, "M" = Meets standard, "N" = Needs attention) for each element being rated in those spaces in corresponding element and standard. Use additional pages (numbered 2a, 2b, etc.) if needed.
PART B—PERFORMANCE APPRAISAL		TO BE COMPLETED AT THE END OF THE RATING PERIOD. Indicate with narrative and rating ("Y" = Yes to meet standard, "M" = Meets standard, "N" = Needs attention) for each element being rated in those spaces in corresponding element and standard. Use additional pages (numbered 2a, 2b, etc.) if needed.
NO C M Y	PERFORMANCE ELEMENT	PERFORMANCE STANDARD
NARRATIVE RATING		RATING
		Y M N

Page 1

NRC FORM 412
(2-82)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ <u>3</u> (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify) _____	ADM:OP	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) _____	7540-00-NRC-0412X	HD	2-82
		STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

EMPLOYEE'S NAME (Last, First, Middle Initial)	POSITION DESCRIPTION NUMBER	EVALUATION PERIOD FROM _____ TO _____	
PART A—Continued			PART B—Continued
NO.	C	H	RATING F W I
PERFORMANCE ELEMENT		PERFORMANCE STANDARD	NARRATIVE RATING
APPROVALS (To be completed within beginning of rating period)			
SIGNATURE—SUPERVISOR		TYPED NAME AND TITLE	DATE
SIGNATURE—REVIEWER		TYPED NAME AND TITLE	DATE
SIGNATURE—EMPLOYEE (Signature acknowledges only nature of the performance elements and standards and does not necessarily indicate agreement with them)			
		TYPED NAME AND TITLE	DATE
Check individual developmental Plan (DP) entry or list recommended Training and Development Activities below on continuation sheets at bottom			

EMPLOYEE'S NAME (Last, first, middle initial)	POSITION DESCRIPTION NUMBER		EFFECTIVE PERIOD			
	FROM	TO				
PART C - SUMMARY RATING						
Indicate overall rating and provide narrative justification accordingly. The following summary ratings for each critical and noncritical element will form the basis for determining the summary rating in Values:						
"3" - Outstanding (Exceeds standards in all critical and noncritical elements)						
"2" - Excellent (Exceeds standards in all critical and is high in most noncritical elements)						
"1" - Good (Meets standards in all critical and in most noncritical elements)						
"0" - Acceptable (Meets standards in all critical and in most noncritical elements)						
"1" - Fair (Meets standards in most critical elements)						
"2" - Marginal (Does not meet standards in one or more critical elements)						
"3" - Fully Suspectible (Meets standards in all critical elements)						
"4" - Inadequate (Does not meet standards in one or more critical elements)						
"5" - Unsatisfactory (Does not meet standards in other critical or noncritical elements)						
* SEE APPENDIX B12, PART A, FOR REQUIRED ACTION WHEN AN INACCEPTABLE RATING IS ASSIGNED						
SUPERVISOR'S NARRATIVE JUSTIFICATION						
SIGNATURE - SUPERVISOR					TYPED NAME AND TITLE	DATE
SIGNATURE - REVIEWER (Signature without calendar indicates agreement with supervisor's rating)					TYPED NAME AND TITLE	DATE
REVIEWER COMMENTS						
SIGNATURE - EMPLOYEE (Signature acknowledges only receipt of rating and carries no implication of concurrence or disagreement with the supervisor's or reviewer's comment)					TYPED NAME AND TITLE	DATE
EMPLOYEE COMMENTS						
POSITION DESCRIPTION NUMBER						
SUMMARY RATING						
(COMPLETE FOR BARGAINING UNIT EMPLOYEES ONLY)						
(Rate an employee whose monetary rating meets or exceeds "3" and is considered for noncompetitive promotion in a higher grade and is to be given salary the employee has been previously received at the next higher grade band.)						
(Check the below only if employee has not demonstrated the appropriate level of performance in the next higher grade band at the next higher grade band.)						
I believe the employee is qualified for the next higher grade band. <input type="checkbox"/>						

EMPLOYEE'S NAME (Last, First, Middle Initial)					
POSITION DESCRIPTION NUMBER	FROM	TO	RATING PERIOD		
	PART B - CONTINUED NARRATIVE RATING				
PERFORMANCE ELEMENT	PART A - CONTINUED PERFORMANCE STANDARD		RATING		
	NARRATIVE RATING				
NO	C	N			

Continuation Page 2

EMPLOYEE PERFORMANCE APPRAISAL (Non-SES Employees) (Continuation)

NRC FORM 412A (4-82)

FORMS MANAGEMENT DATA				1/83					
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE				
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:OP		7540-00-NRC-0412A	HD	4-82				
STATUS OF EXISTING STOCK									
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> USE FIRST DESTROY:</td> <td style="width:50%; border: none;"><input type="checkbox"/> OTHER (SPECIFY)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE</td> <td style="border: none;"></td> </tr> </table>						<input type="checkbox"/> USE FIRST DESTROY:	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE	
<input type="checkbox"/> USE FIRST DESTROY:	<input type="checkbox"/> OTHER (SPECIFY)								
<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE									
STOCKING POINT									
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input checked="" type="checkbox"/> WAREHOUSE</td> <td style="width:50%; border: none;"><input type="checkbox"/> SUPPLY ROOMS</td> </tr> <tr> <td colspan="2" style="border: none;"><input type="checkbox"/> PROMULGATING OFFICE (ONLY)</td> </tr> </table>						<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS	<input type="checkbox"/> PROMULGATING OFFICE (ONLY)	
<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS								
<input type="checkbox"/> PROMULGATING OFFICE (ONLY)									

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 413

NRC FORM 413 (4-81)		U.S. NUCLEAR REGULATORY COMMISSION		TASK ORDER NUMBER	
DOCUMENTATION REPORT ON DRAFT PERFORMANCE ELEMENTS AND STANDARDS				ORGANIZATION IDENTIFIER	
LUNSFORD-MCKEE AND ASSOCIATES, INC.				REVIEWER	
DATE				CONTRACT NUMBER NRC-10-81-379	
DESCRIPTION		YES		NO	
DESCRIPTION		YES		NO	
I. PROCEDURAL REVIEW A. ARE ALL THE ELEMENTS WELL-GROUNDED IN THE OFFICIAL POSITION DESCRIPTION OR IN OTHER PROPER DESIGNATIONS OF ASSIGNMENTS?					
B. ARE THE MOST IMPORTANT AND CONSEQUENTIAL DUTIES AND RESPONSIBILITIES INCLUDED WITHIN THE CRITICAL ELEMENTS OF THE POSITION?					
C. 1. ARE THERE AT LEAST THREE AND NOT MORE THAN FIVE CRITICAL ELEMENTS? 2. ARE THERE AT LEAST TWO AND NOT MORE THAN FOUR NON-CRITICAL ELEMENTS?					
NOTE TO SUPERVISOR: THE NUMBERS OF CRITICAL AND NONCRITICAL ELEMENTS ARE NOT MANDATORY BUT ARE RECOMMENDED BY NRC BULLETIN 4151, APPENDIX I 1.B.2.c.3.					
D. FOR SUPERVISORY POSITIONS, IS THERE AT LEAST ONE MANDATORY CRITICAL ELEMENT FOR MANAGEMENT EFFECTIVENESS RELATING TO MANAGEMENT/SUPERVISORY PERFORMANCE, INCLUDING PLANNING AND ORGANIZING; SELECTING DEVELOPING AND UTILIZING STAFF; PERFORMANCE IN EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION EFFORTS, AND PERFORMING APPRAISALS OF SUBORDINATES?					
E. DOES THE POSITION DESCRIPTION NEED TO BE REVISED TO CONGRUENT WITH THE PERFORMANCE ELEMENTS?					
II. QUALITATIVE REVIEW A. PERFORMANCE ELEMENTS 1. ARE THE ELEMENTS LOGICALLY CATEGORIZED AND DISCRETE? 2. ARE THE ELEMENTS CLEARLY AND CONCISELY STATED? 3. IS THERE AN APPARENT BASIS FOR APPLYING THE DESIGNATION "CRITICAL" FOR EACH ELEMENT SO IDENTIFIED? 4. ARE PERFORMANCE ELEMENTS STATED IN SUCH A WAY THAT WORK OUTPUTS ARE OBSERVABLE AND MEASURABLE?					
B. PERFORMANCE STANDARDS 1. IS EACH STANDARD CLEARLY BASED ON A PERFORMANCE ELEMENT DERIVED FROM THE POSITION DESCRIPTION OR OTHER AUTHORITY SOURCE? 2. IS EACH STANDARD WRITTEN CLEARLY IN TERMS OF JOB-RELATED BEHAVIORS WHICH CAN BE OBSERVED AND MEASURED BY OBJECTIVE STANDARDS SUCH AS THOSE RELATING TO QUANTITY, QUALITY AND TIMELINESS?					
3. IS IT CLEAR THAT THE MEASURES OF PERFORMANCE WILL BE USEFUL IN APPRAISING PERFORMANCE?					
COMMENTS			SUGGESTED REVISIONS		

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	ADM:OP	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		Sheet	4-81
	CARD					
	PD/_____ (Pad/Sheet per Pad)					
	US/_____ (Unit Sets/Number of Parts)					
	MP/_____ (Multipage/Number of Parts)					
	LABEL					
	PC (Postal Card)					
	TC (Tab Card)					
	TP/_____ (Tab Paper/Number of Parts)					
	ENVL					
	OTHER (Specify)					
			STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 413A

NRC FORM 413A 4-81	U.S. NUCLEAR REGULATORY COMMISSION DOCUMENTATION REPORT ON DRAFT PERFORMANCE ELEMENTS AND STANDARDS (Continuation Page)	PAGE _____ OF _____ PAGES CONTRACTOR'S POSITION IDENTIFIER _____
COMMENTS	SUGGESTED REVISIONS	

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:OP	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	4-81
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

ROUTING SLIP OFFICE OF THE EXECUTIVE DIRECTOR FOR OPERATIONS		DATE	NRC FORM 414 (9-82) U.S. NUCLEAR REGULATORY COMMISSION	
		ORIGINATOR		
		EDG NUMBER		
		INCOMING DATE		
ACTION				
SUBJECT				
CONCURRENCES RECEIVED				
ELD		ADM	SDBU /CR	PA
NTH		SP	AEOD	IA
NMGS		IP	REG	OI
RES		DED ROGK	GC	
IE		RM	PE	
ACB COMMENTS		<input type="checkbox"/> ADMINISTRATIVE CHECK		
1. REHM				
2. ROE				RETURN TO <input type="checkbox"/> REHM
3. DIRCKS				RETURN TO <input type="checkbox"/> REHM <input type="checkbox"/> ROE
RETURN TO ACB		<input type="checkbox"/> COURIER		<input type="checkbox"/> OCA

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, pink <input type="checkbox"/> CARD <input type="checkbox"/> PU: _____ (Pad/Sheet per Pad) <input type="checkbox"/> US: _____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP: _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP: _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	EDO	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	9-82
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORM 415
(5-81)

10 CFR 2.790 INFORMATION

THE ATTACHED CONTAINS INFORMATION WHICH
IS EXEMPT FROM DISCLOSURE (10 CFR 2.790)

SUBJECT:

DATE:

THIS DOCUMENT IS NOT TO BE LEFT UNATTENDED OR ACCESSIBLE TO UNAUTHORIZED PERSONS. WHEN NOT IN USE, IT MUST BE STORED IN A LOCKED CONTAINER.

IT IS YOUR RESPONSIBILITY TO PROTECT THE INFORMATION CONTAINED IN THIS DOCUMENT FROM COMPROMISE OR UNAUTHORIZED DISCLOSURE.

10 CFR 2.790 INFORMATION

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input checked="" type="checkbox"/> CARD, red ink border & lettering PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	IE	10 CFR 2.790 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Card	5-81

NRC FORM 416 (7-81)		REVENUE LOG FOR FY _____					U.S. NUCLEAR REGULATORY COMMISSION	
LICENSE FEE MANAGEMENT BRANCH, OFFICE OF ADMINISTRATION								
DATE RECEIVED	NAME	DOCKET NUMBER	LOG	FEE TYPE	FEE	REFUND	COMMENTS	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								

FEE CATEGORY

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 14 x 8 1/2", green <input type="checkbox"/> CARD <input type="checkbox"/> PD/ _____ (Pad/Sheet per Pad) <input type="checkbox"/> US/ _____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:LFM	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		Sheet	7-81
		STOCKING POINT			
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> FROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 417

NRC FORM 417 (8-81)		U.S. NUCLEAR REGULATORY COMMISSION		NUMBER (Complete as applicable)	
OFFICIAL RECORD OF BID/PROPOSAL RECEIPT				BID	
				PROPOSAL	
NUMBER OF PACKAGES		CONDITION OF PACKAGE			
		<input type="checkbox"/> SEALED		<input type="checkbox"/> OPENED	
SUBMITTED BY			RECEIVED BY		
DATE AND TIME PACKAGE RECEIVED (Stamp)					

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 3 ____ (Unit Sets/Number of Parts) , 8 x 5" <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:DC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		US/3	8-81

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 420

NRC FORM 420 (6-82) NRCM 0255		U.S. NUCLEAR REGULATORY COMMISSION			REQUIRED DELIVERY DATE
REQUEST FOR PREMIUM COST MAIL SERVICE					
FROM: NAME	PHONE NUMBER	ROOM NO.	ORGANIZATION (Office, Division, Branch)		
TYPE OF MAIL SERVICE REQUESTED	EXPRESS	PRIORITY	PRIVATE DELIVERY	OTHER	
BRIEF DESCRIPTION OF ARTICLE					
DESTINATION OF ARTICLE					
JUSTIFICATION FOR SERVICE REQUESTED					
SERVICE CERTIFICATION—I certify that the use of premium cost mail services are essential to the conduct of official business and that lesser cost services are not suitable or available.					DATE
REQUESTER—SIGNATURE			TITLE		
SIGNATURE—DIRECTOR			ORGANIZATION (Office, Division)		DATE
RETAIN THE REQUESTER COPY, AND MAIL THE BLUE COPY TO: CHIEF, MAIL AND MESSENGER BRANCH, FOS, ADM. FOR MAIL ROOM USE ONLY.					
APPROVED—MAIL AND MESSENGER AUTHORIZED OFFICIAL					DATE
VENDOR			CALL NUMBER		
DATE SHIPPED	SIGNATURE				

MAIL AND MESSENGER BR. COPY

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	ADM:FOS:MM	NRCM 0255	7540-00-NRC-0420X	HD	6-82
CARD					
PD/ (Pad/Sheet per Pad)					
<input checked="" type="checkbox"/> US/ 2 (Unit Sets/Number of Parts), 8 x 5",					
MP/ (Multipage/Number of Parts) blue					
LABEL					
PC (Postal Card)					
TC (Tab Card)					
TP/ (Tab Paper/Number of Parts)					
ENVL					
OTHER (Specify)					
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST	OTHER		
		<input type="checkbox"/> DESTROY:	(SPECIFY)		
		<input type="checkbox"/> IMMEDIATELY			
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS		
		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

BY SPECIAL MESSENGER
 NRC FORM 421
 (4-81)

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input checked="" type="checkbox"/> PD/100 (Pad/Sheet per Pad) dry gum, non- US/ (Unit Sets/Number of Parts) curl label <input type="checkbox"/> MP/ (Multipage/Number of Parts) <input checked="" type="checkbox"/> LABEL, 3 1/2 x 2" <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	7540-00-NRC-0421X	PD	4-81	
		STOCKING POINT				
		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 422

DOCKET NUMBER	
<input type="checkbox"/> 030	<input type="checkbox"/> 040
MAIL CONTROL NUMBER	<input type="checkbox"/> 070
	RESUBMISSION REQUEST DATE
DATES	
<input type="checkbox"/> 08 DEFICIENCY LETTER SENT	<input type="checkbox"/> 09 ABANDONMENT LETTER SENT
<input type="checkbox"/> 10 DEEMED "TIMELY"	<input type="checkbox"/> 11 PHONE CALL MADE FOR DEFICIENCY
<input type="checkbox"/> 12 TO L.A.S. FOR TYPING	<input type="checkbox"/> 13 LICENSE DENIED
REMARKS	
SIGNATURE - REVIEWER	
CORRESPONDENCE TRACKING Office of Nuclear Material Safety and Safeguards NRC FORM 422 U.S. NUCLEAR REGULATORY COMMISSION	

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD, 4 1/2 x 3 1/2", blue <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NMSS:FC		W7540-00-NRC-0422X	HD	3-81
		STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		OTHER (SPECIFY) STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 423

NRC FORM 423 4-81	U.S. NUCLEAR REGULATORY COMMISSION	TRANSACTION TYPE
WORK ASSIGNMENT MANAGEMENT SYSTEM - DATA INPUT, AEOD		<input type="checkbox"/> NEW <input type="checkbox"/> UPDATE <input type="checkbox"/> CANCEL <input type="checkbox"/> REOPEN
A. DOCUMENT INFORMATION		
REQUESTER (100)	SUBJECT (100)	
EVENT DATE (100) YEAR MONTH DAY YEAR MONTH DAY YEAR MONTH DAY	LER NUMBER (100) YEAR MONTH DAY YEAR MONTH DAY YEAR MONTH DAY	DESCRIPTION (100) _____ _____ _____
B. ACTION INFORMATION		
PERSON ASSIGNED (200)	RESPONSE CODE (200)	
RESPONSE CODE (200) 1 RESPONSE DESCRIPTION (200) _____ _____ _____	RESPONSE (200) (Code and) Y YES/N NO RESPONSE _____ _____ _____	RESPONSE CODE (200) 1 RESPONSE DESCRIPTION (200) _____ _____ _____
ADDITIONAL INFORMATION REQUEST	RESPONSE CODE (200) 2 RESPONSE DESCRIPTION (200) _____ _____ _____	RESPONSE (200) (Code and) Y YES/N NO RESPONSE _____ _____ _____
SIGNIFICANT EVENT	RESPONSE CODE (200) 3 RESPONSE DESCRIPTION (200) _____ _____ _____	RESPONSE (200) (Code and) Y YES/N NO RESPONSE _____ _____ _____
ABNORMAL OCCURRENCE	RESPONSE CODE (200) 4 RESPONSE DESCRIPTION (200) _____ _____ _____	RESPONSE (200) (Code and) Y YES/N NO RESPONSE _____ _____ _____
REPORTABLE TO NEA	ACTION CODE (200) ACTION DESCRIPTION (200) _____ _____ _____	ACTION CODE (200) ACTION DESCRIPTION (200) _____ _____ _____
RECOMMENDED ACTION	ACTION CODE (200) ACTION DESCRIPTION (200) _____ _____ _____	ACTION CODE (200) ACTION DESCRIPTION (200) _____ _____ _____
MADE BY (200) YEAR MONTH DAY YEAR MONTH DAY YEAR MONTH DAY	DISPOSITION CATEGORY (100) Category # and _____ _____ _____	COMMENTS (100) _____ _____ _____
C. CLOSE-OUT INFORMATION		
CANCELLED (100) YEAR MONTH DAY YEAR MONTH DAY YEAR MONTH DAY	FINAL ACTION (100) _____ _____ _____	CATEGORY CODES INPO (140) NSIC (142) AEOD (144)

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET, 14 x 8 1/2"	AEOD			Sheet	10-81
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/ (Pad/Sheet per Pad)					
<input type="checkbox"/>	US/ (Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/ (Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/ (Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					
			STATUS OF EXISTING STOCK			
			<input type="checkbox"/> USE FIRST			
			DESTROY:			
			<input type="checkbox"/> IMMEDIATELY			
			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	OTHER (SPECIFY)		
			STOCKING POINT			
			<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 426

NRC FORM 426 (2-79) NRCM 3201		U.S. NUCLEAR REGULATORY COMMISSION		1. REPORT NUMBER	Obtain in advance from Division of Technical Information and Document Control
PUBLICATIONS RELEASE FOR UNCLASSIFIED NRC STAFF REPORTS <i>(Please Type or Print)</i>				2. DISTRIBUTION CATEGORY NUMBER (if any)	Insert appropriate number from the NRC Distribution Category List (see NUREG-0550)
3. TITLE AND SUBTITLE (State in full as shown on document)					
4. AUTHORS (If more than three, name first author followed by "and others")					
5. OFFICE/DIVISION			BRANCH/UNIT		6. DATE MANUSCRIPT COMPLETED
7. RESPONSIBLE NRC STAFF MEMBER					7. TELEPHONE NUMBER
8. TYPE OF DOCUMENT (Check appropriate box)					
<input type="checkbox"/> a. REGULATORY REPORT (e.g., Environmental Impact Statement, Safety Evaluation Report, etc.)					
<input type="checkbox"/> b. TECHNICAL REPORT					
<input type="checkbox"/> c. CONFERENCE PAPER					
(1) TITLE OF CONFERENCE					
(2) DATE(S) OF CONFERENCE					
(3) LOCATION OF CONFERENCE					
<input type="checkbox"/> d. OTHER (Indicate type of item: e.g., thesis, speech, journal article, guide, etc.)					
9. SPECIAL DISTRIBUTION (Specify special instructions such as "Make available only as specially approved by program office," or "Send to attached addresses." Submit addressed mailing labels for special distribution. Continue instructions on reverse or separate sheet if necessary.)					
10. PATENT CLEARANCE (if applicable)			11. SUBMITTED BY		
Forward completed, signed NRC Form 426 together with the related documents for review TO: Appropriate Patent Counsel			a. NAME OF RESPONSIBLE ASSISTANT DIVISION DIRECTOR OR ABOVE		
<input type="checkbox"/> a. PATENT CLEARANCE NOT REQUIRED			b. OFFICE/DIVISION		
<input type="checkbox"/> b. PATENT CLEARANCE GRANTED					
<input type="checkbox"/> c. PATENT CLEARANCE DENIED					
d. PATENT COUNSEL'S SIGNATURE		DATE	c. SIGNATURE (NRC Assistant Division Director or Above)		DATE

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	ADM:TIDC	NRCM 3201		Sheet	2-79
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/____ (Pad/Sheet per Pad)					
<input type="checkbox"/>	US/____ (Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/____ (Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/____ (Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					
			STATUS OF EXISTING STOCK			
			<input type="checkbox"/> USE FIRST			
			<input type="checkbox"/> DESTROY:			
			<input type="checkbox"/> IMMEDIATELY			
			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
			STOCKING POINT			
			<input type="checkbox"/> WAREHOUSE			
			<input type="checkbox"/> SUPPLY ROOMS			
			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 426A

NRC FORM 426A (2-79) NCRM 3201		U.S. NUCLEAR REGULATORY COMMISSION		1. REPORT NUMBER (If any)	Obtain in advance from Division of Technical Information and Document Control
PUBLICATIONS RELEASE FOR UNCLASSIFIED NRC CONTRACTOR AND CONSULTANT REPORTS (Please Type or Print)				2. DISTRIBUTION CATEGORY NO. (If any)	Insert appropriate number from the NRC Distribution Category List (see NUREG-0550)
3. TITLE AND SUBTITLE (State in full as shown on document)					
4. AUTHORS (If more than three, name first author followed by "and others")					
5. NAME OF CONTRACTOR		MAILING ADDRESS (Number and street, city, state and zip code)		TELEPHONE NO.	
6. DATE MANUSCRIPT COMPLETED	7. NRC PROGRAM SPONSOR/TECHNICAL MONITOR			TELEPHONE NO.	
8. CONTRACT DATA					
a. CONTRACT OR FIN NUMBER (Do not list DOE contract number)					
b. IF CONTRACTOR IS AUTHORIZED TO PRINT, PLEASE PROVIDE THE FOLLOWING INFORMATION:					
Number of Copies Printed		Estimated Composition Cost		Estimated Printing Cost	
9. TYPE OF DOCUMENT (Check appropriate box)					
a. TECHNICAL REPORT					
(1) FORMAL					
(2) INTERIM					
b. CONFERENCE PAPER					
(1) TITLE OF CONFERENCE PAPER					
(2) DATE(S) OF CONFERENCE					
(3) LOCATION OF CONFERENCE					
OTHER (Indicate type of item, e.g., thesis, speech, journal article, guide, etc.)					
10. SPECIAL DISTRIBUTION (Send all copies to the Distribution Services Branch, Division of Technical Information and Document Control.) (Specify special instructions such as "Make available only as specifically approved by program office" or "Send to attached addressees." Submit addressed mailing labels for special distribution. Continue instructions on reverse or separate sheet if necessary.)					
11. PATENT CLEARANCE (If applicable)			12. SUBMITTED BY		
Forward completed, signed NRC Form 426A together with the related documents for review. TO: Appropriate Patent Counsel			a. NAME OF AUTHORIZED CONTRACTOR OFFICIAL OR NRC MONITOR (Type or print)		
a. PATENT CLEARANCE NOT REQUIRED			b. OFFICIAL'S ORGANIZATIONAL UNIT		
b. PATENT CLEARANCE GRANTED					
c. PATENT CLEARANCE DENIED					
13. PATENT COUNSEL'S SIGNATURE		DATE	c. SIGNATURE (Authorized contractor official or NRC Monitor)		DATE

FORMS MANAGEMENT DATA						1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/>	SHEET	ADM:TIDC	NRCM 3201	7540-00-NRC-0426A	HD	2-79	
<input type="checkbox"/>	CARD		STATUS OF EXISTING STOCK				
<input type="checkbox"/>	PD/_____ (Pad/Sheet per Part)		<input type="checkbox"/> USE FIRST				<input type="checkbox"/> OTHER (SPECIFY)
<input type="checkbox"/>	US/_____ (Unit Sets/Number of Parts)		DESTROY:				
<input type="checkbox"/>	MP/_____ (Multipage/Number of Parts)		<input type="checkbox"/> IMMEDIATELY				<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE
<input type="checkbox"/>	LABEL		STOCKING POINT				
<input type="checkbox"/>	PC (Postal Card)		<input checked="" type="checkbox"/> WAREHOUSE				<input checked="" type="checkbox"/> SUPPLY ROOMS
<input type="checkbox"/>	TC (Tab Card)		PROMULGATING OFFICE (ONLY)				
<input type="checkbox"/>	TP/_____ (Tab Paper/Number of Parts)						
<input type="checkbox"/>	ENVL						
<input type="checkbox"/>	OTHER (Specify)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 430, FACE

NRC Form 430 8-79		U. S. NUCLEAR REGULATORY COMMISSION	
REQUEST FOR TRANSLATION OF FOREIGN DOCUMENT			
<p><i>Forward the original of this form together with one clear, complete copy of the document to be translated</i></p> <p>TO: DIVISION OF TECHNICAL INFORMATION AND DOCUMENT CONTROL MAIL STOP LA - 212</p>		<p>1. FROM: REQUESTER'S NAME _____</p> <p>OFFICE DIVISION BRANCH _____</p> <p>TELEPHONE NUMBER _____ MAIL STOP _____</p>	
2. LANGUAGE OF FOREIGN DOCUMENT _____		3. ORIGINAL PUBLICATION DATE _____	4. CLASSIFICATION <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED (specify type classification) _____
5. FOREIGN REPORT NUMBER (S) _____		6. NUMBER OF PAGES _____	
7. FOREIGN TITLE (show date if other than first edition) _____		8. ENGLISH TITLE (if available) _____	
9. AUTHOR(S) (if more than three, name first author followed by "and others") _____		10. NAME AND ADDRESS OF FOREIGN ORGANIZATION RESPONSIBLE FOR PUBLISHING DOCUMENT _____	
<p>11. TYPE OF DOCUMENT</p> <p><input type="checkbox"/> REPORT <input type="checkbox"/> JOURNAL ARTICLE <input type="checkbox"/> OTHER (specify in item 14)</p> <p><input type="checkbox"/> BOOK <input type="checkbox"/> LEGAL DOCUMENT</p> <p><input type="checkbox"/> THESIS <input type="checkbox"/> CORRESPONDENCE</p>		12. NUMBER OF WORDS OR CHARACTERS IN FOREIGN DOCUMENT _____ <i>(see reverse for instructions)</i>	13. DOCUMENT OBTAINED BY <input type="checkbox"/> EXCHANGE AGREEMENT <input type="checkbox"/> OTHER (specify in item 14) _____
14. ADDITIONAL INFORMATION (including special handling instructions): 			
15. NAME AND TITLE OF APPROVING OFFICIAL (Office or Division Director or designee) _____			
16. SIGNATURE _____		17. DATE _____	NRC TRANSLATION NUMBER _____

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PREScribing DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify) _____	ADM:TIDC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: IMMEDIATELY WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) _____		Sheet	8-79
		STOCKING POINT			
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 430, REVERSE

INSTRUCTIONS FOR COMPLETING ITEM 12, "NUMBER OF WORDS OR CHARACTERS IN FOREIGN DOCUMENT"

1. Calculate the average number of words* per line of text.
 - Count the number of words in several full lines of text on several randomly selected pages.
 - Divide the total number of words counted by the total number of lines counted.
 2. Calculate the average number of words per page.
 - Count the number of lines of text on a representative page.
 - Multiply the number of lines per page by the average number of words per line.
 3. Calculate the text word count.
 - Multiply the number of text pages by the average number of words per page.
 4. Count the words to be translated in figures and tables.
 5. Add the number of words in tables and figures to the text word count to determine the total number of words or characters in the foreign document.
- *If the foreign document is written in Chinese or Japanese count the number of individual characters instead of words.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 431

<p>NRC FORM 431 (9-80)</p> <p style="text-align: center;">TRANSLATION EVALUATION</p> <p>TRANSLATED TITLE _____</p>	<p style="text-align: center;">U.S. NUCLEAR REGULATORY COMMISSION</p> <p style="text-align: right;">NRC TRANSLATION NUMBER _____</p> <p style="text-align: center;">FOREIGN REPORT INFORMATION</p> <p>REPORT NUMBER _____</p> <p>DOCUMENT DATE _____</p> <p>ORIGINAL LANGUAGE/COUNTRY _____</p>
<p>TO _____</p> <p>_____</p> <p>_____</p>	<p>THE REMAINDER OF THIS FORM MUST BE COMPLETED AND RETURNED TO: Translation Section, TIDC, LA-212. NO LATER THAN CLOSE OF BUSINESS _____ (If this form is not received by the date above, TIDC will assume that the translation is acceptable. The translation will be announced in the Weekly Information Report, and made available in the NRC Library.)</p> <p>QUESTIONS, CALL 492-5925.</p>

1. QUALITY OF TRANSLATION
<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable (Indicate why it is unacceptable. Be brief and concise. Your reasoning will become the justification to return the translation to the translator for correction.)
COMMENTS _____
2. TRANSLATION CLASSIFICATION
<input type="checkbox"/> Unclassified <input type="checkbox"/> Classified (If classified, indicate classification)
3. AVAILABILITY OF UNCLASSIFIED TRANSLATION (Unless TIDC receives other instructions)
Translations will be announced to the NRC staff in the Weekly Information Report issued by the Office of the Executive Director for Operations. Translations will be microfiched and made available in the NRC Library.
4. DISTRIBUTION INSTRUCTIONS
<input type="checkbox"/> Standard distribution category _____ (from NUREG-0550) <input type="checkbox"/> Labels attached reflecting desired distribution (TIDC will distribute accordingly) Number of additional copies required for distribution _____
5. APPROVING OFFICIAL CERTIFICATION
SIGNATURE (Requestor or Designer) _____ DATE _____
NAME AND TITLE (Print or type) _____

FORMS MANAGEMENT DATA			1/83		
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/_____ (Pad/Sheet per Pad) US/_____ (Unit Sets/Number of Parts) MP/_____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/_____ (Tab Paper/Number of Parts) ENVL OTHER (Specify) _____	ADM:TIDC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) _____		Sheet	9-80
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 432

U. S. NUCLEAR REGULATORY COMMISSION OFFICE OF THE CONTROLLER FINANCIAL DATA CODE SHEET

DATE LEGEND:
 JAN = A JUL = G
 FEB = B AUG = H
 MAR = C SEP = I
 APR = D OCT = J
 MAY = E NOV = K
 JUN = F DEC = L

NRC Form 432
(12-82)

T W A M S	Abbr or Fund Code	Reference Sheet	Fund C I A U S	S T A Y L E	Acct Type	Budget & Reporting Classification	Contract or PO - ID		Other Party ID	Supplementary Date	Lot Number	Qty. 56-61	COR IDR NO Y E	FIN Number	R L O C T I O N	Amount																																																																																			
							Contract Ident	TOFA P.O. Fy DATE								Debit	Credit																																																																																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
PREPARED BY											DATE PUNCHED		PRE AUDITED		DATE PRE AUDITED		PUNCHED BY		DATE PUNCHED		VERIFIED BY		DATE VERIFIED		QTY. UNIT TO TOTAL		QTY. AMT. TOTAL		AMT. TOTAL		DEBIT		CREDIT																																																																		

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 14 x 8½"		RM:A			Sheet	12-82
<input type="checkbox"/> CARD						
<input type="checkbox"/> PD/_____ (Part/Sheet per Pad)						
<input type="checkbox"/> US/_____ (Unit Sets/Number of Parts)						
<input type="checkbox"/> MP/_____ (Multipage/Number of Parts)						
<input type="checkbox"/> LABEL						
<input type="checkbox"/> PC (Postal Card)						
<input type="checkbox"/> TC (Tab Card)						
<input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts)						
<input type="checkbox"/> ENVL						
<input type="checkbox"/> OTHER (Specify)						
			STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
			STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

DOCUMENT CONTROL SYSTEM DATA INPUT

U.S. NUCLEAR REGULATORY COMMISSION

NRC Form 435 (10-81)

DOCUMENT CONTROL NUMBER: _____

DOCUMENT TYPE CODE (DTC) _____

AUTHOR AFFIL CODE (AA) _____

DOCUMENT IDENTIFICATION NUMBER (DIN) _____

DOC PAGE NO (DPN) _____

DOC REV NO (DRN) _____

RECIPIENT AFFILIATION (RA) _____

RECIPIENT NAME (RN) _____

NO OF PAGES (NP) _____

SUPP NO (SN) _____

NO OF PAGES (NP) _____

SIZE _____

DATE ISSUED (DIS) _____

DATE INDEXED (DIX) _____

AVAILABILITY DOC ROOM (L/PDR) _____

SPECIAL CODE (SSC) _____

DOCKET DATE (DKD) _____

DOCKET NUMBER(S) (DKN) _____

LOCAL PUBLIC SECURITY OR AVAILABILITY DOC ROOM (L/PDR) SPECIAL CODE (SSC) _____

ACCESSION NO (ANO) _____

CONTRACT NO (CN) _____

SALES AVL (SAL) _____

PRICE _____

TASK NO (TASK) _____

LANGUAGE _____

OTHER DOCUMENT ID NO (ODID) _____

BACKFIT (BFT) _____

TITLE/DESCRIPTION (TID) _____

FILE LOCATION(S)/LEVEL(S) (FIL) _____

FIL 1 _____

FIL 2 _____

FIL 3 _____

FILE PACKAGE NO (IF PAC) _____

MICROFILM ADDRESS (MA) _____


FORMAL REPORT NO. (FRN) _____

DIST. LIST (DLIST) _____

DIST. DATE (DTD) _____

OTHER MICROFILM DOCUMENT ADDRESS (OMDA) _____

ADM: _____ SUP: _____



S.P.O. 845-4-08

FORMS MANAGEMENT DATA						
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PREScribing DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	DCS CONTRACTOR			Sheet	10-81
	CARD					
	PD/ _____ (Pad/Sheet per Pad)					
	US/ _____ (Unit Sets/Number of Parts)					
	MP/ _____ (Multipage/Number of Parts)					
	LABEL					
	PC (Postal Card)					
	TC (Tab Card)					
	TP/ _____ (Tab Paper/Number of Parts)					
	ENVL					
	OTHER (Specify)					
			STATUS OF EXISTING STOCK			
			<input type="checkbox"/> USE FIRST DESTROY: IMMEDIATELY			
			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
			OTHER (SPECIFY)			
			STOCKING POINT			
			<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS			
			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 443, PAGE 1

NRC Form 443
(1-82)
10 CFR 0.735-28

UNITED STATES NUCLEAR REGULATORY COMMISSION
**CONFIDENTIAL STATEMENT OF EMPLOYMENT
AND FINANCIAL INTERESTS**

Approved by GMB
3150-0025

(Consultants below pay rate of GG-16
or who work less than 60 days a year)

PART 4

1. NAME (First, middle initial, last)		2. BIRTH DATE		
3. HOME ADDRESS (Street, City, State, ZIP Code)		4. TELEPHONE: Home Business		
5. Citizen of U.S.A. <input type="checkbox"/> YES <input type="checkbox"/> NO	6. COLLEGE OR UNIVERSITY	7. DATES ATTENDED	8. DEGREE	9. YEAR

10. a. If you are a U.S. Civil Service annuitant, what is your monthly annuity? \$ _____
 b. Are you a retired officer of a regular component of the Uniformed Services? Yes No
 If yes, contact your Service for information concerning any reduction in retired military pay made necessary by receipt of Federal civilian pay.

11. Employment during last 10 years (including consultantships). List present position first -- you need include only the ones related to your regular profession. List current Federal positions in item 12, below.

EMPLOYER	ADDRESS	POSITION HELD	SALARY OR FEE	DATES

12. OTHER FEDERAL GOVERNMENT EMPLOYMENT. List all other Federal departments and agencies (including other NRC offices) in which you are serving or expect to serve as consultant, adviser, expert, or part-time, or intermittent employee during the next 365 days. If none, write "None".

AGENCY AND LOCATION	TITLE OR KIND OF POSITION	APPOINTMENT PERIOD		ESTIMATED NO. OF DAYS
		FROM	TO	

13. List your significant professional society memberships, honors, and fellowships received; important publications, licenses, and other special qualifications.

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ <u>4</u> (Multipage/Number of Parts) h to f <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	GC	NRCM 4124 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0443X	HD	1-82

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 443, PAGE 2

PART B - CONFIDENTIAL STATEMENT OF EMPLOYMENT AND FINANCIAL INTERESTS

14 a. NAME (First, middle initial, last)	14 b. BUSINESS ADDRESS (City, State)
------------------------------------------	--------------------------------------

15. **CURRENT NON FEDERAL EMPLOYMENT.** List all corporations, companies, firms, or other business enterprises, partnerships, non-profit organizations, and educational, or other institutions, including State or local governmental organizations: (a) with which you, your spouse, or minor children are connected as an employee, officer, owner, director, member, trustee, partner, adviser, or consultant, with or without compensation; or (b) in which you, your spouse, or minor children have any continuing financial interests, through a pension or retirement plan, shared income, or other arrangement as a result of any current or prior employment or business or professional association. Repeat information on present employment recorded in item 11 on page 1. If none, write "None."

NAME AND KIND OF ORGANIZATION <small>(e.g., manufacturing, research, insurance)</small>	LOCATION	TITLE OR KIND OF POSITION

16. **FINANCIAL INTERESTS.** List your investments and, to your knowledge, those of your spouse, minor children, and blood relations who are full-time residents of your household. If none, write "None." You need not list holdings in Federal bonds or those financial interests which are, as of the date of this statement is submitted, exempted under Part II (§ 0.735-21(c) of NRC Appendix 4124, "Conduct of Employees." (See Instructions, item 16.) You need not reveal at this time the precise amount of investments listed, however, you may later be required to do so if necessary for an agency determination under NRC Appendix 4124 (10 CFR 0.735).

a. NAME OF ORGANIZATION	KIND OF ORGANIZATION	NATURE OF INTEREST AND IN WHOSE NAME HELD

b. **INFORMATION ON FINANCIAL INTERESTS REQUESTED OF OTHER PERSONS.** If any information is to be supplied by other persons, e.g., trustee, attorney, accountant, or relative, please complete the boxes below. If none, write "None."

NAME AND ADDRESS	DATE OF REQUEST	NATURE OF SUBJECT MATTER

17. I certify that the above statements made by me are true, complete and correct to the best of my knowledge and belief. I believe that at this time there does not exist any conflict, as described in 10 CFR Part 0, "Conduct of Employees," between my private interests (including stock holdings) and my proposed services for the NRC. I further expect and intend to avoid such conflicts during any periods of appointment by the NRC. I understand that, during the period of my appointment, I must notify the NRC, in accordance with the instructions on Page 4 of this form, of any change in the information under Items 15 and 16, above.

(Signature)	(Date)
-------------	--------

NRC FORMS FACSIMILE HANDBOOK

FOR USE BY NRC

18. DETERMINATION BY APPROPRIATE SUPERVISORY OFFICIAL:

I have reviewed the statement of the subject individual in relation to his/her proposed duties and responsibilities and find:

- no conflict or apparent conflict of interest.
- the following question(s) which require resolution:

The following steps have been taken to resolve the question(s) referred to above:

Under applicable law and NRC regulations, the individual is not to participate in any particular matter the outcome of which will have a direct and predictable effect upon the financial interests of a business entity, including nonprofit organization or an educational institution, by which he/she is employed or with which he/she is negotiating for or has any arrangement concerning prospective employment, or to which he/she renders consultant services, or in which he/she has a financial interest not exempted under Part II (§ 0.735-21(c)), of NRC Appendix 4124. However, he/she need not be precluded from rendering general advice in situations where no preference or advantage over others might be gained by any particular person or organization.

(Signature)

(Date)

19. DETERMINATION BY COUNSELOR (OR DEPUTY COUNSELOR):

I have reviewed the statement of the subject individual and the operating official's determination above and find:

- no evidence of conflict or apparent conflict of interest.
- the following question(s) which require resolution:

The following steps have been taken to resolve the question(s) referred to above:

(Signature)

(Date)

The information to be furnished in items 15-16 of this statement is required by Executive Order 11222 and the regulations of the Office of Personnel Management and the Nuclear Regulatory Commission issued thereunder, and may not be disclosed by the NRC except in accordance with the provisions of NRC Manual Chapter 4124 or as the Office of Personnel Management or the Nuclear Regulatory Commission may determine for good cause shown.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 433, PAGE 4

INSTRUCTIONS

GENERAL: Prepare this statement in duplicate. Submit one completed copy to the head of the NRC division or office by which you will be employed. Retain one copy for your files. If additional pages are used, identify them by reference to the appropriate numbered item and attach them hereto. If additional pages are required, information relating to items 15 and 16 must be listed on a separate page.

ITEMS

12. Include the names of any other Federal departments or agencies, including other NRC offices, with which you are affiliated or expect to be during the next 365 days as consultant, adviser, expert, part-time, or intermittent employee. In determining the estimated number of days service, a part of a day should be counted as a full day and a Saturday, Sunday or holiday on which duty has been or is expected to be performed, should be counted as a work day.
15. You need not submit any information relating to your connection with, or interest in, a professional society or a charitable, religious, & social, fraternal, recreation, public service, civic, or political organization or any similar organization not conducted as a business enterprise, and which is not engaged in the ownership or conduct of a business enterprise. Educational and other institutions doing research and development or related work involving grants of money from or contracts with the Government are deemed "business enterprises" and should be included herein.
- 16a. In the event any of the required information, including holdings in trust, is not known to you but is known to another person, you should request that person to submit on your behalf the information called for under item 16a. Repeat such request in item 16b.
- 16b. Nuclear Regulatory Commission, pursuant to Section 208(b) of the conflict of interest statute (Public Law 87-849) exempted certain financial interests from the application of Section 208(a) of that statute (see Appendix 4124, II (1) G. 735.21(c)). Exemption of remote or inconsequential financial interests⁽¹⁾. You need not list under item 16 those interests which, as of the date that statement is submitted, are exempted under Appendix 4124, II (1) G. 735.21(c).

SUPPLEMENTARY STATEMENTS

Each year you are required to submit a new statement. The form to be used will be provided to you by the NRC at the appropriate time. In addition, whenever you acquire a financial interest not listed on this form in an entity engaged in activities regulated by the NRC, you should promptly report your interest to the head of the NRC division or office that employs you.

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a (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 Nuclear Regulatory Commission on NRC Form 443. This information is maintained in a system of records designated as NRC-4 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY:** 18 U.S.C. 201, 208, and Executive Order 11222 dated May 8, 1965.
2. **PRINCIPAL PURPOSE(S):** To allow the Nuclear Regulatory Commission, its counselor, or deputy counselors to determine whether employee's financial interests or non-governmental employment might involve them in actual or potential conflicts of interest under applicable Federal laws, Office of Personnel Management or NRC Regulations, and/or Executive Orders.
3. **ROUTINE USES:** To provide the Department of Justice and the Office of Personnel Management with information concerning an employee in instances where this office has reason to believe a Federal law may have been violated or where this office desires the advice of the Department, or the Office of Personnel Management concerning potential violations of Federal law, and to serve as evidence in any court or Office of Personnel Management proceeding or in any NRC proceeding, adjudication or other determination.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** Disclosure of the requested information is mandatory for employees of the NRC as stated in 10 CFR 0.735.28. Failure to disclose the requested information or an omission in the execution of the statement may result in appropriate administrative action in accordance with NRC Management Directives System Chapter 4171.
5. **SYSTEM MANAGER(S) AND ADDRESS:** General Counsel, Office of the General Counsel
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

FOR NRC USE

Instructions to the operating official responsible for the appointment of this consultant, adviser, or expert:

1. Detach page no. 1-2 (Background Statement) of NRC Form 443. Retain one copy of page 1-2 and send the other copy to the personnel office with 3 copies of completed NRC Form 448.
2. Make the determination in item 18 on page no. 3 in accordance with provisions of Appendix 4124 and send page no. 3-4 to the designated counselor with copy of completed NRC Form 448.
3. Do not reproduce or retain a copy of page 3-4.

NRC FORM 445 (2 of 8) NRCM 1501		U.S. NUCLEAR REGULATORY COMMISSION			
REQUEST FOR APPROVAL OF OFFICIAL FOREIGN TRAVEL					
TO: DIRECTOR'S NAME PROGRAM OFFICE OR DIVISION ROOM NUMBER BUILDING			FROM: CHIEF OF BRANCH (Name) BRANCH ROOM NUMBER BUILDING EXTENSION		
A. TRAVEL DATA (To be completed by traveler)					
1. TRAVELER'S NAME (Last, first and middle initial)		2. DATE OF BIRTH MO DAY YEAR		3. PLACE OF BIRTH CITY STATE COUNTRY	
4. HOME ADDRESS CITY STATE ZIP CODE		5. CITIZENSHIP		6. PASSPORT NUMBER (if available)	
8. EMPLOYER		7. D. CLEARANCE NUMBER (if used involves classified information, obtain clearance number from the Personnel Security Branch) DATE			
10. ORGANIZATIONAL UNIT		9. CONTRACT NUMBER (if applicable)			
12. BUSINESS ADDRESS CITY STATE ZIP CODE		11. POSITION TITLE (include profession)			
13. PROPOSED ITINERARY (If this information is CLASSIFIED, be sure to CLASSIFY THIS FORM appropriately. Also count for all time from beginning through ending dates of travel)					
DATES	LOCATION (Installation, city, country)	INDIVIDUALS TO BE CONTACTED	SUBJECT OF DISCUSSION	X ONE CLASSIFIED UNCLASSIFIED	

Page 1

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 8 1/2 x 22", fold to 8 1/2 x 11" CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ 4 (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ALM:FOS	NRCM 1501 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0445X	HD	12-80

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 445, PAGE 2

15. PURPOSE OF TRAVEL: If this information is CLASSIFIED, be sure to CLASSIFY THIS FORM appropriately.
(If more space is required, attach on a separate sheet.)

In addition, specify nature and classification of information to be disclosed including titles of papers to be presented, nature of information to be obtained at each of the places to be visited and conferences to be attended and its relation to traveler's work. (TRAVELERS are RESPONSIBLE for OBTAINING CLEARANCES for papers or speeches when necessary.)

16. LIST PERSONS WITH WHOM PURPOSE OF TRAVEL HAS BEEN COORDINATED (include in-house as well as other divisions and offices) AND THOSE TO BE BRIEFED OR RECEIVE TRIP REPORTS UPON RETURN.

17. EMPLOYEE'S SIGNATURE _____ DATE _____

NRC FORMS FACSIMILE HANDBOOK

B. ENDORSEMENTS AND RECOMMENDATIONS (To be completed by traveler's program officials)		
19. TRAVELER'S SUPERVISOR		
ENDORSEMENT AND REMARKS	SIGNATURE	
	TITLE	
	DATE	
19. CONTRACT EMPLOYEES (To be completed by official responsible for supervising activities involved in proposed foreign travel or other official responsible for approving foreign travel under the terms of the contract)		
ENDORSEMENT AND REMARKS	SIGNATURE	
	TITLE	
	DATE	
20. HEADQUARTER'S PROGRAM OFFICE OR DIVISION		
RECOMMENDATION AND/OR REMARKS	SIGNATURE	
	TITLE	
	DATE	
C. ESTIMATED COST OF TRAVEL (To be completed by NRC travel office representative)		
21. COST TO NRC	22. COST TO OTHER SOURCE (To be completed if part of cost is to be or has been requested from source other than NRC)	SIGNATURE
TRANSPORTATION \$	SOURCE	TITLE
FERDIEM AND MISCELLANEOUS \$	AMOUNT \$	DATE
TOTAL \$		
D. CONCURRENCES AND/OR REMARKS (To be completed at NRC Headquarters)		
23. OFFICE OF INTERNATIONAL PROGRAMS		
CONCURRENCES AND/OR REMARKS	SIGNATURE	
	TITLE	
	DATE	
24. DIVISION OF SECURITY (Communist controlled countries or classified meetings) NOTE: Compliance with NRCM 2101		
CONCURRENCES AND/OR REMARKS	SIGNATURE	
	TITLE	
	DATE	
25. OTHER CLEARANCE		
CONCURRENCES AND/OR REMARKS	SIGNATURE	
	TITLE	
	DATE	
E. FINAL ACTION - OFFICE OF THE EXECUTIVE DIRECTOR FOR OPERATIONS		
FOREIGN TRAVEL AT NRC EXPENSE AS OUTLINED IN PART A, IS: <input type="checkbox"/> OK		SIGNATURE
<input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED SUBJECT TO REMARKS AND LIMITATIONS <input type="checkbox"/> DISAPPROVED		
REMARKS AND/OR LIMITATIONS		TITLE
		DATE

REMARKS:

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552(a)(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 Nuclear Regulatory Commission on NRC Form 445. This information is maintained in a system of records designated as NRC 20 and described at 40 Federal Register 45341 (October 1, 1975).

1. **AUTHORITY** 31 U.S.C. 21, 22, 24, 49, 54, 66a, and 952; 5 U.S.C. 5701; Federal Travel Regulations and Federal Property Management Regulations, Part 101.7.
2. **PRINCIPAL PURPOSE(S)** Information entered on this form is used to secure the required NRC approval for official foreign travel.
3. **ROUTINE USES** Information on this form may be used for transmittal to the State Department to secure passports. The information may also be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** Disclosure is voluntary. If the requested information is not provided, however, approval may be denied.
5. **SYSTEM MANAGER(S) AND ADDRESS**
 Controller
 Office of the Controller
 U.S. Nuclear Regulatory Commission
 Washington, D.C. 20555

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 448

NRC FORM 448 (9-82) NRCM 4139	U. S. NUCLEAR REGULATORY COMMISSION
REQUEST FOR APPOINTMENT OF A CONSULTANT, EXPERT OR MEMBER	
INSTRUCTIONS	
A. INITIAL EMPLOYMENTS. COMPLETE NRC FORM 448, ALL THE FORMS SPECIFIED IN NRC FORM 254, PRIVACY ACT STATEMENT AND INSTRUCTIONS FOR COMPLETION OF SECURITY FORMS PACKET, STANDARD FORM (SF) 52, REQUEST FOR PERSONNEL ACTION, AND SF-171, PERSONAL QUALIFICATIONS STATEMENT. IN ADDITION, COMPLETE TWO COPIES OF SF-278, EXECUTIVE PERSONNEL FINANCIAL DISCLOSURE REPORT, IF THE APPOINTMENT IS EXPECTED TO EXCEED 60 DAYS IN A CALENDAR YEAR AND THE RATE OF PAY IS AT THE HOURLY RATE OF \$6.16 AND ABOVE. IF EMPLOYMENT IS LESS THAN 60 DAYS IN A CALENDAR YEAR AND/OR LESS THAN THE HOURLY RATE OF \$ 6.16 OR ABOVE, COMPLETE ONE COPY OF NRC FORM 443, CONFIDENTIAL STATEMENT OF EMPLOYMENT AND FINANCIAL INTERESTS. DISTRIBUTION OF FORMS: FORWARD THE PERSONNEL OFFICE PENDING COPY OF NRC FORM 448 ALONG WITH THE SF-52, AND THOSE FORMS SPECIFIED IN NRC FORM 254 TO THE STAFFING SECTION, STAFFING AND POSITION EVALUATION BRANCH, DIVISION OF ORGANIZATION AND PERSONNEL. FORWARD THE REMAINDER OF THE SET ALONG WITH THE NRC FORM 443 OR SF-278 TO THE OFFICE OF THE GENERAL COUNSEL. RETAIN THE "EMPLOYING OFFICE" COPY FOR YOUR RECORDS.	
B. EXTENSIONS, RENEWALS, OR MODIFICATIONS. COMPLETE NRC FORM 448, SF-52, REQUEST FOR PERSONNEL ACTION, AND SF-172, AMENDMENT TO PERSONAL QUALIFICATIONS STATEMENT. IN ADDITION, IF THE EMPLOYEE WORKED MORE THAN 60 DAYS IN THE PREVIOUS CALENDAR YEAR, AND WAS PAID AT AN HOURLY RATE OF \$6.16 AND ABOVE, COMPLETE TWO COPIES OF SF-278, EXECUTIVE PERSONNEL FINANCIAL DISCLOSURE REPORT. IF THE EMPLOYMENT WAS FOR LESS THAN 60 DAYS IN THE PREVIOUS CALENDAR YEAR AND/OR LESS THAN THE HOURLY RATE OF A \$6.16 OR ABOVE, COMPLETE ONE COPY OF NRC FORM 443, CONFIDENTIAL STATEMENT OF EMPLOYMENT AND FINANCIAL INTERESTS. DISTRIBUTION OF FORMS: FORWARD THE PERSONNEL OFFICE PENDING COPY OF NRC FORM 448 ALONG WITH SF-52, AND SF-172 TO THE STAFFING SECTION, STAFFING AND POSITION EVALUATION BRANCH, DIVISION OF ORGANIZATION AND PERSONNEL. FORWARD THE REMAINDER OF THE SET ALONG WITH NRC FORM 443 OR SF-278 TO THE OFFICE OF THE GENERAL COUNSEL. RETAIN THE "EMPLOYING OFFICE" COPY FOR YOUR RECORDS.	
A. REQUESTING OFFICE/DIVISION	
1. NAME OF PROPOSED APPOINTMENT (Last, first, middle initial)	2. DATE OF BIRTH MONTH DAY YEAR
3. SOCIAL SECURITY NUMBER	
4. TYPE OF APPOINTMENT	5. PERIOD OF SERVICE
NEW RENEWAL MODIFICATION	FROM TO
6. PROPOSED PAY	7. CLEARANCE DATA
\$	PER DIEM PER HOUR WOC
ACTIVE Q OR L FORMER Q OR L INITIAL Q OR L	
8. DESCRIPTION OF SERVICES OR PROJECT TO BE COMPLETED (Please be specific)	
9. JUSTIFICATION FOR PROPOSED PAY (Please be specific)	10. EXPENSES TO BE REIMBURSED ("X" box if none, <input type="checkbox"/> otherwise specify)
11. CERTIFICATION. These services do not unnecessarily duplicate any previously performed work or services.	
SIGNATURE AND TYPED NAME - REQUESTER	TITLE DATE ORGANIZATION (Office, division, branch)
SIGNATURE AND TYPED NAME - APPROVING OFFICIAL (Office Director/Deputy Director, cannot be redelegated)	TITLE OFFICE
B. FOR USE BY THE OFFICE OF THE GENERAL COUNSEL	
INSTRUCTIONS: COMPLETE THIS PORTION OF THIS FORM, RETAIN THE "GENERAL COUNSEL'S OFFICE" COPY, AND FORWARD THE REMAINDER OF THE SET TO THE STAFFING SECTION, POSITION AND EVALUATION BRANCH, DIVISION OF ORGANIZATION AND PERSONNEL.	
I have reviewed the NRC Form 443, Confidential Statement of Employment and Financial Interests, or the SF-278, Executive Personnel Financial Disclosure Report, for the individual cited in A. 1. above, and on the basis thereof, find there is no legal objection to his/her employment from a conflict of interest standpoint.	
SIGNATURE - COUNSELOR OR DEPUTY COUNSELOR	DATE
C. FOR USE BY THE PERSONNEL OFFICE	
INSTRUCTIONS: FOR ALL REQUESTS, COMPLETE THIS PORTION OF THIS FORM, SECURE A VERBAL FUNDS APPROVAL, AND NOTE IN ITEM B, FORWARD THE "FISCAL SECTION" COPY TO THE FISCAL SECTION, ADM THE "PAYROLL" COPY ALONG WITH SF-60 TO THE PAYROLL OFFICE, AND RETAIN THE "OFFICIAL PERSONNEL FOLDER" COPY.	
1. POSITION NUMBER	2. SPECIAL GOVERNMENT EMPLOYEE
	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. SERIES	4. INITIALS - CLASSIFICATION SPECIALIST
5. CONTRACT NUMBER	6. EFFECTIVE DATE
7. SIGNATURE - STAFFING SPECIALIST	TITLE DATE
8. Funds are available to cover costs. (Signature)	TITLE DATE

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 6 (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:OP	NRCM 4139 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	7540-00-NRC-0448X	HD	9-82

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 468

NRC FORM 468 (2-78) NRCM 1303		U. S. NUCLEAR REGULATORY COMMISSION			
REQUEST AND AUTHORIZATION FOR EXPENDITURE OF OFFICIAL ENTERTAINMENT FUNDS					
1. REQUESTING ORGANIZATION			2. REQUESTING OFFICIAL'S NAME		
3. BUILDING		ROOM	4. TELEPHONE		TITLE
5. NAME OF PLACE WHERE PROPOSED FUNCTION IS TO BE HELD			6. PROPOSED DATE		7. TOTAL ESTIMATED COST \$
ADDRESS			8. NAME OF NRC OFFICIAL TO ACT AS OFFICIAL HOST		
CITY		STATE	ZIP CODE		TITLE
9. PURPOSE AND NATURE OF FUNCTION <i>(Use continuation sheet if necessary.)</i>					
10. NAMES AND TITLES OF HONORED GUEST(S) AND OTHER PERSONS EXPECTED TO ATTEND <i>(Use continuation sheet if necessary.)</i>					
A. HONORED GUEST(S):					
B. NRC PERSONNEL:					
C. CONTRACTOR PERSONNEL:					
D. OTHERS (Specify):					
E. IF TOTAL NUMBERS FOR ITEMS B, C, AND D ABOVE EXCEED THOSE FOR ITEM A, EXPLAIN NECESSITY THEREFOR.					
11. REQUESTED BY:			REQUESTING OFFICIAL'S SIGNATURE		
<i>NOTE: An appropriate voucher must be submitted within 15 calendar days or Oct. 10, whichever is earlier. Append the original of this form, signed by the authorizing official, to the voucher.</i>			TITLE _____ DATE _____		
11A. APPROVAL <i>(Must be signed by Office of International Program's official when requesting organization differs from Item 11.)</i>			OFFICE OF INTERNATIONAL PROGRAMS _____ DATE _____		
12. ADMINISTRATIVE APPROVAL					
A. AUTHORIZATION NO.		B. AUTHORIZATION DATE			
<i>I certify the funds are available in the amount specified above</i>					
C. APPROPRIATION LIMITATION SYMBOL			APPROVING OFFICIAL'S SIGNATURE		
D. PROGRAM SYMBOL			TITLE _____		
E. ALLOTMENT			DATE _____		
13. CERTIFICATION OF AUTHORIZATION			AUTHORIZING OFFICIAL'S SIGNATURE		
<i>The function described above is hereby directed and Official entertainment expenses necessary therefor are authorized in accordance with NRC Manual Chapter 1303 and under conditions outlined in this authorization.</i>			TITLE _____		
			DATE _____		

NRC FORM 468 (2-78) REPLACES FORM AEC-468

AUTHORIZING OFFICIAL'S COPY *(Appendix to Voucher)*

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PRO. 'ULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input checked="" type="checkbox"/> PD/ 20 (Pad/Sheet per Pad) 3-part sets <input type="checkbox"/> US/ _____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:B	NRCM 1301 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		PS/20	2-78

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 482, FACE

NRC Form 482
(2-82)
10 CFR 35

U.S. NUCLEAR REGULATORY COMMISSION

Approved by OMB
3150-0022
Expires 12-31-84

REGISTRATION CERTIFICATE—MEDICAL USE OF BYPRODUCT MATERIAL UNDER GENERAL LICENSE

Section 35.31 of 10 CFR 35 establishes a general license authorizing physicians to possess certain small quantities of Tl 201, Tl 203, Co 58, Co 60, and Cr 51 for specified diagnostic uses. Possession of byproduct material under 10 CFR 35.31 is not authorized until the physician has filed NRC Form 482 and received from the Commission a validated copy of NRC Form 482 with registration number assigned.

INSTRUCTIONS

Submit this Form in triplicate to: Director, Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety and Safeguards, United States Nuclear Regulatory Commission, Washington, D.C. 20555. A registration number will be assigned and a validated copy of NRC Form 482 will be returned. Please print or type your name and address (including ZIP code), within and below the two dots. Limit the address to 4 lines.

Registration number:



(If this is an initial registration, leave this space blank — number to be assigned by NRC. If this is a change of information from a previously registered general licensee, include your registration number.)

I am a duly licensed physician authorized to dispense drugs in the practice of medicine. My license(s) is (are) valid under the laws of:

STATE(S) OF LICENSURE

LICENSE NUMBER(S)

CERTIFICATE

I hereby certify that:

1. All information in this registration certificate is true and complete.
2. I have appropriate radiation measuring instruments to carry out the diagnostic procedures for which I will use byproduct material under the general license of 10 CFR 35.31 and I am competent in the use of such instruments.
3. I understand that Commission regulations require that any change in the information furnished by a registrant on this registration certificate be reported to the Director of Nuclear Material Safety and Safeguards, within 30 days from the date of such change.
4. I have read and understand the provisions of Section 35.31 of NRC regulations (10 CFR 35) reprinted on the reverse side of this form; and I understand that I am required to comply with those provisions as to all byproduct material which I receive, possess, use, or transfer under the general license for which this Registration Certificate is filed with the Nuclear Regulatory Commission.

Date _____

(Signature of Registrant)

WARNING—18 U.S.C., Section 1001; Act of June 25, 1948; 62 Stat. 749; makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/ _____ (Pad/Sheet per Pad) <input type="checkbox"/> US/ _____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ <u>6</u> (Multiple/Number of Parts) 1 form h <input type="checkbox"/> LABEL to f x 3 <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NMSS:FC	10 CFR 35 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0482X	HD	2-82

CONDITIONS AND LIMITATIONS OF GENERAL LICENSE 10 CFR 35.31

§ 35.31. General License for Medical Use of Certain Quantities of Byproduct Material.

(a) A general license is hereby issued to any physician to receive, possess, transfer, or use for any of the following stated diagnostic uses, in accordance with the provisions of paragraphs (b), (c), and (d) of this section, the following byproduct materials in capsules, disposable syringes or other forms of prepackaged individual doses:

- (1) Iodine 131 as sodium iodide (NaI¹³¹) for measurement of thyroid uptake.
- (2) Iodine 131 as iodinated human serum albumin (IHSA) for determinations of blood and blood plasma volume.
- (3) Iodine 125 as iodinated human serum albumin (IHSA) for determinations of blood and blood plasma volume.
- (4) Cobalt 58 for the measurement of intestinal absorption of cyanocobalamin.
- (5) Cobalt 60 for the measurement of intestinal absorption of cyanocobalamin.
- (6) Chromium 51 as sodium radiochromate for determination of red blood cell volumes and studies of red blood cell survival time.

Note: Section 32.70 of this chapter requires manufacturers of radiopharmaceuticals which are under the general license in this paragraph to include the following statement in the label affixed to the container or in the leaflet or brochure which accompanies the radiopharmaceutical:

This radioactive drug may be received, possessed, and used only by physicians licensed to dispense drugs in the practice of medicine. Its receipt, possession, use, and transfer are subject to the regulations and a general license of the United States Nuclear Regulatory Commission or of a State with which the Commission has entered into an agreement for the exercise of regulatory authority.

(Name of manufacturer)

(b) No physician shall receive, possess, use, or transfer byproduct material pursuant to the general license established by paragraph (a) of this section until he has filed NRC Form 482, "Registration Certificate—Medical Use of Byproduct Material Under General License" with the Director of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C., 20555, and received from the Commission a validated copy of the NRC Form 482 with registration number assigned. The registrant shall furnish on NRC Form 482 the following information and such other information as may be required by that form:

- (1) Name and address of the registrant;
- (2) A statement that the registrant is a duly licensed physician authorized to dispense drugs in the practice of medicine and specifying the license number and the State in which such license is valid; and
- (3) A statement that the registrant has appropriate radiation measuring instruments to carry out the diagnostic procedures for which he proposes to use byproduct material under the general license of § 35.31 of this chapter and that he is competent in the use of such instruments.
- (c) A physician who receives, possesses, or uses a pharmaceutical containing byproduct material pursuant to the general license established by paragraph (a) of this section shall comply with the following:
 - (1) He shall not possess at any one time, pursuant to the general license in paragraph (a) of this section, more than:
 - (i) 200 microcuries of iodine 131,
 - (ii) 200 microcuries of iodine 125,
 - (iii) 5 microcuries of cobalt 58,
 - (iv) 5 microcuries of cobalt 60, and
 - (v) 200 microcuries of chromium 51.

(2) He shall store the pharmaceutical until administered in the original shipping container or a container providing equivalent radiation protection;

(3) He shall use the pharmaceutical only for the uses authorized by paragraph (a) of this section;

(4) He shall not administer the pharmaceutical to a woman with confirmed pregnancy or to a person under 18 years of age;

(5) He shall not transfer the byproduct material to a person who is not authorized to receive it pursuant to a license issued by the Commission or an Agreement State, or in any manner other than in the unopened, labeled shipping container as received from the supplier, except by administering it to a patient.

(d) The registrant possessing or using byproduct material under the general license of paragraph (a) shall report in duplicate to the Director of Nuclear Material Safety and Safeguards, any changes in the information furnished by him in the "Registration Certificate—Medical Use of Byproduct Material Under General License," NRC Form 482. The report shall be submitted within 30 days after the effective date of such change.¹

(e) Any person using byproduct material pursuant to the general license of paragraph (a) of this section is exempt from the requirements of Parts 19 and 20 of this chapter with respect to the byproduct materials covered by the general license.

NOTES

¹A new triplicate set of this Registration Certificate, NRC Form 482, may be used to report any change in information furnished by a registrant as required by § 35.31(d).

If larger quantities or other forms of byproduct material than those specified in the general license of 10 CFR 35.31 are required, the physician should file an "Application for Byproduct Material License, Medical," NRC Form 313M and obtain a specific byproduct material license. Copies of application and registration forms may be obtained from the United States Nuclear Regulatory Commission, Washington, D.C., 20555, Division of Fuel Cycle and Material Safety.

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 522a(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 Nuclear Regulatory Commission on NRC Form 482. This information is maintained in a system of records designated as NRC-2 and described at 40 Federal Register 45334 (October 1, 1975).

- 1. AUTHORITY Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).
- 2. PRINCIPAL PURPOSE(S) The information is evaluated by the NRC staff pursuant to criteria set forth in 10 CFR Parts 30-36 to determine whether the application conforms to the requirements of the Atomic Energy Act of 1954, as amended, and the regulations of the NRC, for the issuance of a registration certificate authorizing the use of byproduct material for medical use.
- 3. ROUTINE USES The information may be used (a) to provide records to State health departments for their information and use; and (b) to provide information to Federal, State, and local health officials and other persons in the event of incident or exposure for purposes of their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State, or local agencies in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.
- 4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION It is voluntary that you furnish the requested information. If the requested information is not furnished, however, the registration certificate, or amendment thereof, will not be processed.

5. SYSTEM MANAGER(S) AND ADDRESS
 Director, Division of Fuel Cycle and Material Safety
 Office of Nuclear Material Safety and Safeguards
 U.S. Nuclear Regulatory Commission
 Washington, D.C. 20555

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 483, FACE

NRC Form 483
(12-81)
10 CFR 31

U.S. NUCLEAR REGULATORY COMMISSION

Approved by OMB
3150-0035
1-31-84

REGISTRATION CERTIFICATE—IN VITRO TESTING WITH BYPRODUCT MATERIAL UNDER GENERAL LICENSE

Section 31.11 of 10 CFR 31 establishes a general license authorizing physicians, clinical laboratories, hospitals, and veterinarians in the practice of veterinary medicine to possess certain small quantities of byproduct material for *in vitro* clinical or laboratory tests not involving the internal or external administration of the byproduct material or the radiation therefrom to human beings or animals. Possession of byproduct material under 10 CFR 31.11 is not authorized until the physician, clinical laboratory, hospital, or veterinarian in the practice of veterinary medicine, has filed NRC Form 483 and received from the Commission a validated copy of NRC Form 483 with registration number.

3. I hereby apply for a registration number pursuant to §31.11, 10 CFR 31 for use of byproduct materials for *(please check one block only)*
- a. Myself, a duly licensed physician authorized to dispense drugs in the practice of medicine.
 - b. The above-named clinical laboratory.
 - c. The above-named hospital.
 - d. Veterinarian in the practice of veterinary medicine.
4. To be completed by the Nuclear Regulatory Commission.

INSTRUCTIONS

1. Submit this form in triplicate to:
Office of Nuclear Material Safety and Safeguards
ATTN: Material Licensing Branch
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555
2. Please print or type the name and address (including zip code) of the registrant physician, clinical laboratory, hospital, or veterinarian in the practice of veterinary medicine for whom or for which this registration form is filed. Position the first letter of the address below the left dot and do not extend the address beyond the right dot. (At NRC, a registration number will be assigned and a validated copy of NRC Form 483 will be returned.)

Registration number:



(If this is an initial registration, leave this space blank — number to be assigned by NRC. If this is a change of information from a previously registered general license, include your registration number.)

5. If place of use is different from address in Item 1, please give complete address:

6. Certification:

I hereby certify that:

- a. All information in this registration certificate is true and complete.
- b. The registrant has appropriate radiation measuring instruments to carry out the tests for which byproduct material will be used under the general license of 10 CFR 31.11. The tests will be performed only by personnel competent in the use of the instruments and in the handling of the byproduct materials.
- c. I understand that Commission regulations require that any change in the information furnished by a registrant on this registration certificate be reported to the Director of Nuclear Material Safety and Safeguards within 30 days from the effective date of such change.
- d. I have read and understand the provisions of Section 31.11 of NRC regulations 10 CFR 31 (reprinted on the reverse side of this form); and I understand that the registrant is required to comply with those provisions as to all byproduct material which he receives, acquires, possesses, uses, or transfers under the general license for which this Registration Certificate is filed with the Nuclear Regulatory Commission.

Date _____ By _____

Printed name and title or position of person filing form

WARNING— 18 U.S.C., Section 1001; Act of June 25, 1948; 62 Stat. 749; makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ <u>6</u> (Multipage/Number of Parts) 1 form h <input type="checkbox"/> LABEL to h x 3 PC (Postal Card) yellow TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	NMSS:FC	10 CFR 31 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0483X	HD	12-81

CONDITIONS AND LIMITATIONS OF GENERAL LICENSE 10 CFR 31.11

§ 31.11 General license for use of byproduct materials for certain in vitro clinical or laboratory testing.

(a) A general license is hereby issued to any physician, veterinarian in the practice of veterinary medicine, clinical laboratory or hospital to receive, acquire, possess, transfer, or use, for any of the following stated tests, in accordance with the provisions of paragraphs (b), (c), (d), (e), and (f) of this section, the following byproduct materials in prepackaged units:

(1) Iodine-125, in units not exceeding 10 microcuries each for use in in vitro clinical or laboratory tests not involving internal or external administration of byproduct material, or the radiation therefrom, to human beings or animals.

(2) Iodine-131, in units not exceeding 10 microcuries each for use in in vitro clinical or laboratory tests not involving internal or external administration of byproduct material, or the radiation therefrom, to human beings or animals.

(3) Carbon-14, in units not exceeding 10 microcuries each for use in in vitro clinical or laboratory tests not involving internal or external administration of byproduct material, or the radiation therefrom, to human beings or animals.

(4) Hydrogen-3 (tritium), in units not exceeding 50 microcuries each for use in in vitro clinical or laboratory tests not involving internal or external administration of byproduct material, or the radiation therefrom, to human beings or animals.

(5) Iron-59, in units not exceeding 20 microcuries each for use in in vitro clinical or laboratory tests not involving internal or external administration of byproduct material, or the radiation therefrom, to human beings or animals.

(6) Selenium-75, in units not exceeding 10 microcuries each for use in in vitro clinical or laboratory tests not involving internal or external administration of byproduct material, or the radiation therefrom, to human beings or animals.

(7) Mock Iodine-125 reference or calibration sources, in units not exceeding 0.005 microcurie of iodine-129 and 0.005 microcurie of americium-241 each for use in in vitro clinical or laboratory tests not involving internal or external administration of byproduct material, or the radiation therefrom, to human beings or animals.

(b) No person shall receive, acquire, possess, use or transfer byproduct material pursuant to the general

license established by paragraph (a) of this section until he has filed NRC Form 483, "Registration Certificate—In Vitro Testing with Byproduct Material Under General License," with the Director of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555, and received from the Commission a validated copy of NRC Form 483 with registration number assigned or until he has been authorized pursuant to § 35.14(c) of this chapter to use byproduct material under the general license in this § 31.11. The registrant shall furnish on NRC Form 483 the following information and such other information as may be required by that form:

(1) Name and address of the registrant.

(2) The location of use, and

(3) A statement that the registrant has appropriate radiation measuring instruments to carry out in vitro clinical or laboratory tests with byproduct materials as authorized under the general license in paragraph (a) of this section, and that such tests will be performed only by personnel competent in the use of such instruments and in the handling of the byproduct materials.

(c) A person who receives, acquires, possesses or uses byproduct material pursuant to the general license established by paragraph (a) of this section shall comply with the following:

(1) The general licensee shall not possess at any one time, pursuant to the general license in paragraph (a) of this section, at any one location of storage or use, a total amount of Iodine-125, Iodine-131, Selenium-75, and/or Iron-59 in excess of 200 microcuries.

(2) The general licensee shall store the byproduct material, until used, in the original shipping container or in a container providing equivalent radiation protection.

(3) The general licensee shall use the byproduct material only for the uses authorized by paragraph (a) of this section.

(4) The general licensee shall not transfer the byproduct material except by transfer to a person authorized to receive it by a license pursuant to this chapter or from an Agreement State, nor transfer the byproduct material in any manner other than in the unopened, labeled shipping container as received from the supplier.

(5) The general licensee shall dispose of the Mock Iodine-125 reference or calibration sources described in paragraph (a)(7) of this section as required by § 20.301 of this chapter.

(d) The general licensee shall not receive, acquire, possess, or use byproduct material pursuant to paragraph (a) of this section.

(1) Except as prepackaged units which are labeled in accordance with the provisions of a specific license issued under the provisions of § 32.71 of this chapter or in accordance with the provisions of a specific license issued by an Agreement State that authorizes manufacture and distribution of Iodine-125, Iodine-131, Carbon-14, Hydrogen-3 (tritium), Selenium-75, Iron-59 or Mock Iodine-125 for distribution to persons generally licensed by the Agreement State.

(2) Unless the following statement, or a substantially similar statement which contains the information called for in the following statement, appears on a label affixed to each prepackaged unit or appears in a leaflet or brochure which accompanies the package:

This radioactive material may be received, acquired, possessed, and used only by physicians, veterinarians in the practice of veterinary medicine, clinical laboratories or hospitals and only for in vitro clinical or laboratory tests not involving internal or external administration of the material or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use, and transfer are subject to the regulations and a general license of the U.S. Nuclear Regulatory Commission or of a State with which the Commission has entered into an agreement for the exercise of regulatory authority.

Name of manufacturer

(e) The registrant possessing or using byproduct materials under the general license of paragraph (a) of this section shall report in writing to the Director of Nuclear Material Safety and Safeguards any changes in the information furnished by him in the "Registration Certificate—In Vitro Testing with Byproduct Material Under General License," NRC Form 483. The report shall be furnished within 30 days after the effective date of such change.

(f) Any person using byproduct material pursuant to the general license of paragraph (a) of this section is exempt from the requirements of Parts 19, 20 and 21 of this chapter with respect to byproduct materials covered by that general license, except that such persons using the Mock Iodine-125 described in paragraph (a)(7) of this section shall comply with the provisions of § 20.301, 20.402 and 20.403 of this chapter.

NOTES

¹ A State to which certain regulatory authority over radioactive material has been transferred by formal agreement, pursuant to section 274 of the Atomic Energy Act of 1954, as amended.

² Material generally licensed under this section prior to January 19, 1975 may bear labels authorized by the regulations in effect on January 1, 1975.

³ A new triplicate set of this Registration Certificate, NRC Form 483, may be used to report any change of information furnished by a registrant as required by § 31.11(e).

If larger quantities or other forms of byproduct material than those specified in the general license of 10 CFR 31.11 are required, an "Application for Byproduct Material License," NRC Forms 3131, 313M, or 313R should be filed to obtain a specific byproduct material license. Copies of application and registration forms may be obtained from the United States Nuclear Regulatory Commission, Washington, D.C. 20555, Attention: Material Licensing Branch, Division of Fuel Cycle and Material Safety.

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 522a(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 Nuclear Regulatory Commission on NRC Form 483. This information is maintained in a system of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

- AUTHORITY** Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).
- PRINCIPAL PURPOSE(S)** The information is evaluated by the NRC staff pursuant to criteria set forth in 10 CFR Parts 30-36 to determine whether the application conforms to the requirements of the Atomic Energy Act of 1954, as amended, and the regulations of the NRC, for the issuance of a registration certificate authorizing the use of in vitro testing.
- ROUTINE USES** The information may be used: (a) to provide records to State health departments for their information and use; and (b) to provide information to Federal, State, and local health officials and other persons in the event of incident or exposure for purposes of their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State, or local agencies in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.
- WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** It is voluntary that you furnish the requested information. If the requested information is not furnished, however, the registration certificate, or amendment thereof, will not be processed.
- SYSTEM MANAGER(S) AND ADDRESS** Director, Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 489

Form NRC-489 (1-76)				
U. S. NUCLEAR REGULATORY COMMISSION NRC MANUAL TRANSMITTAL NOTICE				
SUPERSEDED:				
	Number	Date		
Chapter	_____	_____		
Page	_____	_____		
	_____	_____		
Appendix	_____	_____		
TRANSMITTED:				
	Number	Date		
			TN	_____
Chapter	_____	_____	Chapter	_____
Page	_____	_____	Page	_____
	_____	_____		_____
Appendix	_____	_____	Appendix	_____
REMARKS:				

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/_____(Pad/Sheet per Pad) US/_____(Unit Sets/Number of Parts) MP/_____(Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/_____(Tab Paper/Number of Parts) ENVL OTHER (Specify)	RM:D	NRCM 0201 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	*W7540-00-NRC-0489X	HD	1-76
			STOCKING POINT		
			<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS * PROMULGATING OFFICE (ONLY)		

NRC Form 591 (12-81) 10 CFR 2.201	U.S. NUCLEAR REGULATORY COMMISSION	
SAFETY INSPECTION		
1. LICENSEE	2. REGIONAL OFFICE	
3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE OF INSPECTION
LICENSEE The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission's (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The findings as a result of this inspection are as follows:		
<input type="checkbox"/> 1. Within the scope of this inspection, no violations were observed.		
<input type="checkbox"/> 2. The inspector also verified the steps you have taken to correct the violations identified during the last inspection. We have no further questions on those actions at this time.		
<input type="checkbox"/> 3. During this inspection certain of your activities, as checked below, were in violation of NRC requirements. THIS IS A NOTICE OF VIOLATION which is required to be posted in accordance with 10 CFR 19.11.		
<input type="checkbox"/> A. _____ was not properly posted to indicate the presence of a _____ 10 CFR 20.203(b), (c), (d), (e) or 34.42.		
<input type="checkbox"/> B. Containers located in _____ were not properly labeled to indicate the presence of radioactive material. 10 CFR 20.203(f)(1), or (f)(2).		
<input type="checkbox"/> C. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ License Condition Number _____.		
<input type="checkbox"/> D. Records of _____ were not properly maintained. 10 CFR _____ or License Condition Number _____.		
<input type="checkbox"/> E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.		
<input type="checkbox"/> F. Reports or notifications of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____.		
<input type="checkbox"/> H. _____		
<input type="checkbox"/> I. _____		
<input type="checkbox"/> J. _____		
<input type="checkbox"/> K. _____		
I hereby state that within 30 days the actions described by me to the inspector will be taken to correct the violations identified in the items checked above. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201. No further response will be submitted unless required by the NRC.		
SIGNATURE - LICENSEE	DATE	SIGNATURE - NRC INSPECTOR

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET CARD PD/ _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 5 _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	IE	10 CFR 2.201 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	W7540-00-NRC-0591X	HD	12-81
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 600, FACE

NRC FORM 600 (3-76) NRCM 0310		U. S. NUCLEAR REGULATORY COMMISSION		INSTRUCTIONS Submit in triplicate in accordance with NRC Chapter and Appendix 0310. See routing on reverse. Attach supplemental sheets as necessary identifying applicable block numbers.	
EMPLOYEE CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY <i>(P.L. 88-558, as amended, 31 U.S.C. 240 et seq.)</i>					
1a. NAME OF CLAIMANT		1b. ORGANIZATIONAL UNIT	1c. CITY	1d. TELEPHONE NO.	
2a. HOME ADDRESS OF CLAIMANT (Include Zip Code)		2b. LOCATION OF LOSS OR DAMAGE	2c. DATE OF LOSS OR DAMAGE	2d. TOTAL AMOUNT OF CLAIM	
DESCRIPTION OF PROPERTY					
3a. ITEMIZED LISTING		3b. DATE ACQUIRED	3c. PURCHASE PRICE OR VALUE	3d. VALUE WHEN LOST OR DAMAGED	3e. ESTIMATED REPAIR COST
4. CLAIM IS FOR <input type="checkbox"/> LOSS <input type="checkbox"/> DAMAGE (Check one) BRIEF STATEMENT OF CIRCUMSTANCES					
5a. WAS PROPERTY INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO		5b. IF ANSWER IS "YES", GIVE NAME OF INSURER AND ITEMIZE AMOUNT COLLECTED			
CRIMINAL PENALTY FOR PRESENTING A FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS: Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S. Code 287, 1001.) CIVIL PENALTY FOR PRESENTING A FRAUDULENT CLAIM: The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S. Code 231.)					
<i>I make this claim with full knowledge of the penalties for willfully making a false claim, and certify that I am entitled to any payments.</i>					
6a. DATE		6b. IF CLAIMANT IS NOT OWNER, STATE RELATIONSHIP		6c. SIGNATURE OF CLAIMANT	

NRC FORM 600 (3-76)

See reverse for routing and processing.

FORMS MANAGEMENT DATA					1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/>	SHEET, h to h	ELD	NRCM 0310		Sheet	3-76	
<input type="checkbox"/>	CARD		STATUS OF EXISTING STOCK				
<input type="checkbox"/>	PD/____ (Pad/Sheet per Pad)		<input type="checkbox"/> USE FIRST				OTHER
<input type="checkbox"/>	US/____ (Unit Sets/Number of Parts)		DESTROY:				(SPECIFY)
<input type="checkbox"/>	MP/____ (Multipage/Number of Parts)		<input type="checkbox"/> IMMEDIATELY				
<input type="checkbox"/>	LABEL		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
<input type="checkbox"/>	PC (Postal Card)		STOCKING POINT				
<input type="checkbox"/>	TC (Tab Card)		<input type="checkbox"/> WAREHOUSE				<input type="checkbox"/> SUPPLY ROOMS
<input type="checkbox"/>	TP/____ (Tab Paper/Number of Parts)		<input checked="" type="checkbox"/>				PROMULGATING OFFICE (ONLY)
<input type="checkbox"/>	ENVL						
<input type="checkbox"/>	OTHER (Specify)						

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 600, REVERSE

ROUTING AND ACTION

7. STATEMENT OF CLAIMANT'S SUPERVISOR

In the opinion of the undersigned the possession of the property described herein was was not incident to the service of the claimant and such possession was was not reasonable, useful or proper under the circumstances existing at the time and place of the loss/damage.

DATE _____ SIGNATURE _____

8. FINDING OF CLAIMS INVESTIGATOR OR OTHER PERSON USED TO OBTAIN INFORMATION
(Where designated). ATTACH REPORT IF ANY.

REMARKS _____ AMOUNT OF LOSS OR DAMAGE: \$ _____
DATE _____
BY _____

9. RECOMMENDATION OF COUNSEL:

APPROVAL } BY _____ AMOUNT RECOMMENDED: \$ _____
 APPROVAL IN PART } DATE _____
 DISAPPROVAL }
 REMARKS _____

10. ACTION BY SETTLEMENT OFFICIAL:

APPROVED } BY _____ AMOUNT ALLOWED: \$ _____
 APPROVED IN PART } DATE _____
 DISAPPROVED }
 REMARKS _____

CLAIMANT ADVISED OF DISALLOWANCE DATE _____ BY _____

11. OFFICE OF CONTROLLER FOR PAYMENT:

DATE OF PAYMENT _____
VOUCHER AND SCHEDULE OF PAYMENTS NO. _____
AMOUNT \$ _____
OTHER ACTION _____

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 618

Form NRC 618
(12-73)
10 CFR 71

U.S. NUCLEAR REGULATORY COMMISSION
CERTIFICATE OF COMPLIANCE
For Radioactive Materials Packages

1. (a) Certificate Number	1. (b) Revision No.	1. (c) Package Identification No.	1. (d) Pages No.	1. (e) Total No. Pages
---------------------------	---------------------	-----------------------------------	------------------	------------------------

2. PREAMBLE

- 2. (a) This certificate is issued to satisfy Sections 173.393a, 173.394, 173.395, and 173.396 of the Department of Transportation Hazardous Materials Regulations (49 CFR 170.189 and 14 CFR 103) and Sections 146-19-10a and 146-19-100 of the Department of Transportation Dangerous Cargoes Regulations (46 CFR 146-149), as amended.
- 2. (b) The packaging and contents described in item 5 below, meets the safety standards set forth in Subpart C of Title 10, Code of Federal Regulations, Part 71, "Packaging of Radioactive Materials for Transport and Transportation of Radioactive Material Under Certain Conditions."
- 2. (c) This certificate does not relieve the consignor from compliance with any requirement of the regulations of the U.S. Department of Transportation or other applicable regulatory agencies, including the government of any country through or into which the package will be transported.

3. This certificate is issued on the basis of a safety analysis report of the package design or application--

- | | |
|----------------------------------------|-----------------------------------------------------------|
| 3. (a) Prepared by (Name and address): | 3. (b) Title and identification of report or application: |
| 3. (c) Docket No. | |

4. CONDITIONS

This certificate is conditional upon the fulfilling of the requirements of Subpart D of 10 CFR 71, as applicable, and the conditions specified in item 5 below.

5. Description of Packaging and Authorized Contents, Model Number, Fissile Class, Other Conditions, and References

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NMSS:FC	10 CFR 71 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	12-73

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 703

Each employee must account daily for 8 hours plus 1/2 hour for lunch. This log is not a basis for payment. Thus, any time recorded in excess of 8 1/2 hours must be officially authorized and approved under existing policy and procedures to constitute an entitlement to overtime pay.	NRC FORM 703 U.S. NUCLEAR REGULATORY COMMISSION SIGN IN/OUT LOG FOR FLEXTIME														PAY PERIOD FROM _____ TO _____			
	FIRST WEEK							SECOND WEEK										
	EMPLOYEE'S NAME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	IN	OUT	IN
TIME	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
INITIALS																		
LEAVE USED																		
TIME																		
INITIALS																		
LEAVE USED																		
TIME																		
INITIALS																		
LEAVE USED																		
TIME																		
INITIALS																		
LEAVE USED																		
REMARKS																		

NRC FORM 703 (5-77)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 14 x 8 1/2" <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:OP	NRCM 4136 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	7540-00-NRC-0703X	HD	5-77

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 704, PART 1

U.S. NUCLEAR REGULATORY COMMISSION TIME AND ATTENDANCE REPORT NRC FORM 704 12-79 14 REV. 11-77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">T&A CLERK</td> <td style="width: 33%;">MAIL STOP</td> <td style="width: 33%;"></td> </tr> <tr> <td>PAY PERIOD</td> <td>PAY PERIOD DATES</td> <td>T&A UNIT NO.</td> </tr> </table>	T&A CLERK	MAIL STOP		PAY PERIOD	PAY PERIOD DATES	T&A UNIT NO.
T&A CLERK	MAIL STOP						
PAY PERIOD	PAY PERIOD DATES	T&A UNIT NO.					

PREPARATION INSTRUCTIONS

The following instructions are to be used to prepare T&A reports. Please refer to NRCM-4137 for more detailed instructions on all forms used for T&A reporting.

- A. How to use package:
 1. Separate front and back pages from rest of T&A package. Do not discard.
 2. Tear along horizontal perforations to separate each T&A report.
 3. Do not separate the original and copy of the T&A reports at this time.
 4. There should be a T&A report for each employee in the reporting unit.
 5. Use blue or black ink to prepare and sign all T&A reports.
 6. To correct errors, draw a line through the error, write correct information above the error and initial correction.
 7. Use blank T&A reports to make major corrections. Enter all information from the preprinted form and record hours as indicated below.
- B. Other T&A Forms to be used:
 1. Use the green, NRC-704A, T&A report for employees new to NRC.
 2. Use the yellow, NRC-704B, T&A report for corrections to prior pay periods.
 3. Use the pink, NRC-704C, T&A report for employees leaving NRC.
These forms may be obtained from the Supply Room.
- C. Record hours in the following manner:
 1. Regular Hours. Record all regular hours actually worked daily in full and tenths of hours. Usually this will be eight hours for each workday less leave and other absence hours used.
 2. Leave Hours. Record the hours of leave used daily in full hours.
 3. Other Absence Columns. Record the other absence codes and hours using the codes listed on the T&A report forms. Record in full and tenths of hours as appropriate. Refer to Appendix 4136, Appendix 4145, and Appendix 4160 for guidance on the use of these other types of absences.
 4. Total Hours. Record the combined regular, leave and other absence hours used each day in this column. Do not use this column when only regular hours are being recorded.
 5. From and To Columns. Record the actual time that the employee was in leave or absence status for less than the full scheduled workday.
 6. Premium Hours. Record the daily premium hours worked in full and tenths of hours in the appropriate columns. Premium hours worked require specific authorization. Refer to Appendix 4136 for guidance.
 7. Other Premium Hours. Record the other types of premium codes and hours in these columns in full and tenths of hours. These codes are listed on the T&A report form.
 8. Weekly Totals. Total each column at the end of each week. The REG HOURS, LEAVE and OTHER ABSENCE totals added across should equal the weekly total of the TOTAL HOURS columns.

CERTIFICATION

- A. Obtain signatures from the employee, the certifying official, and the overtime official (when required) for each T&A report.
- B. When an employee is on leave or in travel status, the immediate supervisor is authorized to sign the T&A report for the employee.
- C. T&A reports submitted without proper certification will not be processed by the Payroll Unit.

SUBMISSION

- A. Sort T&A reports in alphabetical order.
- B. Separate copies from original T&A reports and retain copies for future reference.
- C. Sign name and telephone number on the back of the Transmittal Sheet.
- D. Fold the Transmittal Sheet around the T&A reports so that the Payroll Unit mail stop is on the front of the package.
- E. Staple the ends of the package to prevent the T&A reports from falling out.
- F. Hand carry or mail the T&A package to the Payroll Unit so that it will reach them by 9:00 a.m. on the Monday following the close of the pay period.
- G. An earlier submission time may be specified by the Payroll Unit.

COVER SHEET

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/ 4 ____ (Tab Paper/Number of Parts) varies from ENVL OTHER (Specify) 8 1/2"x14" plus 1" for marginal strips	RM:D	NRCM 4137 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	*W7540-00-NRC-0704X	HD	12-79

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 704, PARTS 2 & 3

U.S. NUCLEAR REGULATORY COMMISSION

TIME AND ATTENDANCE REPORT

NRC FORM 704
(12-78)
ARJCM 8137

TSA CLEAR	MAIL STOP
PAY PERIOD	PAY PERIOD DATES
TSA UNIT NO.	

OTHER ABSENCE CODES	RES. HOURS	LEAVE		OTHER ABSENCE		TOTAL HOURS	FROM	TO	PREMIUM HOURS				OVERTIME	
		ANNUAL	SICK	CODE	HOURS				CODE	HOURS	OVER TIME	COMP TIME		NIGHT OFFER
01 Regular Schedule														
02 Comp Time Used														
03 Excess Absence														
04 Unpaid Leave														
05 Leave Without Pay														
06 Military Leave														
07 Repatriation														
08 Family Care Leave														
09 Parental Leave														
10 Repatriation (Domestic)														
11 Comp Time Used														
12 Other Premium Hour Code														
13 Regular Schedule														
14 Comp Time														
15 Repatriation (Domestic)														
16 Comp Time Excess														
REMARKS														
TUES														
WED														
THUR														
FRI														
SAT														
SUN														
TOTAL														
WEEK														

EMPLOYEE'S SIGNATURE: _____ OVERTIME APPROVAL SIGNATURE: _____ CERTIFYING OFFICIAL'S SIGNATURE: _____

TIME AND ATTENDANCE REPORT (Duplicate of Form 2)

EMPLOYEE'S SIGNATURE: _____ OVERTIME APPROVAL SIGNATURE: _____ CERTIFYING OFFICIAL'S SIGNATURE: _____

TIME AND ATTENDANCE REPORT (Duplicate of Form 2)

EMPLOYEE'S SIGNATURE: _____ OVERTIME APPROVAL SIGNATURE: _____ CERTIFYING OFFICIAL'S SIGNATURE: _____

ORIGINAL

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 704 PART 2,
REVERSE

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(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 704, Time and Attendance Report. This information is maintained in a system of records designated as NRC 21 and described at 41 Federal Register 42337 (September 27, 1976).

AUTHORITY - 31 U.S.C. 66a. Solicitation of the social security number is authorized under Executive Order 9397, dated November 22, 1943, and NRC Manual Appendix 4137.

PRINCIPAL PURPOSE(S) - This information on this form is obtained to record hours worked and leave taken for input into the payroll system to enable calculation of pay and updating of leave records. The social security number is used for computer processing this information.

ROUTINE USES - The information on this form may be used for statistical purposes in the preparation of budget transmittals to the Office of Management and Budget. The information may also be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about the individual.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION - Disclosure of the information is voluntary including the social security number. However, if the information is not furnished, a payroll check cannot be issued.

SYSTEM MANAGER AND ADDRESS - Controller, Office of the Controller
U.S. Nuclear Regulatory Commission
Washington, D. C. 20555

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(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 704, Time and Attendance Report. This information is maintained in a system of records designated as NRC 21 and described at 41 Federal Register 42337 (September 27, 1976).

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SYSTEM MANAGER AND ADDRESS - Controller, Office of the Controller
U.S. Nuclear Regulatory Commission
Washington, D. C. 20555

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SYSTEM MANAGER AND ADDRESS - Controller, Office of the Controller
U.S. Nuclear Regulatory Commission
Washington, D. C. 20555

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 704, PART 4

U.S. NUCLEAR REGULATORY COMMISSION
TIME AND ATTENDANCE REPORT
NRC FORM 704
(2-79)
WORK STOP

T&A CLERK		MAIL STOP
PAY PERIOD	PAY PERIOD DATES	T&A UNIT NO.

TRANSMITTAL SHEET

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 704, PART 4, REVERSE

T & A CLERK _____
(Signature)

PHONE NUMBER _____

PAYROLL UNIT
L - 322

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 705

FORM NRC 705B
(2-75)
NRCM 1101

U. S. NUCLEAR REGULATORY COMMISSION

PAYROLL CHANGE FORM - EMPLOYEE EARNINGS

EMPLOYEE NAME: _____ T & A UNIT: _____

SOCIAL SECURITY	PAY PERIOD	C	DATE	SLIP NO.
1 3 4 5 6 9	10 11 12	6		

	TYPE CODE		AMOUNT												NO. PAY PERIODS		CODE		REMARKS	
	13	14	15	16	17	18	19	20	21	22	23	24	25	26						
POST ALLOWANCE FOREIGN	0	1																		
EDUCATION ALLOWANCE FOREIGN	0	2																		
POST DIFF. FOREIGN %	0	3	0	0																
POST DIFF. TERR. %	0	4	0	0																
TEMP. QTRS. FOREIGN	0	5																		
LIVING QTR. FOREIGN	0	6																		
STATION ALLOWANCE	0	7																		
SEVERANCE PAY	0	8																		
AWARDS	0	9																		
HOUSEHOLD	1	0																		
MISC. EARNINGS NO. 1	1	1																		
MISC. EARNINGS NO. 2	1	2																		

*Enter number 1 if change is to year-to-date gross; enter number 2 if change is to current pay.

* GPO: 1980-508-508

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input checked="" type="checkbox"/> PD/ 50 (Pad/Sheet per Pad) 2-part sets <input type="checkbox"/> US/ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:A	NRCM 1101 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	*W7540-00-NRC-0705B	PS/50	2-75

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 705C

Form NRC-705C (2-75) NRCM 1101

U.S. NUCLEAR REGULATORY COMMISSION

PAYROLL CHANGE FORM - EMPLOYEE ONE FIELD

EMPLOYEE NAME _____ T & A UNIT _____

SOCIAL SECURITY									PAY PERIOD			C
1	2	3	4	5	6	7	8	9	10	11	12	7

DATE	SLIP NO.

FIELD IDENT. NO.	AMOUNT												REMARKS												
	13	14	15	16	17	18	19	20	21	22	13	14		15	16	17	18	19	20	21	22				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 706

NRC FORM 706
(2-75)
NRCM 1101

U.S. NUCLEAR REGULATORY COMMISSION BOND INPUT TRANSMITTAL

NAME OF EMPLOYEE: _____ T & A UNIT: _____ DATE: _____
PAY PERIOD: _____

SOCIAL SECURITY NUMBER												
F A N N O N R R	P L A C E S O F O R E E E	M A J O R I T Y	T R A N S A C T I O N S	C O N T R I B U T I O N S	O T H E R	S O C I A L	S E C U R I T Y	N U M B E R	I D E N T I F I C A T I O N	N U M B E R	I D E N T I F I C A T I O N	N U M B E R
1	2	3	4	5	6	7	8	9	10	11	12	13

BOND CARD	J	DEDUCTION AMOUNT	PURCHASE AMOUNT	BALANCE	ISSUE MO	ISSUE YEAR	DENOM	POD OR	PREFIX																						
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40					
NO. 1	NAME OF BENEFICIARY OR CO-OWNER															BENEFICIARY OR CO-OWNER'S SSA NO.															
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72

BOND CARD	K	OWNER'S NAME																															
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42					
NO. 2	OWNER'S SSA NO.										FIRST LINE OF ADDRESS																						
43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76

BOND CARD	L	SECOND LINE OF ADDRESS																																
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39									
NO. 3	THIRD LINE OF ADDRESS															ZIP CODE					ONE TIME DEDUCTION													
40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74
REMARKS										PREPARED					APPROVED					KP					RV									

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input checked="" type="checkbox"/> PD/ 50 (Pad/Sheet per Pad) 2-part sets <input type="checkbox"/> US/ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:A	NRCM 1101 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	*W7540-00-NRC-0706X	PD/50	2-75

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 707

NRC FORM 707 8-81		U.S. NUCLEAR REGULATORY COMMISSION	
HOURS OF WORK REQUEST			
EMPLOYEE'S NAME	POSITION TITLE	ORGANIZATION	
UNDER THE FLEXTIME PROVISIONS APPLICABLE TO MY POSITION, I REQUEST THE FOLLOWING TOUR OF DUTY: _____ →		FROM	TO
REMARKS	EMPLOYEE'S NAME	A.M.	P.M.
		DATE	
ACTION BY SUPERVISOR			
APPROVED AS REQUESTED			
OTHER (Specify): _____			
		SUPERVISOR'S SIGNATURE	DATE

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 8 1/2 x 3 1/2"	ADM:OP	NRCM 4136	7540-00-NRC-070X	PD/100	8-81
<input type="checkbox"/> CARD					
<input checked="" type="checkbox"/> PD/ 100 (Pad/Sheet per Pad)					
<input type="checkbox"/> US/ _____ (Unit Sets/Number of Parts)					
<input type="checkbox"/> MP/ _____ (Multipage/Number of Parts)					
<input type="checkbox"/> LABEL					
<input type="checkbox"/> PC (Postal Card)					
<input type="checkbox"/> TC (Tab Card)					
<input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts)					
<input type="checkbox"/> ENVL					
<input type="checkbox"/> OTHER (Specify)					
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST	OTHER (SPECIFY)		
		<input type="checkbox"/> DESTROY:			
		<input type="checkbox"/> IMMEDIATELY			
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS			
		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 709, PARTS 1 & 3

NRC FORM 709
(12-79; NRCM 1101)

EARNINGS AND LEAVE STATEMENT

U.S. NUCLEAR REGULATORY COMMISSION

GOVERNMENT PRINTING OFFICE: 1980-376-551

REMOVE THIS PLY BEFORE MAILING

EMPLOYEE'S NAME AND ADDRESS				T & A UNIT NO.		SOCIAL SECURITY NO.		PAY PERIOD NO.		PAY PERIOD DATES			
				GRADE		SALARY		HR RT		CUMULATIVE RETIREMENT - NRC			
				SERVICE COMP DATE		HEALTH PLAN		FEGLI		FED EX		STATE EX	
EARNINGS	TYPE	HOURS	CURRENT	TYPE	CURRENT	YEAR TO DATE	DEDUCTIONS	DENOM	BEG BAL	DEDUCT	BAL FWD	PUR	
	REG			FED TAX				TOTALS					
	OT			RETMT					GROSS	DEDUCT	BONDS		
	ND			FICA					CURRENT				
	SP			HEALTH					YEAR TO DATE				
	HW			FEGLI					ALLOTMENT 1	ALLOTMENT 2	NET CHECK		
	CCP			ST TAX					CURRENT				
	LSP			LDC TAX					YEAR TO DATE				
	SEV			CFC									
	EQU			UNION									
AWARD													
		EARNED		USED		BALANCE	BAL & ACC	MAXIMUM CARRY	USED		BALANCE		
		CURRENT	YEAR TO DATE	CURRENT	YEAR TO DATE				CURRENT	YEAR TO DATE			
							ADD BAL →					USE →	
							USE →					SINCE LAST WITHIN GRACE →	
								OTHER ABSENCE TAG PAY PER	CODE	HR	CODE	HR	

REMARKS

NRC FORM 709, PART 2

NRC FORM 709
(12-79; NRCM 1101)

EARNINGS AND LEAVE STATEMENT

U.S. NUCLEAR REGULATORY COMMISSION

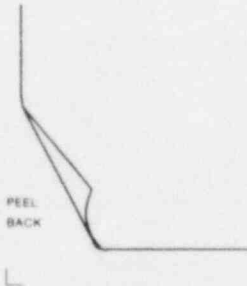
GOVERNMENT PRINTING OFFICE: 1982-376-551

TO OPEN, TEAR OFF BOTH STUBS AND PEEL OFF TOP SHEET

EMPLOYEE'S NAME		T & A UNIT	PAY PERIOD NO.		PAY PERIOD DATES	
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PERSONAL

TO BE OPENED BY ADDRESSEE ONLY



FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input checked="" type="checkbox"/> TP/ 3 _____ (Tab Paper/Number of Parts) Parts <input type="checkbox"/> ENVL differ as shown, 8 3/8 x 5", OTHER (Specify) plus marginal strips	RM:A	NRCM 1101 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	*W7540-00-NRC-0709X	HD	12-79

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 714

NRC FORM 714
(5-81)
NRCM 4130

NOTICE OF WITHIN-GRADE INCREASE

U.S. NUCLEAR REGULATORY COMMISSION

1. ORGANIZATION-NRC (U.S. NUCLEAR REGULATORY COMMISSION)	2. PAYROLL PERIOD	3. RUN DATE
4. EMPLOYEE'S NAME	5. NRC ORGANIZATION CODE	6. SOCIAL SECURITY NUMBER

PART A - NOTIFICATION OF BASIC PAY CHANGE

7. NATURE OF ACTION CODE: 893 NOTE TO SUPERVISOR: This is a notice of within-grade increase.	8. DATE OF LAST EQUIVALENT INCREASE	9. OLD STEP	10. OLD SALARY
11. DATE EMPLOYEE COMPLETES 52, 104, OR 156 CALENDAR WEEKS, AS APPROPRIATE, FROM DATE OF LAST EQUIVALENT INCREASE (APPROXIMATE EFFECTIVE DATE.)	12. PAY PLAN, OCCUPATION SERIES, GRADE	13. NEW STEP	14. NEW SALARY
15/16. REMARKS:			DATE

PART B - DATA ON UNPAID ABSENCE - FOR FINANCE OFFICE USE

17A. Total number of days and hours of unpaid absences (AWOL, LWOP, SUSP., etc.) during periods from date shown in item 8 through date shown in item 11.	B. INITIALS
----------------------------------------------------------------------------------------------------------------------------------------------------------	-------------

PART C - INSTRUCTION TO SUPERVISOR

Within-grade increases are not granted automatically upon completing the required period of service. Please give careful, judicious consideration to the work performance and conduct of this employee during the service period (See the beginning and completion dates shown in items 8 and 11 respectively, above) and determine whether or not a step increase is warranted in accordance with the criteria in Appendix 4130-C. See Appendix 4130-C if the determination cannot be made or is otherwise delayed beyond the date shown in item 11. If a step increase is warranted, sign and date the certification below, forward the "Personnel Folder Copy" to the Division of Organization & Personnel.

CERTIFICATION

I certify that this employee's performance of duties warrants compensation at the next step of his/her grade because (a) the level of competence in terms of fulfilling the requirements and assignments of his/her position is acceptable in that it is, and has been, above that typified by the marginal employee and (b) his/her conduct is satisfactory.

(SUPERVISOR)

(DATE)

1. PERSONNEL FOLDER COPY

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) <input checked="" type="checkbox"/> TP/2____ (Tab Paper/Number of Parts) 8 1/2 x 8" ENVL plus 1" for marginal strips OTHER (Specify)	ADM:OP	NRCM 4130 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	7540-00-NRC-0714X	HD	5-81
STOCKING POINT					
<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 721A

FACE

ORGANIZATION	EMPLOYEE'S NAME	SOCIAL SECURITY NUMBER	FOR WEEK ENDING	MONTH	DAY	YEAR
DOCKET NUMBER	PROGRAM CODE	ACTIVITY CODE	ACT. EXT.	REGULAR HOURS	NON-REGULAR HOURS	A OR V
		1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9			
NRC MANPOWER SYSTEM (MPS)						TOTAL HOURS

NRC Form 721 A
15-771 PRYOR 5-04264-D

REVERSE

OVERTIME REPORTING INSTRUCTIONS

1. All non-regular hours (overtime) must be coded as either approved or voluntary in accordance with Bulletin 0803-3. This is accomplished by placing an "A" for approved or a "V" for voluntary time work in the far right column on the front side of this card.
2. Nonexempt employees must enter all approved "A" overtime, which must match with the overtime submitted to payroll on one's biweekly T&A card.
3. Exempt employees must distinguish between approved "A" and voluntary "V" when reporting overtime. All overtime entered as approved "A" must match with the overtime reported on one's biweekly T&A card. Overtime reported as voluntary "V" will not be matched against payroll records.
4. Time reported into the MPS is used for manpower analysis, reallocation, planning, budget validation and licensing fee schedule purposes. In no way does the Manpower System replace or reduce the requirements for reporting official time worked or leave taken into the T&A system. In addition, voluntary overtime reported into the MPS is not usable for payroll compensation.

PRYOR 8-042660

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
SHEET CARD PD/_____(Pad/Sheet per Pad) US/_____(Unit Sets/Number of Parts) MP/_____(Multipage/Number of Parts) LABEL PC (Postal Card) <input checked="" type="checkbox"/> TC (Tab Card), buff, 7 3/8 x 3 1/4", h to h TP/_____(Tab Paper/Number of Parts) ENVL OTHER (Specify)	RM:D	NRC Bulletin 0803-3	*W7540-00-NRC-0721A	HD	5-77	
		STATUS OF EXISTING STOCK				
		<input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY)				
		<input type="checkbox"/> DESTROY:				
		<input type="checkbox"/> IMMEDIATELY				
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
		STOCKING POINT				
<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS						
		PROMULGATING OFFICE (ONLY)				

U.S. NUCLEAR REGULATORY COMMISSION
MANPOWER SYSTEMS (MPS)
OFFICE OF INSPECTION AND ENFORCEMENT

NRC FORM 721B
8-80
(16 MC 0530)

NOTE: See index for Primary Act description.

DOCKET NUMBERS (Maximum of four allowed) PHASE OR CATEGORY (One letter or digit, see table below)	1. DOCKET HOURS				2. NON-DOCKET HOURS				TOTAL HOURS	
	REGULAR HOURS	NON-REGULAR HOURS	A/V	CODE	REGULAR HOURS	NON-REGULAR HOURS	A/V	CODE	REGULAR HOURS	NON-REGULAR HOURS
ROUTINE PREPARATION	PAP	PAP	PAP	PAP	PAP	PAP	PAP	PAP		
ROUTINE INSPECTION	PP1	PP1	PP1	PP1	PP1	PP1	PP1	PP1		
ROUTINE DOCUMENTATION	D8C	D8C	D8C	D8C	D8C	D8C	D8C	D8C		
REACTIVE PREPARATION	BR1	BR1	BR1	BR1	BR1	BR1	BR1	BR1		
REACTIVE INSPECTION	PR1	PR1	PR1	PR1	PR1	PR1	PR1	PR1		
REACTIVE INVESTIGATION	PIV	PIV	PIV	PIV	PIV	PIV	PIV	PIV		
REACTIVE ENFORCEMENT	PE1	PE1	PE1	PE1	PE1	PE1	PE1	PE1		
INCIDENT/ACCIDENT RESPONSE	RT1	RT1	RT1	RT1	RT1	RT1	RT1	RT1		
REACTIVE DOCUMENTATION	DR1	DR1	DR1	DR1	DR1	DR1	DR1	DR1		
SITE PUBLIC RELATIONS	SR1	SR1	SR1	SR1	SR1	SR1	SR1	SR1		
DOCKET TRAVEL	C01	C01	C01	C01	C01	C01	C01	C01		
SUBTOTAL REGULAR HOURS										
SUBTOTAL NON-REGULAR HOURS										

PERSONAL IDENTIFICATION CODE (PIC)	CODES FOR POWER REACTOR PHASE		CATEGORY CODES FOR MATERIAL LICENSEES		ACTIVITY DESCRIPTION	CODE
	0 - Pre Con. Permit (NO LWA)	1 - Pre Con. Permit with LWA	A - SNM (Excludes SNM Proposed and Discharge)	B - SNM (Includes SNM Proposed and Discharge)		
01 - Section Chief	2 - Pre Con. Permit with LWA	3 - Professional Training	1 - Source Material	1 - SNM (Includes SNM Proposed and Discharge)	SYSTEMATIC ASSESSMENT OF LICENSEE PERFORMANCE (SALP)	SLP
02 - Branch Chief	4 - Start-Up Training	4 - Decommissioned	2 - Spent Fuel Shipment	2 - Spent Fuel Shipment	TRAINING	BNO
03 - Inspector - Region Based	5 - Occupational	7 - Reactor	3 - Support to the Headquarter's & Other Regional Offices	3 - Support to the Headquarter's & Other Regional Offices	ALTERNATIVE ASSIGNMENT	AA0
04 - Inspector - Region Based	6 - Decommissioned		4 - Support to Organizations Out Side of	4 - Support to Organizations Out Side of	NON-DOCKET TRAVEL	C00
05 - Inspector - Site Based			5 - Administrative	5 - Administrative	LEAVE	H00
06 - Inspector - Unit Based			6 - Medical	6 - Medical	SUPPORT TO HEADQUARTERS & OTHER REGIONAL OFFICES	PTG
07 - Emergency Response Coordinator			7 - Environmental	7 - Environmental	SUPPORT TO ORGANIZATIONS OUT SIDE OF	AST
08 - Enforcement Coordinator					ADMINISTRATIVE	PAA
					REGIONAL OFFICE	RPE
					PROFESSIONAL EFFORT	RIPE
					TOTAL	
					(Docket and Non-Docket Hours)	

1. All non-regular hours (overtime) must be coded as either approved or unapproved by placing an "A" for approved or a "U" for unapproved in the "NON-REGULAR HOURS" column.
 2. Non-regular hours (overtime) are approved "A" or unapproved "U" in the "NON-REGULAR HOURS" column.
 3. For the purpose of this form, the term "overtime" is defined as any hours worked in excess of the normal 40-hour work week.
 4. Time reported on the MPS is used for manpower analysis, allocation, and reporting. It does not include time reported on the MPS for reporting purposes only. Time reported on the MPS is not used for payroll computation.

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PREScribing DIRECTIVE	STOCK NUMBER	UNI. OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h, 11" side CARD		RM:D	1E MC 0530	*W7540-00-NRC-0721B	HD	8-80
PD/ (Pad/Sheet per Pad)						
US/ (Unit Sets/Number of Parts)						
MP/ (Multipage/Number of Parts)						
LABEL						
PC (Postal Card)						
TC (Tab Card)						
TP/ (Tab Paper/Number of Parts)						
ENVL						
OTHER (Specify)						
		STATUS OF EXISTING STOCK				
		USE FIRST DESTROY:				
		IMMEDIATELY WHEN NEW STOCK IS AVAILABLE		OTHER (SPECIFY)		
		STOCKING POINT				
		<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS				
		PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 721B, REVERSE

PART B - ALL IE PERSONNEL EXCLUDING INSPECTORS AND INVESTIGATORS

ORGANIZATION CODE	PIC	EMPLOYEE SOCIAL SECURITY NUMBER	WEEK ENDING							EMPLOYEE NAME																																																																																															
			M	T	W	TH	F	S	S																																																																																																
<p>DOCKET NUMBERS (Maximum of four entries) PHASE OR CATEGORY (Use letter or digit, see table on reverse)</p>																																																																																																									
<p>3. ALL DOCKET HOURS</p> <table border="1"> <thead> <tr> <th rowspan="2">ACTIVITY</th> <th rowspan="2">CODE</th> <th colspan="2">REGULAR HOURS</th> <th colspan="2">NON-REGULAR HOURS</th> <th rowspan="2">TOTAL HOURS</th> </tr> <tr> <th>REGULAR</th> <th>A/V</th> <th>REGULAR</th> <th>A/V</th> </tr> </thead> <tbody> <tr> <td>ENFORCEMENT ACTION</td> <td>PE1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>INVESTIGATIONS CONDUCT AND MANAGEMENT</td> <td>P1V</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>INCIDENT/ACCIDENT RESPONSE</td> <td>RT1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SUBTOTAL</td> <td>REGULAR HOURS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SUBTOTAL</td> <td>NON-REGULAR HOURS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											ACTIVITY	CODE	REGULAR HOURS		NON-REGULAR HOURS		TOTAL HOURS	REGULAR	A/V	REGULAR	A/V	ENFORCEMENT ACTION	PE1						INVESTIGATIONS CONDUCT AND MANAGEMENT	P1V						INCIDENT/ACCIDENT RESPONSE	RT1						SUBTOTAL	REGULAR HOURS						SUBTOTAL	NON-REGULAR HOURS																																																						
ACTIVITY	CODE	REGULAR HOURS		NON-REGULAR HOURS		TOTAL HOURS																																																																																																			
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ACTIVITY	DESCRIPTION	CODE	REGULAR HOURS		NON-REGULAR HOURS																																																																																																				
			REGULAR	A/V	REGULAR	A/V																																																																																																			
SYSTEMATIC ASSESSMENT OF LICENSEE PERFORMANCE (SALP)		SLP																																																																																																							
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DE MANAGEMENT SUPPORT		J0M																																																																																																							
REPORT RELATED ADMINISTRATIVE SUPPORT		J00																																																																																																							
ALL OTHER ADMINISTRATIVE SUPPORT		PAA																																																																																																							
ADMINISTRATIVE SUPPORT TO OTHER NRC OFFICES		PRS																																																																																																							
PROGRAM DEVELOPMENT, COORDINATION AND ASSESSMENT		DPP																																																																																																							
INSPECTION PROGRAM MANAGEMENT AND ADMINISTRATION		AEP																																																																																																							
TRAINING		C00																																																																																																							
TRAVEL		B00																																																																																																							
LEAVE		H00																																																																																																							
TOTAL (Docket and Non-Docket Hours)																																																																																																									

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(k)(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 Nuclear Regulatory Commission on NRC Form 721B. This information is maintained in a system of records designated as NRC 30, and described as 40 Federal Register 453 (October 1, 1975).

1. AUTHORITY: Section 161 (p) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2201(p)). Solicitation of the social security number is authorized under Executive Order 93-97 dated November 22, 1983.

2. PRINCIPAL PURPOSE(S): This information is used for the recording and reporting of time in various NRC programs by NRC management in planning, scheduling, and directing NRC programs allocating manpower resources, budget presentations, and calculating training fee schedules. The data are transferred to a computerized records system and are used in reports to the NRC management on a monthly, quarterly, annual, and 80 hour basis. The social security number is used for computer processing this information.

3. ROUTINE USES: None.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure of the requested information is mandatory for employees of the NRC. Failure to provide the requested information may result in appropriate administrative action in accordance with NRC Management System Chapter 4171.

5. SYSTEM MANAGER(S) AND ADDRESS: Director, Office of Management and Program Analysis
 U.S. Nuclear Regulatory Commission
 Washington, DC 20555

DOE/NRC FORM 740M MANDATORY DATA COLLECTION AUTHORIZED BY 13 CFR 30, 40, 70, 76, 75, 150, PUBLIC LAWS 93-253, 93-438, 95-91	U.S. DEPARTMENT OF ENERGY AND U.S. NUCLEAR REGULATORY COMMISSION CONCISE NOTE	Approved by OMB 038-R0477 Approved by OMB 3150-0067	Page of Pages
1. NAME			
STREET ADDRESS			
CITY		STATE	ZIP CODE
2. ATTACHMENT TO			
a. <input type="checkbox"/> DOE/NRC M1 b. <input type="checkbox"/> DOE/NRC M2 c. <input type="checkbox"/> DOE/NRC M2c			
3. RIS			
4. REPORTING PERIOD			
FROM		TO	
5. TRANSACTION DATA			
* SUPPLIERS NO.	** RECEIPTS NO.	*** TRANS. NO.	6. REPORTING DATE
1. AC NO.	2. CORR. P. NO. NO.	3. DATA ACCT. NO.	7. LICENSE NUMBERS
B. LINE NO.			
D. ENTRY REFERENCE			
C. TEXT OF CONCISE NOTE			
[Empty grid for text entry]			
To the best of my knowledge and belief, the information given above and in any attached schedules is true, complete, and correct.			
9. SIGNATURE (See instructions for provisions regarding confidentiality.)			11. DATE
10. TITLE			

18 U.S.C. SECTION 1061, ACT OF JUNE 25, 1948; 52 STAT. 749. MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTERS WITHIN ITS JURISDICTION.

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	NMSS:PC	10 CFR 30, 40, 70 & 150		Sheet	12-81
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/_____ (Pad/Sheet per Pad)					
<input type="checkbox"/>	US/_____ (Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/_____ (Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/_____ (Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					
		STATUS OF EXISTING STOCK				
		<input type="checkbox"/> USE FIRST				
		<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE				
		STOCKING POINT				
		<input type="checkbox"/> WAREHOUSE				
		<input type="checkbox"/> SUPPLY ROOMS				
		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				

Approved by OMB
038-00479 On OMB
21-00-0003

U.S. DEPARTMENT OF ENERGY AND U.S. NUCLEAR REGULATORY COMMISSION
NUCLEAR MATERIAL TRANSACTION REPORT

OMB/NRC FORM 741
(12-81) Previous editions are obsolete.
MANDATORY DATA COLLECTION
AUTHORIZED BY 10 CFR 30, 40, 50, 70,
75, 150, Public Laws 83-702, 90-438, 95-61

1. NAME AND ADDRESS OF SHIPPER		2. NAME AND ADDRESS OF RECEIVER		3. NAME AND ADDRESS OF TRANSFER AGENT		4. NAME AND ADDRESS OF WAREHOUSE		5. NAME AND ADDRESS OF SUPPLY ROOM		6. NAME AND ADDRESS OF PROMULGATING OFFICE	
7. DATE OF TRANSACTION		8. TYPE OF TRANSACTION		9. NUCLEAR MATERIAL IDENTIFICATION NUMBER		10. NUCLEAR MATERIAL IDENTIFICATION NUMBER		11. NUCLEAR MATERIAL IDENTIFICATION NUMBER		12. NUCLEAR MATERIAL IDENTIFICATION NUMBER	
13. WEIGHT AND MEASUREMENT		14. WEIGHT AND MEASUREMENT		15. WEIGHT AND MEASUREMENT		16. WEIGHT AND MEASUREMENT		17. WEIGHT AND MEASUREMENT		18. WEIGHT AND MEASUREMENT	
19. NUCLEAR MATERIAL IDENTIFICATION NUMBER		20. NUCLEAR MATERIAL IDENTIFICATION NUMBER		21. NUCLEAR MATERIAL IDENTIFICATION NUMBER		22. NUCLEAR MATERIAL IDENTIFICATION NUMBER		23. NUCLEAR MATERIAL IDENTIFICATION NUMBER		24. NUCLEAR MATERIAL IDENTIFICATION NUMBER	
25. SHIPPER'S DATA		26. RECEIVER'S DATA		27. SHIPPER'S DATA		28. RECEIVER'S DATA		29. SHIPPER'S DATA		30. RECEIVER'S DATA	
31. SHIPPER'S DATA		32. RECEIVER'S DATA		33. SHIPPER'S DATA		34. RECEIVER'S DATA		35. SHIPPER'S DATA		36. RECEIVER'S DATA	

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	NMSS:FC	10 CFR 30, 40, 70 & 150		Sheet	12-81
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/_____(Pad/Sheet per Pad)					
<input type="checkbox"/>	US/_____(Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/_____(Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/_____(Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					
			STATUS OF EXISTING STOCK			
			DESTROY:			
			<input type="checkbox"/> IMMEDIATELY			
			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
			OTHER (SPECIFY)			
			STOCKING POINT			
			<input type="checkbox"/> WAREHOUSE			
			<input type="checkbox"/> SUPPLY ROOMS			
			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

BE U.S.C. SECTION 1001, ACT OF JUNE 25, 1948 AS THAT WHO MAKES IS A CRIMINAL OFFENSE TO MAKE A FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

NRC FORMS FACSIMILE HANDBOOK

DOE/NRC FORM 742

DOE/NRC FORM 742
(12-81)
MANDATORY DATA COLLECTION
AUTHORIZED BY 10 CFR 30.40, 30.70, 30.150, Public Law 93-703,
93-438, 95-91

U.S. DEPARTMENT OF ENERGY
AND
U.S. NUCLEAR REGULATORY COMMISSION
MATERIAL BALANCE REPORT

Approved by OMB
038-0479
Approved by OMB
3150-0004

1. NAME AND ADDRESS		2. LICENSE NUMBER(S)		3. REPORTING IDENTIFICATION SYMBOL (RIS)	
		4. REPORT PERIOD		5. MATERIAL TYPE (Submit separate report for each type)	
		FROM	TO		
SECTION A MATERIAL ACCOUNTABILITY					
7. DOE/NRC FORM ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO		A. ELEMENT WEIGHT		B. ISOTOPE WEIGHT	
8. BEGINNING INVENTORY - DOE OWNED					
9. BEGINNING INVENTORY - NOT DOE OWNED					
RECEIPTS					
11. PROCUREMENT FROM DOE					
FROM					
13. PROCUREMENT - FOR THE ACCOUNT OF DOE					
14. DOD RETURNS - USE A					
15. DOD RETURNS - USE B					
16. DOD RETURNS - OTHER USES					
21. PRODUCTION					
22. FROM OTHER MATERIALS		a. ICT			
		b. ICT			
		c. ICT			
30. RECEIPTS REPORTED TO DOE/NRC ON DOE/NRC FORM 741 (Not listed elsewhere)					
FROM		RIS			
36. DONATED MATERIAL - FROM DOE TO OTHERS					
39. DONATED MATERIAL - FROM OTHERS TO DOE					
40. TOTAL (Lines 8-39)					
REMOVALS					
41. EXPENDED IN SPACE PROGRAMS					
42. SALES TO DOE - RIS TO		RIS			
TO					
43. SALES TO OTHERS FOR THE ACCOUNT OF DOE		RIS			
TO					
44. DOD - USE A					
45. DOD - USE B					
46. DOD - OTHER USES					
47. EXPENDED IN DOE TESTS					
48. ROUTINE TESTS					
49. SHIPPER - RECEIVER DIFFERENCE					
51. SHIPMENTS REPORTED TO NRC/DOE ON DOE/NRC FORM 741 (Not listed elsewhere)					
TO		RIS			
56. DONATED MATERIAL - TO DOE BY OTHERS					
58. DONATED MATERIAL - TO OTHERS BY DOE					
71. DEGRADATION TO OTHER MATERIALS		a. ICT			
		b. ICT			
72. DECAY					
73. FISSION AND TRANSMUTATION					
74. NORMAL OPERATIONAL LOSSES-MEASURED DISCARDS					
75. ACCIDENTAL LOSSES					
76. APPROVED WRITE-OFFS					
77. INVENTORY DIFFERENCE					
80. ENDING INVENTORY - DOE OWNED					
81. ENDING INVENTORY - NOT DOE OWNED					
82. TOTAL (Lines 41-81)					
83. BIAS ADJUSTMENT					
SECTION B COUNTRY CONTROL NUMBER DATA					
1. COUNTRY CONTROL NUMBER		2. ELEMENT WEIGHT		3. ISOTOPE WEIGHT	
4. TOTAL WEIGHT					
(Total must agree with total on line 80 or 81 or both)					
SECTION C CERTIFICATION					
To the best of my knowledge and belief, the information given above and in any attached schedules is true, complete, and correct.					
SIGNATURE (See instructions for provisions on confidentiality)		TITLE		DATE	

18 U.S.C. SECTION 1001, ACT OF JUNE 25, 1949, STAT. 748 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTERS WITHIN ITS JURISDICTION

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE				
<input checked="" type="checkbox"/> SHEET	NMSS:FC	10 CFR 30, 40, 50, 70, 75 & 150, PLS 83-703, 93-438		Sheet	12-81				
<input type="checkbox"/> CARD									
<input type="checkbox"/> PD/____ (Pad/Sheet per Pad)									
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)									
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)									
<input type="checkbox"/> LABEL									
<input type="checkbox"/> PC (Postal Card)									
<input type="checkbox"/> TC (Tab Card)									
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)									
<input type="checkbox"/> ENVL									
<input type="checkbox"/> OTHER (Specify)									
		STATUS OF EXISTING STOCK							
		<input type="checkbox"/> USE FIRST DESTROY: <table style="display:inline-table; vertical-align: top; margin-left: 10px;"> <tr> <td style="width:50%;"><input type="checkbox"/> IMMEDIATELY</td> <td style="width:50%;">OTHER (SPECIFY)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE</td> </tr> </table>		<input type="checkbox"/> IMMEDIATELY	OTHER (SPECIFY)	<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
<input type="checkbox"/> IMMEDIATELY	OTHER (SPECIFY)								
<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE									
		STOCKING POINT							
		<input type="checkbox"/> WAREHOUSE <table style="display:inline-table; vertical-align: top; margin-left: 10px;"> <tr> <td style="width:50%;"><input type="checkbox"/> SUPPLY ROOMS</td> </tr> </table>		<input type="checkbox"/> SUPPLY ROOMS					
<input type="checkbox"/> SUPPLY ROOMS									
		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)							

U.S. DEPARTMENT OF ENERGY
AND
U.S. NUCLEAR REGULATORY COMMISSION
PHYSICAL INVENTORY LISTING

Approved by OMB
038 R0480
Approved by OMB
3150-0058
Expires 6-30-83

Page _____ of _____ Pages

DOE/NRC Form 742C
(12-81)
MANDATORY DATA COLLECTION
AUTHORIZED BY 10 CFR 30.40, 30.41,
30.13, 130, Public Laws 85-703,
93-438, 95-91

1. NAME
5. STREET ADDRESS
CITY STATE ZIP CODE

2. DOE/NRC FORM 740M ATTACHED
 YES NO
3. INVENTORY DATE

4. REPORTING IDENTIFICATION SYMBOL (RIS)

5. LICENSE NUMBER(S)

BATCH DATA

a. MATERIAL TYPE	b. COMPFAC CODE	c. ELEMENT WEIGHT	d. ISOTOPE WEIGHT	e. DOE PROJECT NO.	f. NUCLEAR MATERIAL IDENTIFICATION	g. BATCH CODE	h. BATCH NAME	i. MEASUREMENT POINT	j. MEASUREMENT I.D.	k. DATE MEASURED	l. DATE RECEIVED
7. TOTALS											

8. SIGNATURE (See instructions for provisions regarding confidentiality)

9. TITLE

10. DATE

To the best of my knowledge and belief, the information given above and in any attached schedules is true, complete, and correct.

18 U.S.C. SECTION 1001; ACT OF JUNE 25, 1948; 62 STAT. 749; MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTERS WITHIN ITS JURISDICTION.

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET		NMSS:FC	10 CFR 30, 40, 50, 70, 75 & 150, PLs 83-703, 93-438, 95-91		Sheet	12-81
<input type="checkbox"/> CARD						
PD/_____(Pad/Sheet per Pad)						
US/_____(Unit Sets/Number of Parts)						
MP/_____(Multipage/Number of Parts)						
LABEL						
PC (Postal Card)						
TC (Tab Card)						
TP/_____(Tab Paper/Number of Parts)						
ENVL						
OTHER (Specify)						
			STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY IMMEDIATELY WHEN NEW STOCK IS AVAILABLE <input type="checkbox"/> OTHER (SPECIFY)			
			STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 751

Form NRC-751
(2/75) NRCM 1101

U.S. NUCLEAR REGULATORY COMMISSION
T & A CONTROL CARD

UNIT

SOCIAL SECURITY NUMBER

PAY PERIOD	YEAR
------------	------

HOURS ABSENT							PREMIUM HOURS				
OTHER	AWL	LWOP	SICK LEAVE	SPECIAL LEAVE	COMP TIME	REVENUE LOSS	OT	HW	ND	CT	SP

(ADDITIONAL REMARKS MAY BE MADE ON REVERSE)

BP10398 BSC

GPO 580 014

FORMS MANAGEMENT DATA				I/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
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STOCKING POINT					
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 763, SEE
REVERSE

FORMS MANAGEMENT DATA					
					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 17 x 11", green ink	RM:D			Sheet	3-75
<input type="checkbox"/> CARD					
<input type="checkbox"/> PD/_____ (Pad/Sheet per Pad)					
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		STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <input type="checkbox"/> OTHER (SPECIFY)			
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

FORM NRC 763
(03-76)

U.S. NUCLEAR REGULATORY COMMISSION

REPORT LAYOUT

1. System Name and Identification Number	2. Module Name	3. Procedure Number	4. Program Name and Number	5. Analyst/Programmer	6. Date Prepared
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 766, PAGES 2, 3 & 4
 (NUMBER IN UPPER RIGHT CORNER
 DENOTES NRC FORM 766A WHICH IS
 NOT PRINTED SEPARATELY)

NRC FORM 766A (1 of 1) U.S. NRC FORM INSPECTOR'S REPORT (Continuation) Office of Inspection and Enforcement	DOCKET NO. (8 digit) OR LICENSE NO. (8 BY PRODUCT) (113 digit)		REPORT NO.		MODULE NUMBER	
			NO.			
			A		VIOLATION SEVERITY OR DEVIATION	
			B		1 2 3 4 5	
			C		D	
		D		D		
VIOLATION OR DEVIATION (Enter up to 2400 characters for each item. If the text exceeds 17 is number, it will be necessary to paraphrase. Limit lines to 50 characters each.)						
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NRC FORMS FACSIMILE HANDBOOK

NRC FORM 767

NRC FORM 767
(3-77)

U.S. NUCLEAR REGULATORY COMMISSION

CONFIRMATORY MEASUREMENTS DATA SHEET

LINE	FACILITY NAME												QUARTER	YEAR	NO. OF COMPARISONS			
	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1
1	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8

LINE	SAMPLE CODE NO.		ISOTOPE CODE NO.		H S L										LICENSEE																					
	0	1	0	1	RESULT					ERROR					RESULT					ERROR																
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FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 8 1/2 x 14" <input type="checkbox"/> CARD PC (Parts/Sheet per Part) US (Unit Sets/Number of Parts) MP (Multiple/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP (Tab Paper/Number of Parts) ENVL OTHER (Specify)	IE			Sheet	3-77
			STATUS OF EXISTING STOCK		
			<input type="checkbox"/> USE FIRST DESTROY:		
			<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE		
			STOCKING POINT		
			<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS		
			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		

NRC FORM 772A (1/83) POSITION ACTION AND EVALUATION -- GRADES 1-15; UNGRADED AND LOCALITY RATE																																																																																			
PART I. INITIATING OFFICE																																																																																			
1. OFFICE (Abbreviation)						DIVISION / BRANCH / SECTION																																																																													
2. TITLE OF POSITION (Use proposed title if position not established)										4. PROPOSED EFFECTIVE DATE																																																																									
5. JOB DESCRIPTION (300 characters)																																																																																			
* END JOB DESCRIPTION																																																																																			
* SUPERVISORY CERTIFICATION. I CERTIFY THAT THIS IS AN ACCURATE STATEMENT OF THE MAJOR DUTIES AND RESPONSIBILITIES OF THIS POSITION AND ITS ORGANIZATIONAL RELATIONSHIPS, AND THAT THE POSITION IS NECESSARY TO CARRY OUT GOVERNMENT FUNCTIONS FOR WHICH I AM RESPONSIBLE. THIS CERTIFICATION IS MADE WITH THE KNOWLEDGE THAT THIS INFORMATION IS TO BE USED FOR STATUTORY PURPOSES RELATING TO APPOINTMENT OF PERSONNEL AND PAYMENT OF PUBLIC FUNDS, AND THAT FALSE OR MISLEADING STATEMENTS MAY CONSTITUTE VIOLATIONS OF SUCH STATUTES OR THEIR IMPLEMENTING REGULATIONS.																																																																																			
PART II. EVALUATION RECORD																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">BASIC SKILLS</th> <th colspan="2">CONTACTS</th> <th colspan="2">DECISIONS</th> <th colspan="2">SUPERVISION</th> <th colspan="2">WORKING CONDITIONS</th> <th colspan="2">EFFORT</th> <th rowspan="2">TOTAL POINT VALUE</th> <th rowspan="2">SIGNATURE</th> <th rowspan="2">DATE</th> </tr> <tr> <th>DEG. VALUE</th> <th>POINT VALUE</th> <th>DEG. VALUE</th> <th>POINT VALUE</th> <th>DEG. VALUE</th> <th>POINT VALUE</th> <th>DEG. VALUE</th> <th>POINT VALUE</th> <th>DEG. VALUE</th> <th>POINT VALUE</th> <th>DEG. VALUE</th> <th>POINT VALUE</th> </tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td>* SUPERVISOR</td> <td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td>* REVIEWING OFFICIAL</td> <td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td>PERSONNEL OFFICER</td> <td></td> </tr> </tbody> </table>												BASIC SKILLS		CONTACTS		DECISIONS		SUPERVISION		WORKING CONDITIONS		EFFORT		TOTAL POINT VALUE	SIGNATURE	DATE	DEG. VALUE	POINT VALUE	DEG. VALUE	POINT VALUE	DEG. VALUE	POINT VALUE	DEG. VALUE	POINT VALUE	DEG. VALUE	POINT VALUE	DEG. VALUE	POINT VALUE														* SUPERVISOR															* REVIEWING OFFICIAL															PERSONNEL OFFICER	
BASIC SKILLS		CONTACTS		DECISIONS		SUPERVISION		WORKING CONDITIONS		EFFORT		TOTAL POINT VALUE	SIGNATURE	DATE																																																																					
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PART III. FOR USE BY PERSONNEL OFFICE																																																																																			
1. ACTION TYPE			2. POSITION NUMBER			3. ORGANIZATION CODE			4. POSITION TYPE																																																																										
NEW (NOA 93001) CHANGE (NOA 93010) DELETE (NOA 93020)			ORG YEAR SEQUENCE						1 - PERMANENT 2 - TEMPORARY 3 - CONSULTANT 4 - STUDENT VOLUNTEER																																																																										
5. PAY PLAN		6. OCCUPATIONAL SERIES		7. FUNCTIONAL CODE		8. WORK SCHEDULE		9. POSITION DESCRIPTION NUMBER		10. DUTY CODE		11. POSITION TITLE CODE		12. POSITION SENSITIVITY																																																																					
WG	GW					F								Q (YES)																																																																					
WL	YW					P		13. POSITION TITLE (40 characters)						L (NO)																																																																					
WP	YV					I																																																																													
WS	GG																																																																																		
WW																																																																																			
14. UNION CATEGORY						15. FLSA																																																																													
P - PROFESSIONAL		M - MANAGEMENT		A - AUDITOR		E - EXEMPT																																																																													
N - NONPROFESSIONAL		C - CONFIDENTIAL		O - OTHER		N - NONEXEMPT																																																																													
S - SUPERVISOR		L - LABOR																																																																																	
16. COMPETITIVE / EXCEPTIVE CODE						17. SUPERVISORY CODE						18. DATE OF LAST AUDIT REVIEW																																																																							
1 - COMPETITIVE		1 - SUPERVISORY										MONTH DAY YEAR																																																																							
2 - EXCEPTIVE		8 - NONSUPERVISORY																																																																																	
		3 - MANAGEMENT																																																																																	

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET CARD PD/____ (Pad/Sheet per Pad) US/ <u>4</u> (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)		ADM:OP	NRCM 4176	W7540-00-NRC-0772A	HD	1-83
		STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		OTHER (SPECIFY) STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ON: Y)		

NRC FORM 772B
(3-78)
NRCM 4176

U.S. NUCLEAR REGULATORY COMMISSION
POSITION ACTION AND EVALUATION - GRADES - 16-18, STS & SR

PART I - FOR USE BY INITIATING OFFICE

1. NRC OFFICE (AMR) _____ 2. ORGANIZATIONAL LOCATION OF POSITION (Division, Branch, Section) _____

3. TITLE OF POSITION (Use Proposed Title if Position not established) _____ 4. PROPOSED EFFECTIVE DATE _____

5. PROPOSED ACTION (Circle Applicable Letter):
 A. ESTABLISH NEW POSITION
 B. EVALUATE REDESCRIPTION OF POSITION
 C. ADD ATTACHED AMENDMENT TO DESCRIPTION
 D. ABOLISH POSITION
 E. OTHER _____

ENTER NUMBER OF THE POSITION TO BE CHANGED BY THIS ACTION. LEAVE BLANK IF THIS ACTION ESTABLISHES A NEW POSITION.

ORG	YR	SEQ

6. FUNCTIONAL ANALYSIS OF POSITION (Complete if Action Code A, B, OR C Above. See Appen 0802 and 4176)

FUN 1	N	FUN 2	N	FUN 3	N	FUN 4	N	FUN 5	N	FUN 6	N

7. JOB DESCRIPTION SUMMARY (300 Characters)

8. INITIATING OFFICE EVALUATION RECORD

TECHNICAL KNOWLEDGE	ADMIN (16-18 ONLY)	CONTACTS	COMM	TOTAL

SEE ATTACHED FORM NRC 323B FOR JUSTIFICATION

9. RECOMMENDATION OF INITIATING OFFICE

RECOMMENDED GRADE OR STS RATE	SIGNATURE (Authorized Official)	DATE

PART II A - RECOMMENDATION OF THE DIVISION OF PERSONNEL

THE GRADE RECOMMENDED DOES NOT EXCEED THE GRADE OF POSITIONS OF EQUIVALENT DIFFICULTY AND RESPONSIBILITY UNDER THE CLASSIFICATION ACT.

THE SUBJECT POSITION REQUIRES SCIENTIFIC AND TECHNICAL PERSONNEL AND IS EXEMPT BY PROVISIONS OF SECTION 1610 OF THE ATOMIC ENERGY ACT OF 1954 FROM CONFORMANCE WITH THE CLASSIFICATION ACT.

1. EVALUATION RECORD

TECHNICAL KNOWLEDGE	ADMIN (16-18 ONLY)	CONTACTS	COMM	TOTAL

2. RECOMMENDATION OF DIVISION OF PERSONNEL

RECOMMENDED GRADE OR STS RATE	SIGNATURE (Dir., Div. of Personnel)	DATE

PART II B - RECOMMENDATION OF RESPONSIBLE DIRECTOR OF OFFICE, DIVISION OR REGIONAL OFFICE

RECOMMENDED GRADE OR STS RATE	SIGNATURE	DATE

PART II C - APPROVED BY THE EXECUTIVE DIRECTOR OF OPERATIONS

APPROVED GRADE OR STS RATE	SIGNATURE	DATE

PART III - TO BE COMPLETED BY THE DIVISION OF PERSONNEL (For Input to the Headquarters ADP System)

1. POSITION NUMBER	2. ACTION (CIRCLE)	3. EFFECTIVE DATE	4. ORGANIZATION CODE	BUDGET CODE	5. SUPERVISOR
ORG YR SEQ	A-ADD C-CHG D-DEL	MO DAY YR			1-YES 2-NO 3-NRC

7A. UNION ELIGIBILITY: E I 7B. UNION CATEGORY: P N S M C L A O 8. POS. SENSITIVITY: S N 9. EXEMPT: 0 1

10. OFFICIAL POSITION TITLE (60 Characters)

11. APPROVED PAY PLAN (Circle One)	12. OCCUPATION CODE	13. APPROVED PAY GRADE (Circle One if GG, or I, 1)	14. FUNCTIONAL CLASSIFICATION CODE FOR SCIENTISTS AND ENGINEERS (Circle One)	15. EXECUTIVE POSITION CODE
GG ST SR		16 17 18 II III IV V	11 12 13 14 21 22 23 24 31 32 41 42 51 81 91 92 93 94 99 OTHER	

PART I - POSITION DESCRIPTION FILE COPY

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET _____ CARD _____ PD/____ (Pad/Sheet per Pad) X US/ 5 (Unit Sets/Number of Parts) ALL PARTS MP/____ (Multipage/Number of Parts) PRINT SAME LABEL EXCEPT PART 2 PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL _____ OTHER (Specify) _____		ADM:OP	NRCM 4176	W7540-00-NRC-0772B	HD	2-76
			STATUS OF EXISTING STOCK			
			USE FIRST _____ OTHER (SPECIFY) _____ DESTROY: _____ IMMEDIATELY _____ WHEN NEW STOCK IS AVAILABLE _____			
			STOCKING POINT			
			X WAREHOUSE _____ SUPPLY ROOMS _____ * PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 782, PART 1

NRC Form 782 (Rev. 1-82)		U.S. NUCLEAR REGULATORY COMMISSION										
MATERIALS DATA INPUT - INDUSTRIAL, MEDICAL, SOURCE/SPECIAL NUCLEAR												
A. TYPE OF ACTION AND IDENTIFICATION CODES												
<input type="checkbox"/>	NEW LICENSE	<input type="checkbox"/>	AMENDMENT TO RENEW LICENSE	<input type="checkbox"/>	AMENDMENT TO TERMINATE	<input type="checkbox"/>	VOID	DOCKET NUMBER	<input type="checkbox"/>	MAIL CONTROL NUMBER	<input type="checkbox"/>	CHANGE NAME ADDRESS ("X" Box)
<input type="checkbox"/>	NEW LICENSE AND NEW LICENSEE	<input type="checkbox"/>	OTHER AMENDMENT	<input type="checkbox"/>	CLERICAL CHANGE NO AMENDMENT							
B. INDICATIVE INFORMATION												
INDIVIDUAL LICENSEES	NAME (Last, First, Middle)				NAME (Last, First, Middle)							
	NAME (Last, First, Middle)				NAME (Last, First, Middle)							
	NAME (Last, First, Middle)				NAME (Last, First, Middle)							
ORGANIZATION	ORGANIZATION NAME (Alphabetical Sequence)											
LICENSEES	DEPARTMENT OR BUREAU											
ADDRESS	BUILDING STREET				CITY	STATE	ZIP CODE					
TYPE OF APPLICANT	<input type="checkbox"/>		U.S. GOVERNMENT AGENCY	DATE REQUEST RECEIVED	INSTITUTION CODE	FUNDING PROJ. CODE	ACTUAL PROJ. CODE					
	<input type="checkbox"/>		INDIVIDUAL LICENSEE									
<input type="checkbox"/>		ORGANIZATIONAL LICENSEE										
SECONDARY PROGRAM CODES (As required)												
S1		S2		S3		S4	S5					
LICENSE NUMBER		DATE LICENSE ISSUED OR ACTION COMPLETED		EXPIRATION DATE								
C. STATISTICAL INFORMATION												
MEDICAL CATEGORY		<input type="checkbox"/>		FOR HUMAN USE ONLY	<input type="checkbox"/>		FOR HUMAN AND NONHUMAN USE	<input type="checkbox"/>	FOR NONHUMAN USE ONLY			
POSSESSION OF THE MATERIAL IS AUTHORIZED IN ONE OF THE FOLLOWING AREAS												
AND/OR IN THE STATE(S) COUNTRY CHECKED (All right)	SOME AS STATE IN ADDRESS			ALL STATES			ALL NON-AGREEMENT STATES					
	AL ALABAMA	GA GEORGIA	MD MARYLAND	NJ NEW JERSEY	SC SOUTH CAROLINA	WY WYOMING						
	AK ALASKA	HI HAWAII	MA MASSACHUSETTS	SD SOUTH DAKOTA								
	AZ ARIZONA	IL ILLINOIS	MI MICHIGAN	NY NEW YORK	TN TENNESSEE	AS AMERICAN SAMOA						
	AR ARKANSAS	IN INDIANA	MN MINNESOTA	NC NORTH CAROLINA	TX TEXAS	CZ CANAL ZONE						
	CA CALIFORNIA	IA IOWA	MS MISSISSIPPI	ND NORTH DAKOTA	UT UTAH	GU GUAM						
	CO COLORADO	KS KANSAS	MO MISSOURI	OH OHIO	VT VERMONT	PR PUERTO RICO						
	CT CONNECTICUT	LA LOUISIANA	MT MONTANA	OK OKLAHOMA	VA VIRGINIA	VI VIRGIN ISLANDS						
	DE DELAWARE	KY KENTUCKY	NE NEBRASKA	OR OREGON	WA WASHINGTON							
	DC WASHINGTON DC	ME MAINE	NV NEVADA	PA PENNSYLVANIA	WV WEST VIRGINIA	CN CANADA						
	FL FLORIDA	NH NEW HAMPSHIRE	RI RHODE ISLAND	WI WISCONSIN								
	D. POSSESSION LIMITS OF SOURCE AND SPECIAL NUCLEAR MATERIALS AND TRITIUM											
	SOURCE MATERIAL CEILING	G GRAMS		SMALL CEILING	G GRAMS		IF FOR POWER REACTOR					
		Kg KILOGRAMS			Kg KILOGRAMS		("X" New)					
	MATERIAL	AMOUNT	UNIT	ENRICH	MATERIAL	AMOUNT	UNIT	ENRICH				
	U2-235		G S				G S					
		Kg LMG				Kg LMG						
U2-232		G S				G S						
		Kg LMG				Kg LMG						
Plu-Plutonium		G S				G S						
		Kg LMG				Kg LMG						
UR-Uranium		G S				G S						
		Kg LMG				Kg LMG						
Th-Thorium		G S				G S						
		Kg LMG				Kg LMG						
		G S				G S						
		Kg LMG				Kg LMG						
		G S				G S						
		Kg LMG				Kg LMG						
H3-Tritium		CURIES	RIS CODES									
		MILLCURIES										
		MICROCURIES										
Type two digit codes												
S SEALED		UNS UNSEALED										

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	NMSS:FC	DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	*W7540-00-NRC-0782X	HD	1-82
CARD					
PD/ (Pad/Sheet per Pad)					
US/ 7 (Unit Sets/Number of Parts)					
MP/ 6 (Multipage/Number of Parts)					
LABEL					
PC (Postal Card)					
TC (Tab Card)					
TP/ (Tab Paper/Number of Parts)					
ENVL					
OTHER (Specify)					
STATUS OF EXISTING STOCK					
STOCKING POINT					
<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS					
PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 782, PART 3

NRC Form 782 (1-82)		U.S. NUCLEAR REGULATORY COMMISSION					
MATERIALS DATA INPUT - INDUSTRIAL, MEDICAL, SOURCE/SPECIAL NUCLEAR							
COL 1-1	COL 1-3	COL 1-5	COL 2-9	10	COL 11-15		
COL 1-2	COL 1-4	COL 1-6		1			
DUPLICATE COLUMNS 1-9; PUNCH COL 10; DUPLICATE COLUMNS 11-15							
CA100	COL 10	16-44	45-73				
2	2	16-44	45-73				
3	3	16-44	45-73				
4	4	16-44	45-73				
5	5	16-80					
6	6	16-80					
7	7	16-45	46-64	65-66	67-71		
8	COL 16 PUNCH FIELD NO. CHECKED	1	17-22	23-27	28-32	28-32	
		2					
		3					
33-45							

NRC Form 732 (1-82)		U.S. NUCLEAR REGULATORY COMMISSION					
MATERIALS DATA INPUT—INDUSTRIAL, MEDICAL, SOURCE/SPECIAL NUCLEAR							
A. TYPE OF ACTION AND IDENTIFICATION CODES							
<input type="checkbox"/>	NEW LICENSE	<input type="checkbox"/>	AMENDMENT TO RENEW LICENSE	<input type="checkbox"/>	AMENDMENT TO TERMINATE	<input type="checkbox"/>	VOID
<input type="checkbox"/>	NEW LICENSE AND NEW LICENSEE	<input type="checkbox"/>	OTHER AMENDMENT	<input type="checkbox"/>	CLERICAL CHANGE NO AMENDMENT	<input type="checkbox"/>	DOCKET NUMBER
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	MAIL CONTROL NUMBER
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	CHANGE NAME ADDRESS ("X" Box)
B. INDICATIVE INFORMATION							
INDIVIDUAL LICENSEES	NAME (Last, First, Middle)				NAME (Last, First, Middle)		
	NAME (Last, First, Middle)				NAME (Last, First, Middle)		
	NAME (Last, First, Middle)				NAME (Last, First, Middle)		
ORGANIZATION	ORGANIZATION NAME (Alphabetic Sequence)						
LICENSEES	DEPARTMENT OR BUREAU						
ADDRESS	BUILDING STREET			CITY		STATE	ZIP CODE
TYPE OF APPLICANT	<input type="checkbox"/> U.S. GOVERNMENT AGENCY		DATE REQUEST RECEIVED		INSTITUTION CODE		PENDING PROC. CODE
	<input type="checkbox"/> INDIVIDUAL LICENSEE		<input type="checkbox"/> ORGANIZATIONAL LICENSEE		<input type="checkbox"/> ACTUAL PROC. CODE		
SECONDARY PROGRAM CODES (As required)							
#1		#2		#3		#4	
#5		#6		#7		#8	
LICENSE NUMBER			DATE LICENSE ISSUED OR ACTION COMPLETED			EXPIRATION DATE	
BYPRODUCT	CHEMICAL OR PHYSICAL FORM					POSSESSION LIMIT	
MAIL TO: _____ DATE MAILED: _____ REVIEWER: _____ DATE COMPLETED: _____							

NRC Form 782 11-82		U.S. NUCLEAR REGULATORY COMMISSION						
MATERIALS DATA INPUT - INDUSTRIAL, MEDICAL, SOURCE/SPECIAL NUCLEAR								
A. TYPE OF ACTION AND IDENTIFICATION CODES								
<input type="checkbox"/>	NEW LICENSE	<input type="checkbox"/>	AMENDMENT TO RENEW LICENSE	<input type="checkbox"/>	AMENDMENT TO TERMINATE	<input type="checkbox"/>	VOID	
<input type="checkbox"/>	NEW LICENSE AND NEW LICENSEE	<input type="checkbox"/>	OTHER AMENDMENT	<input type="checkbox"/>	CLERICAL CHANGE NO AMENDMENT	<input type="checkbox"/>	DOCKET NUMBER	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	MAIL CONTROL NUMBER	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	CHANGE NAME ADDRESS ("X" Box)	
B. INDICATIVE INFORMATION								
INDIVIDUAL LICENSEES	NAME (Last, First, Middle)				NAME (Last, First, Middle)			
	NAME (Last, First, Middle)				NAME (Last, First, Middle)			
	NAME (Last, First, Middle)				NAME (Last, First, Middle)			
ORGANIZATION LICENSEES	ORGANIZATION NAME (Alphabetical Sequence)							
	DEPARTMENT OR BRANCH							
RADIOACTIVE MATERIAL LISTED IN							INDICATE DESIRED ITEMS	MAXIMUM POSSESSION LIMITS (in microcuries)
1	10 CFR 26.100 SCHEDULE A, GROUP I							As needed
2	10 CFR 26.100 SCHEDULE A, GROUP II							As needed
3	10 CFR 26.100 SCHEDULE A, GROUP III							
4	10 CFR 26.100 SCHEDULE A, GROUP IV							As needed
5	10 CFR 26.100 SCHEDULE A, GROUP V							As needed
6	10 CFR 26.100 SCHEDULE A, GROUP VI							
7	10 CFR 31.11 FOR IN VITRO STUDIES							
8	AMERICIUM 241 ANATOMICAL MARKER							14 mCi
9	XENON 133 As gas or gas in saline for blood flow and pulmonary function studies							
10	IODINE 131 As iodide for treatment of hyperthyroidism and certain dysfunctions							
11	IODINE 131 As iodide for treatment of thyroid carcinoma							
12	PHOSPHORUS 32 As soluble phosphate for treatment of polycythemia vera, leukemia and bone metastases							
13	PHOSPHORUS 32 As colloidal chromic phosphate for intracavitary treatment of malignant effusions							
14	DEPLETED URANIUM FOR SHIELDING							Kg
	BYPRODUCT	FORM			POSSESSION LIMITS		USE	
16	C-14	Any					In Vitro Studies	
17	H-3						Animal Studies	
18	I-125	Prepackaged Units					Standard for Instrument Calibration	
19	I-131							
20	P-32							
21	S-90	Sealed Source					Treatment of Superficial Eye Disease	
22	Cs-137							
23	CONTINUED ON THE REVERSE OF THIS PAGE							
CONDITIONS				USERS				
				NAME		AUTHORIZATIONS		
19	9A	9B	9C					
5	9D	9E	9F					
6A	9G	9H	9I					
6B	9J	9K	9L					
7A	9M	9N	9O					
7B	9P	9Q	9R					
10A1112131BCDE				OTHER CONDITIONS (Specify)				
11A1112131BCDE								
12A1112131BCDE								
13A1112131BCDE								
14A1112131BCDE								
15A1112131BCDE								
16 APPL DATED								
LETTERS DATED								
MODEL ALARA PROGRAM								
MAIL TO:				REVIEWER		DATE COMPLETED		

NRC Form 782 (1-82)		U.S. NUCLEAR REGULATORY COMMISSION					
MATERIALS DATA INPUT—INDUSTRIAL, MEDICAL, SOURCE/SPECIAL NUCLEAR							
A. TYPE OF ACTION AND IDENTIFICATION CODES							
<input type="checkbox"/>	NEW LICENSE	<input type="checkbox"/>	AMENDMENT TO RENEW LICENSE	<input type="checkbox"/>	AMENDMENT TO TERMINATE	<input type="checkbox"/>	
<input type="checkbox"/>	NEW LICENSE AND NEW LICENSEE	<input type="checkbox"/>	OTHER AMENDMENT	<input type="checkbox"/>	VOID	<input type="checkbox"/>	
			CLERICAL CHANGE NO AMENDMENT		DOCKET NUMBER	MAIL CONTROL NUMBER	
						CHANGE NAME ADDRESS ("X" Box)	
B. INDICATIVE INFORMATION							
INDIVIDUAL LICENSEES	NAME (Last, First, Middle)			NAME (Last, First, Middle)			
	NAME (Last, First, Middle)			NAME (Last, First, Middle)			
	NAME (Last, First, Middle)			NAME (Last, First, Middle)			
ORGANIZATION	ORGANIZATION NAME (Alphabetic Sequence)						
LICENSEES	DEPARTMENT OR BUREAU						
ADDRESS	BUILDING STREET			CITY	STATE	ZIP CODE	
TYPE OF APPLICANT	<input type="checkbox"/>	U.S. GOVERNMENT AGENCY		DATE REQUEST RECEIVED	INSTITUTION CODE	PENDING PROG. CODE	
	<input type="checkbox"/>	INDIVIDUAL LICENSEE				ACTUAL PROG. CODE	
	<input type="checkbox"/>	ORGANIZATIONAL LICENSEE					
SECONDARY PROGRAM CODES (As required)							
	#1	#2	#3	#4	#5		
	LICENSE NUMBER		DATE LICENSE ISSUED OR ACTION COMPLETED		EXPIRATION DATE		
	APPLICANT'S COMMUNICATION DATED		CLASSIFICATION		ASSIGNED TO		
					RESULTING AMENDMENT NUMBER		
ENCLOSURES							
UNCLASSIFIED DESCRIPTION							
DISTRIBUTION							
OTHER REFERRALS							
NAME		DATE		NAME		DATE	

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 790, FACE

NRC FORM 790
110-B1
NRCM 2101

U.S. NUCLEAR REGULATORY COMMISSION
CLASSIFICATION/DECLASSIFICATION RECORD

APPROVED BY OMB
3150-002
EXPRES 4-30-83

TO: Division of Security Information Security Branch		Authorized classifiers MUST COMPLETE NRC FORM 790 for each classification or declassification review performed. Enter only the number of characters space provides for.		FROM: AUTHORIZED CLASSIFIER/DECLASSIFIER'S NAME (Type or print)	
		SIGNATURE		DATE	
1. DATA INDEX NO. (To be assigned by Division of Security)		9. REASON FOR REVIEW		CODE MEANING	
7-5		59		1 NDC REVIEW REQUEST 4 FOIA REQUEST	
				2 E.O. 12065 Mandatory Review 5 FOIA APPEAL	
				3 E.O. 12065 Appeal	
2. DOCUMENT TITLE (Unclassified)		10. RESULT OF REVIEW		CODE MEANING	
7-41		59		1 Original Classification 4 Classification Level Upgrade	
				2 Derivative Classification 5 Classification Level Downgrade	
				3 Declassification	
3. DATE OF DOCUMENT		4. ITEM CONTROL IDENTIFICATION		11. CLASSIFICATION LEVEL FOLLOWING THIS REVIEW	
DAY MO YEAR		OFFICE SYMBOL YEAR TS OR S NO		CODE MEANING	
42-47		48-57		1 TS-NSI 4 TS-RD 7 TS-FRD	
				2 S-NSI 5 S-RD 8 S-FRD	
				3 C-NSI 6 C-RD 9 C-FRD	
6. TYPE OF DOCUMENT (Enter 1 digit from list of codes)		7. NO. OF PAGES PER DOCUMENT		12. LENGTH OF CLASSIFICATION	
CODE MEANING		CODE MEANING		CODE MEANING	
1 Staff Studies 5 Briefing or Lectures Notes				9 Does not Apply (e.g. Restricted data or declassification)	
2 Minutes of Meetings 6 Commission Paper				1 6 Years or Less	
3 Memos or Letters 7 Licensee or Contractor Report				2 6-20 Years	
4 Other (Explain on reverse)				3 30 Years (e.g. Foreign Government information)	
56		52-58		71	
8. TYPE OF REVIEW		13. FUTURE ACTION		CODE MEANING	
CODE MEANING		CODE MEANING		9 No Future Action Required	
1 CLASSIFICATION REVIEW				1 Declassification	
2 DECLASSIFICATION REVIEW				2 Declassification Review	
67		59-61		72	
				14. DECLASSIFICATION OR REVIEW DATE	
				MO YR	
				73-76	
				15. AUTHORIZED CLASSIFIER NUMBER	
				77-80	

U.S. GOVERNMENT PRINTING OFFICE: 1981-354-787

NRC FORM 790, REVERSE, PART 3

INSTRUCTIONS FOR COMPLETING NRC FORM 790 - CLASSIFICATION/DECLASSIFICATION RECORD

Please note that NRC Form 790 must be completed by the Authorized Classifier for each classification or declassification review which results in an original or derivative classification, declassification, or classification level upgrade or downgrade. The Authorized Classifier must submit two copies of the completed and signed form to the Information Security Branch, Division of Security, on the day the classification or declassification review is completed.

COMPLETION OF FORM

- Item 1 - To be completed by the Division of Security.
- Item 2 - Unclassified Document Title: Begin title in space 7. Leave a space between words. Abbreviations are acceptable.
- Item 3 - Insert date document was originated.
- Item 4 - Insert office symbol in spaces 48-51, current calendar year in spaces 52-53, and (document number in spaces 54-57 for Top Secret or Secret documents only.)
- Items 5-14 - Self Explanatory.
- Item 15 - Use the number assigned to you by the Division of Security. Use right hand spaces if number has fewer than 4 digits.

FORMS MANAGEMENT DATA

1/83

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	ADM:SEC	NRCM 2101	7540-00-NRC-0790X	HD	10-81
CARD					
PD/ (Pad/Sheet per Pad)					
X US/ 3 (Unit Sets/Number of Parts) WITH PRINT LABEL					
MP/ (Multipage/Number of Parts) ON REVERSE OF PART 3					
PC (Postal Card)					
TC (Tab Card)					
TP/ (Tab Paper/Number of Parts)					
ENVL					
OTHER (Specify)					
STATUS OF EXISTING STOCK					
DESTROY:					
<input type="checkbox"/> IMMEDIATELY		OTHER (SPECIFY)			
<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE					
STOCKING POINT					
<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS					
<input type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 1218A

JOB CONTROL LANGUAGE CARD

0					
1	1				
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				

NRC 1218A (7-75) NRC FORM 1218A

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
SHEET	RM:D		W7540-0G-NRC-1218A	HD	7-75	
CARD						
PD/____ (Pad/Sheet per Pad)						
US/____ (Unit Sets/Number of Parts)		STATUS OF EXISTING STOCK		W7540-0P-NRC-1218A	HD	7-75
MP/____ (Multipage/Number of Parts)		<input type="checkbox"/> USE FIRST	OTHER (SPECIFY)	W7540-0S-NRC-1218A	HD	7-75
LABEL		DESTROY:		W7540-0Y-NRC-1218A	HD	7-75
PC (Postal Card)		<input type="checkbox"/> IMMEDIATELY				
TC (Tab Card), 7 8/8 x 3 1/2", green, pink,		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
TP/____ (Tab Paper/Number of Parts) salmon & yellow		STOCKING POINT				
ENVL	<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS				
OTHER (Specify)	PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 9401

DOCKET NO.	BOX NO.
APPLICANT	
PLANT NAME	
CONTENTS	

NRC - 9401 (10-80)

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/ _____ (Pad/Sheet per Pad) <input type="checkbox"/> US/ _____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ _____ (Multipage/Number of Parts) <input checked="" type="checkbox"/> LABEL 8½ x 5½" <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:TIDC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Label	1-75
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

OPTIONAL FORM 7 NOVEMBER 1950 PRESCRIBED BY GSA FPMR (41 CFR) 101-19.106		<h2>PROPERTY PASS</h2>		1. DATE ISSUED
This pass is to be used whenever property is removed from the building. It is to be properly filled in and signed and handed to the guard when leaving the building.				
2. NAME		3. BUILDING		
4. DESCRIPTION OF PROPERTY BEING REMOVED				
5. PROPERTY BELONGS TO		6. DEPARTMENT OR AGENCY		
7. SIGNATURE OF PERSON AUTHORIZING REMOVAL OF PROPERTY		8. TITLE		
9. PASS GOOD UNTIL				

GPO : 1981 O - 361-526 (7287) 507-102

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, 5 x 3" <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Fostal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	ADM:FOS:PS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	7540-00-634-4264	HD	11-50
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

UNITED STATES GOVERNMENT

2-Way Memo

Subject:

To :
➔

INSTRUCTIONS
 Use routing symbols whenever possible.
SENDER (Originator of message):
 Use brief, informal language.
 Conserve space.
 Forward original and one copy.
RECEIVER (Replier to message):
 Reply below the message, keep one copy, return one copy.

DATE OF MESSAGE	ROUTING SYMBOL
SIGNATURE OF ORIGINATOR	
TITLE OF ORIGINATOR	

INITIAL MESSAGE

REPLY MESSAGE

From :

DATE OF REPLY	ROUTING SYMBOL
SIGNATURE OF REPLIER	
TITLE OF REPLIER	

5027-105

1. TO BE RETAINED BY ADDRESSEE (Receiver)

OPTIONAL FORM 37
GSA FPMR (41 CFR) 101-11.6

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
SHEET CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 3 (Unit Sets/Number of Parts), PART 3 MP/____ (Multipage/Number of Parts) Contains LABEL print on its reverse PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:TIDC:DM	NRCM 0240	7540-00-082-2447	RD	7-81	
		STATUS OF EXISTING STOCK				
		<input type="checkbox"/> USE FIRST				OTHER (SPECIFY)
		<input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
		STOCKING POINT				
<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS					
		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)				

UNITED STATES GOVERNMENT

GUIDES TO SIMPLIFIED INFORMAL CORRESPONDENCE

Handwritten notes: "11-11-52" and "11-11-52"

Typical Government letter has been conservatively estimated to cost \$2.00, not including the cost of filing and ultimate disposition. Informal communication, resulting from the use of Optional Form 27, 2-WAY MEMO, can reduce this cost to less than one cent. Persons experienced in the field of letterwriting have made the following observations about Government correspondence practices:

- The bulk of correspondence is conducted within the governmental family itself—between offices whose day-to-day relationships could permit simple, informal written communication.
- Many written communications are for immediate action, are routine in nature, such as requests for information or services, and do not require copies for distribution.
- Many written communications are less than a dozen lines in length.

PRINCIPLES INVOLVED

PRACTICAL PURPOSES SERVED BY 2-WAY MEMO

- In actual experience, where agencies have issued instructions encouraging the use of memorandums and informal correspondence within the agency, there has been a noticeable drop in the communications effort and in the time required to respond to a request, as well as a reduction of useless copies in file. An examination of the two types of correspondence indicates that formal correspondence has certain drawbacks:
 - Formal correspondence is usually more wordy because of salutations, introductory paragraphs, complimentary closings, etc. It becomes a difficult writing chore because of continual polishing and editing.
 - Formal correspondence typically calls for more reviews, resulting in many rewrites, and for excessive time-in-shop.
 - Formal correspondence goes through stricter clearance channels, and frequently makes communication between "opposite numbers" very difficult.
- In many cases, the best reply is an informal endorsement on an incoming letter. Optional Form 27, 2-WAY MEMO, takes advantage of this principle.

- The message and the reply are placed on the same page in brief, informal language. This simplifies writing, handling, storing, and disposing of short communications.
- The message may be prepared by typewriter or by hand; the reply may be by typewriter, by hand, or by rubber stamp.
- It is possible to achieve a greater delegation of signing authority with the 2-WAY MEMO because of its informal nature.
- The 2-WAY MEMO may be designated for special handling. It may be marked URGENT if exceptional speed is required. It may be stamped for special mailing services. It may be used for classified material if it is marked with the proper security classification.
- The "TO" line and the "FROM" line are so placed that the 2-WAY MEMO may be sent in a window envelope and returned in a window envelope if desired.
- The 2-WAY MEMO is particularly well suited for communication between "opposite numbers" within one agency or in different agencies.

TO: JOHN B. SMITH	FROM: J. B. SMITH
DATE: 11-11-52	RE: [illegible]

OPTIONAL FORM 27 BACK

ROUTING AND TRANSMITTAL SLIP		Date
TO: (Name, office symbol, room number, building, Agency/Post)		Initials Date
1.		
2.		
3.		
4.		
5.		
Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Rcom No.—Bldg.
	Phone No.

9041-102
 OPTIONAL FORM 41 (Rev. 7-76)
 Prescribed by GSA
 FPMR (41 CFR) 101-11.206
 U.S. GOVERNMENT PRINTING OFFICE: 1979—280-184/12

FORMS MANAGEMENT DATA						
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PREScribing DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input checked="" type="checkbox"/> PD/ 100 (Pad/Sheet per Pad), 5 1/2 x 8" <input type="checkbox"/> US/ (Unit Sets/Number of Parts) yellow <input type="checkbox"/> MP/ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)		ADM:TIDC:DM	NRCM 0240	7540-00-935-5862	PD	7-76
		STATUS OF EXISTING STOCK				
		<input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		OTHER (SPECIFY)		
		STOCKING POINT				
		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

OF 67, PAGES 1 & 2

ACTIVITY SCHEDULE							JANUARY 1983		
SUN.	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT.			
NOTES				DECEMBER 1982 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	FEBRUARY 1983 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	1	NEW YEAR'S DAY		
	2 3	4	5	6	7	8			
	9 10	11	12	13	14	15			
	16 17	18	19	20	21	22			
	23 24	25	26	27	28	29			
	30 31								
JANUARY 1983							7540-01-068-3389 For 1984 Order 7540-01-068-3389		OPTIONAL FORM NO. 67 PREVIOUS EDITIONS OBSOLETE

ACTIVITY SCHEDULE							FEBRUARY 1983		
SUN.	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT.			
NOTES		1	2	3	4	5			
	6 7	8	9	10	11	12			
	13 14	15	16	17	18	19			
	20 21	22	23	24	25	26			
	27 28	JANUARY 1983 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29		MARCH 1983 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		NO-15			
FEBRUARY 1983							7540-01-068-3389 For 1984 Order 7540-01-068-3389		OPTIONAL FORM NO. 67 PREVIOUS EDITIONS OBSOLETE

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/_____(Pad/Sheet per Pad) US/_____(Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ 14 (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/_____(Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)		STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	7540-01-068-3389	MP	1983	
		STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)				

ACTIVITY SCHEDULE							MARCH 1983		
SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT			
NOTES	<small>FEBRUARY 1983</small> <small>SUN MON TUE WED THU FRI SAT</small> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28		1	2	3	4	5		
	6	7	8	9	10	11	12		
	13	14	15	16	17	18	19		
	20	21	22	23	24	25	26		
	27	28	29	30	31	<small>APRIL 1983</small> <small>SUN MON TUE WED THU FRI SAT</small> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		NOTES	
MARCH 1983							<small>OPTIONAL FORM 67</small> <small>PREVIOUS EDITIONS OBSOLETE</small>		

ACTIVITY SCHEDULE							APRIL 1983		
SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT			
NOTES			<small>MARCH 1983</small> <small>SUN MON TUE WED THU FRI SAT</small> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<small>MAY 1983</small> <small>SUN MON TUE WED THU FRI SAT</small> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1	2			
	3	4	5	6	7	8	9		
	10	11	12	13	14	15	16		
	17	18	19	20	21	22	23		
	24	25	26	27	28	29	30		
APRIL 1983							<small>OPTIONAL FORM 67</small> <small>PREVIOUS EDITIONS OBSOLETE</small>		

ACTIVITY SCHEDULE							MAY 1983																																																																																																								
SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT																																																																																																									
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29	30	31	<table border="1"> <tr> <th colspan="7">APRIL 1983</th> <th colspan="7">JUNE 1983</th> <th>NOTES</th> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> </tr> </table>		APRIL 1983							JUNE 1983							NOTES																																																																																												
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MEMORIAL DAY—HOLIDAY																																																																																																															

MAY 1983

7540-01-000-0399 For 1983 Order 7540-01-000-0399

OPTIONAL FORM 67 PREVIOUS EDITIONS OBSOLETE

ACTIVITY SCHEDULE							JUNE 1983
SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT	
NOTES MAY 1983 SUN MON TUE WED THU FR SAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		JULY 1983 SUN MON TUE WED THU FR SAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1	2	3	4	
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26	27	28	29	30	NOTES		

JUNE 1983

7540-01-000-0399 For 1983 Order 7540-01-000-0399

OPTIONAL FORM 67 PREVIOUS EDITIONS OBSOLETE

ACTIVITY SCHEDULE							JULY 1983		
SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT			
NOTES			<small>JUNE 1983</small> <small>SUN MON TUE WED THU FRI SAT</small> <small>1 2 3 4</small> <small>5 6 7 8 9 10 11</small> <small>12 13 14 15 16 17 18</small> <small>19 20 21 22 23 24 25</small> <small>26 27 28 29 30</small>		<small>AUGUST 1983</small> <small>SUN MON TUE WED THU FRI SAT</small> <small>1 2 3 4 5 6</small> <small>7 8 9 10 11 12 13</small> <small>14 15 16 17 18 19 20</small> <small>21 22 23 24 25 26 27</small> <small>28 29 30 31</small>		1	2	
3	4	5	6	7	8	9			
INDEPENDENCE DAY—HOLIDAY									
10	11	12	13	14	15	16			
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24	25	26	27	28	29	30			
31									
JULY 1983		7340-01-000-2387 For 1984 Order 7340-01-000-2390		OPTIONAL FORM NO. 67 MAY 1962 EDITION					

ACTIVITY SCHEDULE							AUGUST 1983					
SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT						
NOTES							1	2	3	4	5	6
7	8	9	10	11	12	13						
14	15	16	17	18	19	20						
21	22	23	24	25	26	27						
28	29	30	31									
				<small>AUG 1983</small> <small>SUN MON TUE WED THU FRI SAT</small> <small>1 2</small> <small>3 4 5 6 7 8 9</small> <small>10 11 12 13 14 15 16</small> <small>17 18 19 20 21 22 23</small> <small>24 25 26 27 28 29 30</small>		<small>SEPTEMBER 1983</small> <small>SUN MON TUE WED THU FRI SAT</small> <small>1 2 3</small> <small>4 5 6 7 8 9 10</small> <small>11 12 13 14 15 16 17</small> <small>18 19 20 21 22 23 24</small> <small>25 26 27 28 29 30</small>		NOTES				
AUGUST 1983		7340-01-000-2387 For 1984 Order 7340-01-000-2390		OPTIONAL FORM NO. 67 MAY 1962 EDITION								

ACTIVITY SCHEDULE							SEPTEMBER 1983									
SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT										
NOTES							AUGUST 1983		SEPTEMBER 1983		OCTOBER 1983		1	2	3	
							SUN MON TUE WED THU FR SAT	SUN MON TUE WED THU FR SAT								
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							4	5	6	7	8	9	10			
							LABOR DAY—HOLIDAY									
							11	12	13	14	15	16	17			
							18	19	20	21	22	23	24			
							25	26	27	28	29	30	31	NOTES		
SEPTEMBER 1983							7540-01-000-0397 For 1984 Order 7540-01-000-0399							OPTIONAL FORM NO. 7540-01-000-0397-113		

ACTIVITY SCHEDULE							OCTOBER 1983									
SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT										
NOTES							SEPTEMBER 1983		OCTOBER 1983		NOVEMBER 1983		1			
							SUN MON TUE WED THU FR SAT	SUN MON TUE WED THU FR SAT	SUN MON TUE WED THU FR SAT							
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							2	3	4	5	6	7	8			
							9	10	11	12	13	14	15			
							COLUMBUS DAY—HOLIDAY									
							16	17	18	19	20	21	22			
							23	24	25	26	27	28	29			
							30	31								
OCTOBER 1983							7540-01-000-0397 For 1984 Order 7540-01-000-0399							OPTIONAL FORM NO. 7540-01-000-0397-113		

ACTIVITY SCHEDULE							NOVEMBER 1983	
SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT		
NOTES OCTOBER 1983 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29		1	2	3	4	5		
6	7	8	9	10	11	12	VETERANS DAY— HOLIDAY	
13	14	15	16	17	18	19		
20	21	22	23	24	25	26	THANKS- GIVING DAY— HOLIDAY	
27	28	29	30	DECEMBER 1983 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		NOTES 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		
NOVEMBER 1983							7540-01-000-0009 For 1982 Order 7540-01-000-0009	

ACTIVITY SCHEDULE							DECEMBER 1983	
SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT		
NOTES NOVEMBER 1983 SUN MON TUE WED THU FR SAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		JANUARY 1984 SUN MON TUE WED THU FR SAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		1	2	3		
4	5	6	7	8	9	10		
11	12	13	14	15	16	17		
18	19	20	21	22	23	24		
25	26	27	28	29	30	31	CHRIST- MAS DAY HOLIDAY	
DECEMBER 1983							7540-01-000-0009 For 1982 Order 7540-01-000-0009	

ACTIVITY SCHEDULE		JANUARY 1984	
MON	TUE	WED	THUR
1	2	3	4
5	6	7	
8	9	10	11
12	13	14	
15	16	17	18
19	20	21	
22	23	24	25
26	27	28	
29	30	31	
JANUARY 1984 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 MON TUE WED THUR FRI SAT SUN DAY OF THE WEEK HOLIDAY NEW YEAR'S JANUARY 1984			

ACTIVITY SCHEDULE		JANUARY 1983		JANUARY 1984	
MON	TUE	WED	THUR	MON	TUE
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

DRIVER'S DAILY AND WEEKLY PREVENTIVE MAINTENANCE CHECKLIST

CHECK DAILY	Checked and action taken
Leaks (check beneath vehicle)	
Fuel, oil, and water	
Clean vehicle	
Lights, signals, windshield wipers, horn	
Tires (including spare)	
Tools and safety equipment	
Brakes (service and parking)	
License plates, forms (including accident report form)	
Maintenance and Service Sticker	
<p>SERVICE</p> <p>Fuel added: _____ gals. Oil added: _____ qts.</p> <p>Other parts, antifreeze, etc.: _____</p>	
<p>CHECK WEEKLY (in addition to the above)</p>	
Battery	
Fan belt	
Hose connect ons, fuel and oil lines	
DRIVER (S) /ature	
<p>MECHANIC (Signature)</p>	

DEPARTMENT OF STATE TELEGRAM

Classification

Classification

OPTIONAL FORM 151
(Formerly FS-412)
January 1975
Dept. of State

50151-101

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>7</u> (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify)	ADM:FOS:T	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	W7540-00-138-9041	HD	1-75

NRC FORMS FACSIMILE HANDBOOK

SF 14

TELEGRAPHIC MESSAGE

NAME OF AGENCY	PRECEDENCE ACTION: INFO:	SECURITY CLASSIFICATION
ACCOUNTING CLASSIFICATION	DATE PREPARED	FILE
FOR INFORMATION CALL		
NAME	PHONE NUMBER	TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input type="checkbox"/> MULTIPLE-ADDRESS
THIS SPACE FOR USE OF COMMUNICATION UNIT		
MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)		
TO:		
		SECURITY CLASSIFICATION
	PAGE NO.	NO. OF PGS

STANDARD FORM 14
REVISED 11-80
GSA FPMR (41 CFR) 101-35.306

Previous editions obsolete. N5N 7540-00-634-3968

14-103

© GPO : 1981 O - 341-576 (7046)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, yellow <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input type="checkbox"/> US/_____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:T	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	7540-00-634-3968	PD	11-80
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

SF 50B, FACE

Standard Form 50 - B
Rev. January 1982
US Office of Personnel Management
FPM Chapter 296

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle)			2. SSN		3. Position Security (Ept.)		4. Date of Birth		
5. Veteran Preference 1-None 2-5 Pt. 3-10 Pt. Disab. 4-10 Pt. Comp. 5-10 Pt. Other 6-10 Pt./30% Comp.				6. Serv. Comp. Date /Leave/		7. Tenure		8. Retirement 1-CS 3-FS 5-Other 2-FICA 4-None 6-CS Spec.	
9. FEGLI			10. FLSA E-Exempt N-Nonexempt			11. Sex		12. Citizenship 1-US 8-Other	
14. Effective Date		15. Annuitant Indicator 1-Reempt Ann/CS 2-RETO 3-RETM 4-RETO & CS 5-RETM & CS 6-RETO & CS 9-Not Applicable			16. Work Schedule P-Full-time P-Part-time I-Intermittent		17. (Reserved for OPM Use)		13. Comp. Level (Ept.)
18-A. NOAC	18-B. Nature of Action				19-A. NOAC	19-B. Nature of Action			
18-C. Auth Code	18-D. Authority				19-C. Auth Code	19-D. Authority			
18-E. Auth Code	18-F. Authority				19-E. Auth Code	19-F. Authority			
20. FROM: Position Title and Number					27. To: Position Title and Number				
21. Name and Location of Employing Office					28. Name and Location of Employing Office				
22. Pay Plan & Occupational Code		23. Grade or Level		24. Step or Rate		25. Salary		26. Pay Basis	
29. Pay Plan & Occupational Code		30. Grade or Level		31. Step or Rate		32. Salary		33. Pay Basis	
34. Duty Station					35. Position Occupied 1-Competitive 2-Exempt 3-SES General 4-SES Career Reserved		36. Appropriation Code (Optional)		
37. Remarks									

38. Approval					39. FPMIS Data				
A. Title of Approving Official			B. Date		A. Sep. or Resign. Int.	B. VEV IND	C. PRD	D. Barg. Unit Status	E. Festival Date
C. Signature/Authentication of Approving Official					F. Ed. Level	G. Top Degree Attained	H. Academic Discipline	I. Agency Code	
					J. Location Code			K. SON	
40. Employing Department or Agency					N.	O.	P.	Q.	

5 Part
50-303

2 - Payroll Copy

Previous Editions Unusable After 12/31/81
NSN 7540-01-110-4807

FORMS MANAGEMENT DATA					1/83		
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE		
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input checked="" type="checkbox"/> TP/5____ (Tab Paper/Number of Parts), 5 1/2 x 11" <input type="checkbox"/> ENVL including 2 1/2" marginal strips. <input type="checkbox"/> OTHER (Specify) Printing on reverse of Part 1.	ADM:OP		*W7540-01-094-0034	BX (500 per box)	1-82		
		STATUS OF EXISTING STOCK					
		<input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				OTHER (SPECIFY)	
		STOCKING POINT					
		<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NOTICE TO EMPLOYEE

KEEP THIS DOCUMENT FOR YOUR RECORDS. IT IS YOUR COPY OF THE OFFICIAL RECORD OF A PERSONNEL ACTION AFFECTING YOUR EMPLOYMENT. PROMPTLY CALL ANY ERROR TO THE ATTENTION OF YOUR SUPERVISOR OR YOUR PERSONNEL OFFICE.

I. Conditions Pertinent To All Types of Personnel Actions

The personnel action identified on the face of this form is subject to all applicable laws, rules and regulations governing Federal employment and may be subject to investigation and approval by the U.S. Office of Personnel Management. The action may be corrected or canceled if not in accordance with all legal requirements, or if based upon your misrepresentation or fraud.

In addition, the grade of the position to which you are officially assigned may be reviewed and changed by your agency personnel office, or by the U.S. Office of Personnel Management.

Items B and 9 show common types of payroll deductions: "FICA" for Federal Employees Group Life Insurance, "CS" for Civil Service Retirement, "FICA" for Social Security, and "FS" for Federal Service. Additional deductions may be made under the Federal Employees Health Benefits Program, and for income taxes, debts, and other purposes authorized by law.

II. Information About Appointments

Appointments to positions in the competitive service. The Civil Service Act places most positions in the "competitive service." The U.S. Office of Personnel Management sets qualification requirements and controls recruitment for such positions. As a general rule, you must be listed on a civil service register to fill continuing jobs in the competitive service and such career conditional appointments. Such appointments are made through direct competition with other members of the general public seeking similar work in Government agencies, and permit qualified employees to be assigned without further competitive examination to other jobs in the competitive service. Career conditional appointments become career appointments upon completion of 3 years of substantially continuing creditable service.

The first year following a non-temporary competitive appointment is generally a probationary period during which an appointee must demonstrate full competence and fitness for Federal employment. If statements are also subject to a probationary period that was previously completed. Transfers, promotions, changes to lower grade, and reassignments during a probationary period are subject to completion of probation.

Temporary appointments do not confer a civil service status and do not lead to a career or career conditional appointment without some further examination or qualification. Limited temporary appointments are made when there is no continuing need for a person's service, regardless of the manner in which he or she is hired for appointment; acceptance of such appointment will not remove a person's name from a civil service register on which he or she may later be searched for career conditional appointment.

Appointments to positions in the excepted service. Excepted service jobs are made to positions which are excepted from the competitive service by law or other special authority. Generally the U.S. Office of Personnel Management sets qualification requirements and conducts recruitment for such positions. Such appointments do not confer a competitive civil service status or eligibility for movement to jobs in the competitive service; they may be made without restrictions on tenure, with a conditional or indefinite limitation, or with a definite term limitation. A trial period may be required at the discretion of the appointing office.

Appointment to positions in the Senior Executive Service (SES). SES appointments are made to executive positions with managerial, supervisory, or policy functions. Initial SES career appointments are obtained through competition with other civil service employees, or civil service employees and members of the general public. The first year of an initial SES career appointment is

a probationary period, during which the appointee must demonstrate full competence and fitness for such employment.

SES noncareer and limited appointments do not confer competitive civil service status or lead to SES career appointments.

III. Information About Tenure Groups

Employees are ranked in tenure groups according to the nature of their appointment. Those with career (no tenure) are placed in Group 1; those serving under conditional appointments which automatically lead to full tenure after a prescribed time and without further qualification are placed in Group 2; and those serving under temporary or indefinite appointments not limited to an exact time or date are placed in Group 3. Within each tenure group, ranking is determined by veteran preference, performance rating, and total Federal service. If it should become necessary to reduce force, employees are selected for separation or change to lower grade according to the general ranking. Employees serving under competitive appointments and those serving under excepted appointments are ranked separately for reduction in force purposes.

Tenure group as used for reduction in force purposes does not apply to the Senior Executive Service. Code 0 may be shown in the tenure group block for these employees.

IV. Information About Your Status After Separation

If you are separated or placed in a nonpay status for an extended period, your employing agency will furnish you with Standard Form 8 explaining your rights for unemployment insurance benefits. If you are covered by the Civil Service Retirement System or Federal Employees Group Life Insurance, you have previously been furnished certificates describing these programs. Such certificates have information regarding your rights and possible benefits after separation.

If you are separated from a career or career conditional appointment, you may have reinstatement eligibility and may apply directly to any Federal activity and may be employed without further competitive examination. If you are a nonveteran and you are separated from a career conditional appointment your eligibility for reinstatement is generally limited to 3 years from the date of separation. If you are separated from a temporary or excepted appointment, you have no reinstatement privileges based upon such service.

If you are separated from an SES career appointment, you may have reinstatement eligibility to the SES. You should apply directly to any Federal activity. If you are separated from an SES noncareer or limited appointment, you have no reinstatement privileges based upon such service.

You will be given any lump sum payment that may be due you for annual leave at the time of separation. If part of an appropriate portion of this payment will be required if you are reemployed in a Federal agency in a position under the same leave system during the period covered by such payment.

V. Availability of Further Information

Consult your supervisor if you have questions about the above statements or the entries on the front of this form, or about other matters concerning your employment. This is particularly important on questions involving granting of leave, assignment of duties, and hours of work which are generally under the supervisor's control. If your questions are technical, your supervisor may refer you to your personnel office, which will have copies of controlling civil service regulations, as well as your individual records, and so can best explain how they apply in your case.

NRC FORMS FACSIMILE HANDBOOK

SF 52, FACE

Standard Form 52
Rev. January 1982
U.S. Office of Personnel Management
FPMR Chapter 296

REQUEST FOR PERSONNEL ACTION

Part I - Requesting Office - Also, complete Part II, items 1 and 20-34 as necessary.

A. For Agency Use		B. For Additional Information Call: (Name and Telephone Number)	
C. Personnel Action Requested	D. Proposed Effective Date	E. Requested By (Signature, Title, and Date)	
F. Position Action Requested	G. Proposed Effective Date	H. Approved By (Signature, Title, and Date)	

I. Remarks By Requesting Office (Note Supervisors: If action requested is employee resignation and if you know of additional or conflicting reasons for the resignation, please state these facts on a separate sheet and attach to SF 52.)

Part II - For Preparation Of SF 50

1. Name (Last, First, Middle)		2. SSN	3. Position Sensitivity (Opt.)	4. Date of Birth
5. Veteran Preference 1 - None 3 - 10 Pt. Disab. 5 - 10 Pt. Other 2 - 5 Pt. 4 - 10 Pt. Comp. 6 - 10 Pt./30% Comp.		6. Serv. Comp. Date (Leave)	7. Tenure	8. Retirement 1 - CS 3 - FS 5 - Other 2 - FICA 4 - None 6 - CS Spec
9. FEGLI	10. FLSA E - Exempt N - Non-exempt	11. Sex	12. Citizenship 1 - US 8 - Other	13. Comp. Level (Opt.)
14. Effective Date	15. Annuitant Indicator 1. Reempl. Ann. CS 3. RETM 5. RETM & CS 2. RETD 4. RETD & CS 9. Not Applicable	16. Work Schedule F - Full-time P - Part-time I - Intermittent	G - FT Seasonal Q - PT Seasonal J - INT Seasonal	17. (Reserved For OPM Use)
18-A. NOAC	18-B. Nature of Action	19-A. NOAC	19-B. Nature of Action	
18-C. Auth Code	18-D. Authority	19-C. Auth Code	19-D. Authority	
18-E. Auth Code	18-F. Authority	19-E. Auth Code	19-F. Authority	
20. FROM: Position Title and Number		27. TO: Position Title and Number		
21. Name and Location of Employing Office		28. Name and Location of Employing Office		
22. Pay Plan & Occupational Code	23. Grade or Level	24. Step or Rate	25. Salary	26. Pay Basis
29. Pay Plan & Occupational Code	30. Grade or Level	31. Step or Rate	32. Salary	33. Pay Basis
34. Duty Station	35. Position Occupied 1 - Competitive 3 - SES General 2 - Excepted 4 - SES Career Reserved		36. Appropriation Code (Optional)	
37. Remarks				

CONTINUED ON REVERSE SIDE

52-111

Previous Editions Unusable After 12/31/81
NSN-7540-01-109-8814

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to f, blue <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:OP	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-01-109-8814	HD	1-82

SF 52 (Revised)

Part II -- Continued

36 Approval

I certify to the accuracy of the information entered on this form and that the proposed action is in compliance with statutory and regulatory requirements.
Signature and Date

39 FPMIS Data

A. Type or Message Ind.	B. VEV Ind.	C. PRD	D. Org. Unit Status	E. Functional Class
F. Ed. Level	G. Year Degree Attained	H. Academic Discipline	I. Agency Code	
J. Location Code			K. SON	
	N.	O.	P.	Q.

Part III -- Clearances

A. Office/Function	Initials/Signature	Date	B. Position Classification Action
1.			<input type="checkbox"/> Identical <input type="checkbox"/> Additional <input type="checkbox"/> Vice <input type="checkbox"/> New <input type="checkbox"/> Regraded
2. Ceiling/Position Control			C. Remarks (NOTE: Use item 37 on reverse for SF 50 Remarks.) Qualification Standard:
3. Classification			
4. Placement/Employment			
5.			

Part IV -- Employee Resignation

Privacy Act Statement

You are requested to furnish a specific reason for your resignation and a forwarding address. Your reason for resigning may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be primarily used to mail you copies of any documents you should have or any pay or compensation you are entitled to.

with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations

A. Reason for Resignation (NOTE: Please give specific reasons for your resignation. Avoid generalized reasons.)

B. Effective Date of Resignation	C. Employee's Signature	D. Date Signed

E. Forwarding Address (Number, Street, City, State, and Zip Code)

STANDARD FORM 61
 REVISED SEPTEMBER 1970
 U.S. CIVIL SERVICE COMMISSION
 F.P.M. CHAPTER 295
 61-107

OMB APPROVAL NO. 50-R0118

APPOINTMENT AFFIDAVITS

 (Position to which appointed) (Date of appointment)

 (Department or agency) (Bureau or division) (Place of employment)

I, _____, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

 (Signature of appointee)

Subscribed and sworn (or affirmed) before me this _____ day of _____ A.D. 19____,

at _____
 (City) (State)

[SEAL]

 (Signature of officer)

Commission expires _____
 (If by a Notary Public, the date of expiration of his Commission should be shown) (Title)

NOTE.—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "So help me God" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.

43-19-5341-1 559-702 GPO

FORMS MANAGEMENT DATA					1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	ADM:OP		W7540-00-634-4015	HD	9-70
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/_____ (Pad/Sheet per Pad)					
<input type="checkbox"/>	US/_____ (Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/_____ (Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/_____ (Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					
			STATUS OF EXISTING STOCK			
			<input type="checkbox"/> USE FIRST DESTROY:	OTHER (SPECIFY)		
			<input type="checkbox"/> IMMEDIATELY			
			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
			STOCKING POINT			
			<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
			<input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

DECLARATION OF APPOINTEE

(Data needed for appointment or conversion)

INSTRUCTIONS TO APPOINTEE: Answer all questions. Your answers will be considered together with other information in your record in determining your present fitness for Federal employment. A false statement or dishonest answer to any question may be grounds for dismissal after appointment or conversion and is punishable by law. Type, print or write legibly in ink. See Privacy Act Notice on reverse.

1. Name (Last—First—Middle)	2. Birthplace (City and State, or Foreign Country)	3. Birthdate
4. Present Address (Number, Street, City, State and ZIP Code)	5. (A) In case of emergency, please notify (C) Number, Street, City, State, and ZIP Code	(B) Relationship (D) Telephone

6. (A) Does the United States Government employ in a civilian capacity, any relative of yours (either by blood or marriage) with whom you live or have lived within the past 12 months?
If "Yes," for each such relative fill in the blank below: (If additional space is necessary, complete under item 12.) Yes No

NAME	PRESENT ADDRESS (Including ZIP Code)	RELATIONSHIP	1. Department or agency in which employed 2. City and State, ZIP Code 3. Kind of appointment
			1. _____ 2. _____ 3. _____
			1. _____ 2. _____ 3. _____
			1. _____ 2. _____ 3. _____

(B) Have you any relative (by blood or marriage), not listed in answer to 6A, above, who works in a civilian or military capacity for the department or agency that is considering you for employment?
 Yes No

If "Yes," for each such relative give in item 12 full name, address (including ZIP Code), and relationship.

ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO	ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO
7. Are you a citizen of the United States of America? If "No," give country of which you are a citizen:				10. Since the date you signed your qualifications statement (or application) for this employment, have you:			
8. Do you receive or do you have a pending application for retirement or retiree pay, pension, or other compensation based upon military, federal civilian, or District of Columbia government service? If your answer is "Yes," give details in item 12.				A. Been fired from employment for any reason?			
9. Since the date you signed your qualifications statement (or application) for this employment, have you: A. Been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law: (You may omit: (1) traffic violations for which you paid a fine of \$30.00 or less; (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law; (3) any conviction the record of which has been expunged under Federal or State law; and (4) any conviction set aside under the Federal Youth Corrections Act or similar State authority.) B. Been convicted by general court-martial while in the military service? If your answer to A or B is "Yes," give details in item 12. Show for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken.				B. Quit a job after being informed that your employer intended to fire you for any reason? C. Been discharged from the Armed Services under other than honorable conditions? (You may omit any such discharge changed to honorable or general by a Discharge Review Board or similar authority.) If your answer to A, B or C is "Yes" give details in item 12. Show the name, address (including ZIP Code) of employer, approximate date, and reason in each case. 11. Have you been employed by the Federal Government before this employment? If "Yes," answer the following: A. Since January 1964 have you filed a waiver of regular insurance coverage under the Federal Employees' Group Life Insurance Program? B. If you filed such a waiver, has it been cancelled? C. Since January 1966 have you ever elected optional insurance coverage under the Federal Employees' Group Life Insurance Program? D. If you made such an election, has it been cancelled?			

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

Item No.		Item No.	

CERTIFICATION. I certify that all of the answers to the questions above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of appointee (Sign in ink) _____ Date signed _____

APPOINTING OFFICER: Enter date of appointment or conversion _____ Date appointed or converted _____

61-305

Standard Form 61-B
U.S. G.S.C. FPM Chapter 265

FORMS MANAGEMENT DATA						1/83
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h		ADM:OP		W7540-00-935-0999	HD	10-81
<input type="checkbox"/> CARD						
PD/_____ (Pad/Sheet per Pad)						
US/_____ (Unit Sets/Number of Parts)						
MP/_____ (Multipage/Number of Parts)						
LABEL						
PC (Postal Card)						
TC (Tab Card)						
TP/_____ (Tab Paper/Number of Parts)						
ENVL						
OTHER (Specify)						
			STATUS OF EXISTING STOCK			
			<input type="checkbox"/> USE FIRST			
			<input type="checkbox"/> OTHER (SPECIFY)			
			DESTROY:			
			<input type="checkbox"/> IMMEDIATELY			
			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
			STOCKING POINT			
			<input checked="" type="checkbox"/> WAREHOUSE			
			<input type="checkbox"/> SUPPLY ROOMS			
			PROMULGATING OFFICE (ONLY)			

PRIVACY ACT NOTICE**AUTHORITY**

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal employment forms. Sections 1302, 3301, and 3304 of Title 5 of the United States Code give the U.S. Civil Service Commission the authority to evaluate applicants' qualifications for employment in the Federal service. Use of the employment application forms is necessary for performing these functions.

PURPOSES AND USES

The principal purpose of the Declaration of Appointee, Standard Form 61-B, is to collect information needed to determine suitability of applicants for Federal employment and of current Federal employees for reassignment, reinstatement, transfer or promotion. Your completed Declaration is used to determine if you are entitled to employment under certain laws, regulations and restrictions based on citizenship, members of families already employed, and residence requirements. The Declaration is used to update application questions and to identify past history of Federal life insurance. All or part of your completed Declaration form may be disclosed outside the U.S. Civil Service Commission to:

1. Federal agencies upon request for a list of eligibles to consider for appointment, reassignment, reinstatement, transfer, or promotion.
2. State and local government agencies, congressional offices, public international organizations, and other public offices, if you have indicated availability for such employment consideration.
3. Federal agency investigators to determine your suitability for Federal employment.
4. Federal, State, or local agencies to create other personnel records after you have been appointed.
5. Appropriate Federal, State, or local law enforcement agencies charged with the responsibility of investigating a violation or potential violation of the law.
6. Appropriate Federal, State, or local agencies maintaining records on you to obtain information relevant to an agency decision about you.
7. A requesting Federal, State, or local agency to the extent the information is relevant to the requesting agency's decision.
8. Federal agency selecting officials involved with internal personnel management functions.
9. Anyone requesting statistical information (without your personal identification) under the Freedom of Information Act.
10. A congressional office in response to an inquiry from the congressional office made at your request.

EFFECTS OF NONDISCLOSURE

Because the employment application forms request both optional (other skills, training, etc.) and mandatory (qualifications and biographical, etc.) data, it is in your best interest to answer all questions. Omission of an item means you might not receive full consideration for a position in which this information is needed.

**INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER
UNDER PUBLIC LAW 93-579, SECTION 7(b)**

Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you are seeking. Solicitation of the SSN by the United States Civil Service Commission is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records that you file with the Civil Service Commission or agencies. The SSN also will be used by the Civil Service Commission and other Federal agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems and records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

NRC FORMS FACSIMILE HANDBOOK

SF 63

MEMORANDUM
OF CALL

Previous editions usable

To:

YOU WERE CALLED BY-- YOU WERE VISITED BY--

OF (Organization)

PLEASE PHONE ► FTS AUTOVON

WILL CALL AGAIN IS WAITING TO SEE YOU

RETURNED YOUR CALL WISHES AN APPOINTMENT

MESSAGE

RECEIVED BY	DATE	TIME
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63-110 NSN 7540-00-634-4018 STANDARD FORM 63 (Rev. 8-81)
 Prescribed by GSA
 U.S. G.P.O. 1982-381-529/222 FPMR (41 CFR) 101-11.6

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET CARD X PD/ 100 (Pad/Sheet per Pad) , 4 x 5 1/2" , yellow US/ _____ (Unit Sets/Number of Parts) MP/ _____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM;TIDC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	7540-00-634-4018	PD	8-81
		STOCKING POINT X WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

SF 65B AND 65C, FACE

Standard Form No. 65
December 1972
General Services Administration
Form 65 (CFR) 101-12.6

U.S. Government Messenger Envelope

NAME (OR TITLE) OF ADDRESSEE, AGENCY, ORGANIZATIONAL UNIT, ADDRESS, AND ROOM	STOP	NAME (OR TITLE) OF ADDRESSEE, AGENCY, ORGANIZATIONAL UNIT, ADDRESS, AND ROOM	STOP
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USE THIS SIDE FIRST

Use STOP only when messenger service between Government buildings in Washington, D.C., is required or wherever a STOP system is used. Your mail room has STOP information.

65-108

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input type="checkbox"/> US/_____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/_____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input checked="" type="checkbox"/> ENVL 65B, 9½ x 12"; 65C, 12 x 16", <input type="checkbox"/> OTHER (Specify) light brown kraft, brown ink	ADM:TIDC	NRCM 0240	7540-00-222-3467 (9½ x 12")	HD	12-71
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST	OTHER (SPECIFY)		
		DESTROY:			
		<input type="checkbox"/> IMMEDIATELY			
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
STOCKING POINT					
<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS					
PROMULGATING OFFICE (ONLY)					

NAME (OR TITLE) OF ADDRESSEE, AGENCY, ORGANIZATIONAL UNIT, ADDRESS, AND ROOM	NAME (OR TITLE) OF ADDRESSEE, AGENCY, ORGANIZATIONAL UNIT, ADDRESS, AND ROOM
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USE OTHER SIDE FIRST *U. S. GOVERNMENT PRINTING OFFICE: 1980-O-341-528 (27)

Standard Form 66
 Revised January 1981
 U.S. Office of Personnel Management
 FPM Supplement 293-31
 66-105

OFFICIAL PERSONNEL FOLDER

CAUTION

PERSONNEL RECORD—RESTRICTED USAGE

1. Your use of the contents of this folder must be in accordance with the instructions in FPM Supplement 293-31.
2. You must safeguard this folder and its contents while it is in your possession.
3. You are required to keep this folder in a locked place when it is not in use.
4. You are normally prohibited from disclosing the contents of this folder to anyone; exceptions are those officials of your agency demonstrating an official need for the record and those other disclosures permitted by the Privacy Act of 1974 (5 U.S.C. 552a).
5. After use, promptly return this folder to the employee responsible for its filing.
6. Willful violations of these requirements are subject to criminal penalties (5 U.S.C. 552a(i)).

Place label between lines. Type information on label as shown.

Name (Last, First, M.I.)
SSN:

DOB:

NSN 7540-00-222-3442
 Previous Editions Usable
 For Label Use:
 NSN 7530-00-577-4376 (cut sheet) or
 NSN 7530-00-082-2661 (marginally punched)

* GPO : 1981 O - 352-918

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input checked="" type="checkbox"/> OTHER (Specify) Folder, 11 3/4 x 19 1/2" fold to x 10"	ADM:OP	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	W7540-00-222-3442	HD	1-81
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

SF 66A

LAST NAME SOCIAL SECURITY NO.	FIRST NAME	M.I.	D.O.B.	LAST NAME SOCIAL SECURITY NO.	FIRST NAME	M.I.	D.O.B.
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Standard Form 66A
U.S. Civil Service Commission
FPM Chapter 293

GPO 1968 O-214-722

Official Personnel Folder Tab Insert
(for use with SF 66)
66-203

FORMS MANAGEMENT DATA				1/83																	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE																
<input checked="" type="checkbox"/> SHEET CARD, 8 x 11", with 1 vertical perf PD/____ (Pad/Sheet per Pad) at center and US/____ (Unit Sets/Number of Parts) horizontal MP/____ (Multipage/Number of Parts) perfs every LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:OP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">STATUS OF EXISTING STOCK</th> </tr> <tr> <td style="width: 50%;"><input type="checkbox"/> USE FIRST</td> <td style="width: 50%;">OTHER (SPECIFY)</td> </tr> <tr> <th colspan="2" style="text-align: center;">DESTROY:</th> </tr> <tr> <td><input type="checkbox"/> IMMEDIATELY</td> <td></td> </tr> <tr> <td><input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE</td> <td></td> </tr> <tr> <th colspan="2" style="text-align: center;">STOCKING POINT</th> </tr> <tr> <td><input checked="" type="checkbox"/> WAREHOUSE</td> <td><input type="checkbox"/> SUPPLY ROOMS</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> PROMULGATING OFFICE (ONLY)</td> </tr> </table>	STATUS OF EXISTING STOCK		<input type="checkbox"/> USE FIRST	OTHER (SPECIFY)	DESTROY:		<input type="checkbox"/> IMMEDIATELY		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		STOCKING POINT		<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS	<input type="checkbox"/> PROMULGATING OFFICE (ONLY)		W7540-00-823-7977	PK	6-76
STATUS OF EXISTING STOCK																					
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NRC FORMS FACSIMILE HANDBOOK

FACE

SF 71

71-112

SF 71
 (Revised 3/79)
 OFFICE OF PERSONNEL MANAGEMENT
 Form Suppl. 990-2, 5-2-9

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)				2. Employee I.D. Number						
3. Organizational Unit				4-A	Month	Day	Hour	A.M.	4-C	
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks: Annual Leave: (Annual leave requested may not exceed the amount available for use during the leave year.) Sick Leave: (Complete reverse side of form.) Leave Without Pay Compensatory Time Other: (Specify))				FROM:				P.M.	Total Number of Hours	
				4-B	Month	Day	Hour	A.M.		
				TO:				P.M.		
				6. Remarks				7. Employee's Signature		8. Date (Month, Day, Year)
OFFICIAL ACTION ON APPLICATION										
<input type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.)		Date (Month, Day, Year)

NSN 7540-00-753-5067

Please detach this notice before submitting SF 71.

PRIVACY ACT STATEMENT

Section 6311 of Title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or

(Continued on Reverse)
 REVERSE

EMPLOYEE—Check the appropriate box below (Items 1-4) if you are applying for sick leave. If your agency requires such certification, please have your doctor or practitioner complete the Certification section below. Falsification of information in this portion of the form may be grounds for disciplinary action, including dismissal.

1. I was incapacitated for duty by:		2. I was required to care for a member of my family with a contagious disease. (Give name and relationship of family member, and name of disease.)	
<input type="checkbox"/> Sickness.	<input type="checkbox"/> Off-The-Job Injury.		
<input type="checkbox"/> On-The-Job Injury.	<input type="checkbox"/> Pregnancy and Confinement.		
3. I was undergoing medical, dental, or optical examination or treatment.		4. I was exposed to a contagious disease. (Give name of disease and circumstances of exposure.)	
<input type="checkbox"/>		<input type="checkbox"/>	

CERTIFICATION OF PHYSICIAN OR PRACTITIONER

Employee's Name		Period Under Professional Care (Indicate Month, Day, Year)	
		From:	To:
Remarks			
I certify that the employee named was under my professional care for the period indicated above, and that the employee's condition during this period made reporting to work inadvisable.			
Signature of Physician or Practitioner			Date (Month, Day, Year)

General Accounting Office when the information is required for evaluation of leave administration; and to the General Services Administration in connection with its responsibilities for records management.

Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.

If your agency uses the information furnished on this form for purposes other than these indicated above, it may provide you with an additional statement reflecting those purposes.

© U.S. GPO: 1980-O-311-153/8057

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to .., / 1/3 x 5 1/4" with		ADM:OP		7540-00-753-5067	HD	3-79
<input type="checkbox"/> CARD horizontal perf 3 1/3" from top						
<input type="checkbox"/> PD/ (Pad/Sheet per Pad)						
<input type="checkbox"/> US/ (Unit Sets/Number of Parts)						
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<input type="checkbox"/> LABEL						
<input type="checkbox"/> PC (Postal Card)						
<input type="checkbox"/> TC (Tab Card)						
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<input type="checkbox"/> OTHER (Specify)						
			STATUS OF EXISTING STOCK			
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			<input type="checkbox"/> IMMEDIATELY			
			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
			STOCKING POINT			
			<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS		
			PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

SF 85A

STANDARD FORM 85-A FEBRUARY 1977 U.S. CIVIL SERVICE COMMISSION F.P.M. CHAPTER 736	NATIONAL AGENCY CHECK DATA FOR NONSENSITIVE OR NONCRITICAL-SENSITIVE POSITION																		
IMPORTANT <i>Particular care must be used in completing this form. READ THE INSTRUCTIONS BELOW BEFORE COMPLETING ANY OF THESE ITEMS.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">A. FULL NAME (LAST, FIRST, MIDDLE)</td> </tr> <tr> <td colspan="3">B. OTHER NAMES USED</td> </tr> <tr> <td style="width: 33%;">2. ARMED SERVICES SERIAL NO. AND DATES AND BRANCH OF SERVICE</td> <td style="width: 33%;">3. SOCIAL SECURITY NO.</td> <td style="width: 33%;">4. DATE AND PLACE (CITY, STATE) OF BIRTH</td> </tr> <tr> <td colspan="2">5. RESIDENCE</td> <td>6. AGENCY NAME AND ADDRESS</td> </tr> <tr> <td colspan="3">7. PLACES OF RESIDENCE</td> </tr> <tr> <td style="text-align: center;"><i>No. and Street Address</i></td> <td style="text-align: center;"><i>City and State</i></td> <td style="text-align: center;"><i>ZIP Code</i></td> </tr> </table>	A. FULL NAME (LAST, FIRST, MIDDLE)			B. OTHER NAMES USED			2. ARMED SERVICES SERIAL NO. AND DATES AND BRANCH OF SERVICE	3. SOCIAL SECURITY NO.	4. DATE AND PLACE (CITY, STATE) OF BIRTH	5. RESIDENCE		6. AGENCY NAME AND ADDRESS	7. PLACES OF RESIDENCE			<i>No. and Street Address</i>	<i>City and State</i>	<i>ZIP Code</i>
A. FULL NAME (LAST, FIRST, MIDDLE)																			
B. OTHER NAMES USED																			
2. ARMED SERVICES SERIAL NO. AND DATES AND BRANCH OF SERVICE	3. SOCIAL SECURITY NO.	4. DATE AND PLACE (CITY, STATE) OF BIRTH																	
5. RESIDENCE		6. AGENCY NAME AND ADDRESS																	
7. PLACES OF RESIDENCE																			
<i>No. and Street Address</i>	<i>City and State</i>	<i>ZIP Code</i>																	

INSTRUCTIONS

GENERAL INSTRUCTIONS: This form may be used in lieu of SF-85 when requesting a National Agency Check only for a person entering a nonsensitive or noncritical-sensitive position. See Federal Personnel Manual Chapter 736 and FPM Supplement 296-31, Appendix A, for details on requirements and exceptions. This form is to be prepared by the employing agency. Type all answers. Complete all items. If the answer to an item is "No" or "None," so state. The agency should supply the data from the application, or Standard Form 50, or other records.

ITEMS 1 THRU 7: These items, within the heavy lines, will be photocopied directly from the form to a master for use in printing investigative records and forms. Type the items with special care, making any corrections neatly. Do not extend any answer beyond the edge of the box provided for it. Except for the following, the items are self-explanatory:

- Item 1A. Give full name. Initials and abridgements of full name are not acceptable. If no middle name, show "(NMN)" if initials only, show "(initial only)".
- Item 1B. Insert OTHER NAMES USED, such as maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Insert "NEE" before maiden name. For any other name used, insert only the name in item 1B.
- Item 2. Give Armed Services serial number. For branch of service show "Army," "AF," "Navy," "Marine" as

appropriate. Give month and year the service began and ended, using numbers. (For example, show service from May 1943 to June 1944 as "5/43 to 6/44.")

- Item 5. Give title of position for which the form is being completed.
- Item 6. Give name of department or agency, installation or office, and city and State where it is located.
- Item 7. Give places of residence. Begin with present and go back for ten years or to applicant's 16th birthday, whichever is later. Use only one line for each address, using standard abbreviations if necessary. Continue addresses on the other side if necessary. Give ZIP codes only for addresses during the past ten years.

SUBMISSION REQUIREMENTS: For nonsensitive cases, the following forms and papers must be submitted within three days after appointment. For noncritical-sensitive cases, these forms generally must be submitted and the results of the national agency checks received prior to assignment to noncritical-sensitive duties:

- A. One copy of this form (Standard Form 85A)
- B. Two copies of Standard Form 87 (Fingerprint Chart)
- C. Two copies of agency form equivalent to SF-85

NOTE: FOR ALL APPOINTMENTS WHICH REQUIRE A NATIONAL AGENCY CHECK AND INQUIRY, SF-85 MUST BE USED.

85-201

U.S. Government Printing Office: 1978-261-647/3352

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, green ink <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM;SEC	NRCM 2101 <hr/> STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <hr/> STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	W7540-01-042-4197	HD	2-77

NRC FORMS FACSIMILE HANDBOOK

SF 121, FACE

ANNUAL REPORT OF UTILIZATION AND DISPOSAL OF EXCESS AND SURPLUS PERSONAL PROPERTY		FOR FY ENDING	INTERAGENCY REPORTS CONTROL NO. 0015-GSA-AN
TO:		FROM: (Name of reporting agency)	
DESCRIPTION OF ITEMS			ACQUISITION COST \$ (Omit Cents)
REASSIGNED PROPERTY	1. Reassigned within reporting agency		
EXCESS PROPERTY	2. Determined excess during reporting period		
	3. Transfers to other Federal agencies		
DISPOSITIONS	4. Expended to scrap		
	5. Abandoned or destroyed		
	6. Donated to public bodies		
	7. Other donations		
	8. Sold by reporting agency		
	9. Sold by other than reporting agency		
PROCEEDS FROM SALES	10. Property other than scrap		PROCEEDS
	11. Scrap		PROCEEDS

REMARKS: (Continue on separate sheet (s), if necessary)

TYPED NAME AND TITLE OF APPROVING OFFICIAL	SIGNATURE OF APPROVING OFFICIAL	DATE
--------------------------------------------	---------------------------------	------

121-106

STANDARD FORM 121 (REV. 10-77)
Prescribed by GSA
FPMR (41 CFR) 101-43.102; 43.4701,
44.4701; and 45.4701

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h	ADM:OP		W7540-00-634-4076	HD	10-77
<input type="checkbox"/> CARD					
<input type="checkbox"/> PD/____ (Pad/Sheet per Pad)					
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)					
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)					
<input type="checkbox"/> LABEL					
<input type="checkbox"/> PC (Postal Card)					
<input type="checkbox"/> TC (Tab Card)					
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)					
<input type="checkbox"/> ENVL					
<input type="checkbox"/> OTHER (Specify)					
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST DESTROY:	OTHER (SPECIFY)		
		<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE			
		<input type="checkbox"/> SUPPLY ROOMS			
		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

INSTRUCTIONS

General—Standard Form 121 shall be used by executive agencies to submit the annual report required by the Federal Property Management Regulations (41 CFR 101-43.102, 101-43.4701, 101-44.4701, and 101-45.4701).

Reports shall cover the reassignment of property and excess and surplus property transactions pursuant to Federal Property Management Regulations (41 CFR 101), excluding transactions involving contractor inventories and exchange/sale property.

Entries for lines 1 through 9 should reflect the acquisition cost of the property. If data on acquisition costs are not available, the estimated acquisition cost or other value, such as book value, at which property is carried in inventory records for accounting purposes may be shown. Where property is subject to depreciation, the book value acquisition cost less accumulated depreciation may be used.

If the property determined excess by the reporting agency in the prior fiscal year amounted to less than \$5 million at acquisition cost, the agency need not provide the data called for on line 1, unless otherwise directed by the General Services Administration.

Each report shall be signed and dated by an approving official, and submitted in duplicate to General Services Administration (FW), Washington, DC 20406, within 60 calendar days following the end of each fiscal year.

Line 1.—Executive agencies shall report the acquisition cost of property reassigned during the year for continued use within the reporting agency. Include reassignments between major organizational components and, if feasible, reassignments within major organizational components of property no longer needed by the controlling office or for the purposes of the appropriation from which it was acquired. Do not include reassignments representing relocation of stocks or transfers between supply systems. Do not include property withdrawn from excess for continued use by the former using office. Include withdrawals for use by other offices of the reporting executive agency.

Line 2.—Report the net acquisition cost of all property determined during the year to be excess to the needs of the reporting agency, including that not reported to GSA on Standard Form 120, Report of Excess Personal Property. Do not include the cost of property determined excess during the year which was later in the period withdrawn for use within the reporting agency. (DOD may include property subject to internal utilization screening.)

Line 3.—Report the acquisition cost of excess property transferred during the year to other Federal agencies for utilization.

Line 4.—Report the acquisition cost of personal property expended to scrap during the year. Include the cost of both excess and surplus property reduced to scrap, except for normal generations of waste or production scrap.

Line 5.—Report the acquisition cost of property abandoned or destroyed during the year.

Line 6.—DO NOT include donations to public agencies and nonprofit educational (including service educational activities) and public health activities, public airports, and to States for emergency or disaster relief purposes.

Line 7.—Report the acquisition cost of other donations shipped during the year. DO NOT include donations to public agencies and nonprofit educational (including service educational activities) and public health activities, public airports, and to States for emergency or disaster relief purposes, or to public bodies as reported in line 6. Any donations reported on this line shall be explained under remarks.

Line 8.—Report the acquisition cost of surplus property (other than scrap) sold during the year by the reporting agency. Include only property belonging to the reporting agency.

Line 9.—Report the acquisition cost of surplus property (other than scrap) sold during the year by another agency for the reporting agency.

Line 10.—Report the proceeds from the sale of property, other than scrap, during the year. Include proceeds from sales conducted for the reporting agency by another Federal agency.

Line 11.—Report the proceeds from the sale of scrap during the year. Include proceeds from scrap sales conducted for the reporting agency by another Federal agency.

REMARKS

Include explanation requested under instructions for line 7. Explain also any unusual transactions having a significant effect on activity during the year. If more space is needed continue on separate sheet.

NRC FORMS FACSIMILE HANDBOOK

SF 123, FACE

TRANSFER ORDER SURPLUS PERSONAL PROPERTY		1. ORDER NO(S) a. _____ b. _____		FORM APPROVED OMB NO. 29-80167	PAGE 1 OF _____ PAGES
2. TYPE OF ORDER <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> DOD/SEA <input type="checkbox"/> FAA		3. SURPLUS RELEASE DATE	4. SET ASIDE DATE	5. <input type="checkbox"/> NONREPORTABLE <input type="checkbox"/> REPORTABLE	6. TOTAL ACQUISITION COST
7. TO: <p style="text-align: center;">GENERAL SERVICES ADMINISTRATION (FSS)*</p>				8. LOCATION OF PROPERTY	
9. HOLDING AGENCY (Name and address)*				10. FOR GSA USE ONLY	
				SOURCE CODE <input type="checkbox"/>	
				STATE <input type="checkbox"/>	
				CITY <input type="checkbox"/>	
				TYPE OF DONATION <input type="checkbox"/>	
				ADJUSTED ALLOCATION CODE <input type="checkbox"/>	
11. PICKUP OR SHIPPING INSTRUCTIONS*					

12. SURPLUS PROPERTY LIST						
L/I NO. (a)	IDENTIFICATION NUMBER(S) (b)	DESCRIPTION (c)	COND. CODE (d)	QUANTITY AND UNIT (e)	ACQUISITION COST	
					UNIT (f)	TOTAL (g)
13. TRANSFEREE ACTION		a. TRANSFEREE (Name and address of State Agency, SEA, or public agency)*		b. SIGNATURE AND TITLE OF STATE AGENCY OR DONEE REPRESENTATIVE		c. DATE
Transferor certifies and agrees to the terms, conditions, and assurances as specified on reverse.				4. SIGNATURE OF NATIONAL SEA OFFICER		e. DATE
14. ADMINISTRATIVE ACTION		a. DETERMINING OFFICER (DOD or FAA)*		b. SIGNATURE OF DETERMINING OFFICER		c. DATE
I certify that the administrative actions pertinent to this order, as specified on reverse have been and are being taken.		d. GSA APPROVING OFFICER		e. SIGNATURE OF APPROVING OFFICER		f. DATE

*Please include "ZIP Codes" in all address blocks.

123-106

STANDARD FORM 123
Prescribed by GSA
FPMR (41 CFR)—101-44.110

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/10 (Unit Sets/Number of Parts) Part 1 <input type="checkbox"/> MP/____ (Multipage/Number of Parts) contains <input type="checkbox"/> LABEL print on reverse <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:PS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-965-2415	HD	10-77	

CERTIFICATIONS, AGREEMENTS, AND ASSURANCES

1. OFFICIAL SIGNING IN BLOCK 13a AS REPRESENTATIVE OF A STATE... (a) As a candidate of the Commission...

(b) It is the agency of the State designated under State law and as such has legal authority within the meaning of section 203(i) of the Federal Property and Administrative Services Act of 1949...

(c) The property is usable and needed by a public agency for one or more public purposes, such as comprehensive economic development, education, public health, and public safety...

(d) When the property is picked up by or shipped to a State agency, the State certifies that it has available adequate funds, facilities, and personnel to effect satisfactory warehousing, proper maintenance, and distribution of the property.

(e) When the property is distributed to a donee, the donee who is acquiring the property is eligible within the meaning of the Act and the regulations of the General Services Administration, and that such property is usable and needed by the donee.

(f) With respect to surplus property picked up by or shipped to a State agency, the State certifies that it is as follows:

(1) The right to possession of the property and the State agrees to make surplus Statewide distribution of the same, on a fair and equitable basis, to donors eligible to acquire property under Section 203(i) of the Act and regulations of the General Services Administration...

(2) Title to such property shall remain in the United States of America through the State until such possession thereof. Title to the property shall pass to the eligible donee when it executes the certifications and appropriate agreements required by the State agency and has taken possession of the property.

(3) The State agency further agrees that it will pay promptly the cost of care, handling and shipping incident to taking possession of such property and that during the time the title remains in the United States of America, it will be responsible, as a trustee for mutual benefit, for such property from the time it is released to the State agency or to the transferee agent designated by the State agency...

(4) The surplus property hereafter approved for transfer by the General Services Administration shall be retained by the State agency for use in performing its functions unless such property use is authorized by the General Services Administration in accordance with the provisions of a cooperative agreement entered into between the State agency and the General Services Administration.

(5) Where an applicant State agency is acting under an interstate distribution agreement approved by the General Services Administration as an agent and author-

ized representative of an applicant State, such agent will be a person or persons of the State who are duly authorized to execute the transfer of the property to the donee. Such agent or State representative will be held responsible to the Federal Government for such certifications and agreements that constitute the certifications and agreements of the applicant State or whose agent or authorized representative the applicant State agency is acting.

2. PUBLIC AIRPORT. Pursuant to the Act and section 131(g) of the Surplus Property Act of 1944, 58 Stat. 770, as amended, and regulations promulgated thereunder, request is hereby made for the property listed in block 12. The transferee agrees that all funds are available to pay the cost of care and handling incident to such property, including packing, preparation for shipping, loading, and transporting such property.

3. PUBLIC AIRPORT. Pursuant to the Act and section 131(g) of the Surplus Property Act of 1944, 58 Stat. 770, as amended, and regulations promulgated thereunder, request is hereby made for the property listed in block 12. The transferee agrees that all funds are available to pay the cost of care and handling incident to such property, including packing, preparation for shipping, loading, and transporting such property.

4. STATE AGENCY, SERVICE EDUCATIONAL MODIFIER OR PUBLIC AIRPORT. Assurance of Compliance with GSA Regulations under Title VI of the Civil Rights Act of 1964, Section 606 of Title VII of the Federal Property and Administrative Services Act of 1949, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended.

The transferee agrees that (1) the program for which any property covered by this transfer order is acquired by the transferee will be conducted in compliance with and the transferee will comply with and will require any other person (any legal entity) who through contractual or other arrangements with the transferee is authorized to provide services or benefits under said program to comply with all requirements imposed by or pursuant to the regulations of the General Services Administration (41 CFR Subpart 101-6.2) issued under the provisions of Title VI of the Civil Rights Act of 1964, Section 606 of Title VII of the Federal Property and Administrative Services Act of 1949, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended, to the end that no person in the United States shall, on the ground of race, color, national origin, or sex, or that no otherwise qualified handicapped person shall solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity to which the transferee receives Federal assistance from the General Services Administration...

STATEMENT OF ADMINISTRATIVE ACTIONS. 2. OFFICIAL SIGNING IN BLOCK 14a AS REPRESENTATIVE OF: a. DEPARTMENT OF DEFENSE (PROPERTY DISPOSAL OFFICER) b. FEDERAL AVIATION ADMINISTRATION. 3. OFFICIAL SIGNING IN BLOCK 14a AS REPRESENTATIVE OF GENERAL SERVICES ADMINISTRATION. STANDARD FORM 123

NRC FORMS FACSIMILE HANDBOOK

SF 123A

TRANSFER ORDER SURPLUS PERSONAL PROPERTY <small>(Continuation sheet)</small>	ORDER NO(S): a. _____ b. _____	FORM APPROVED OMB NO. 2920167	PAGE _____
-----------------------------------------------------------------------------------------	--------------------------------------	-----------------------------------------	------------

SURPLUS PROPERTY LIST (Continuation of Item 12)

L/I NO. (a)	IDENTIFICATION NUMBER(S) (b)	DESCRIPTION (c)	COND. CODE (d)	QUANTITY AND UNIT (e)	ACQUISITION COST	
					UNIT (f)	TOTAL (g)

123-204

GPO: 1978 - 252-809

STANDARD FORM 123-A (Rev. 10-77)
 Prescribed by GSA
 FPMR (41 CFR) 101-44.110

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/ _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ <u>10</u> (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ _____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL OTHER (Specify) _____	ADM:FOS:PS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	7540-00-965-2416	HD	10-77

NRC FORMS FACSIMILE HANDBOOK

SF 129, FACE

BIDDER'S MAILING LIST APPLICATION		INITIAL APPLICATION REVISION	FORM APPROVED OMB NO. 29-R0069
Fill in all spaces. Insert "NA" in blocks not applicable. Type or print all entries. See reverse for instructions.			
TO (Enter name and address of Federal agency to which form is submitted. Include ZIP Code)			DATE
1. APPLICANT'S NAME AND ADDRESS (Include county and ZIP Code)		2. ADDRESS (Include county and ZIP Code) TO WHICH SOLICITATIONS ARE TO BE MAILED (If different from item 1)	
3. TYPE OF ORGANIZATION (Check one)		4. HOW LONG IN PRESENT BUSINESS	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NON-PROFIT ORGANIZATION <input type="checkbox"/> CORPORATION, INCORPORATED UNDER THE LAWS OF THE STATE OF _____			
5. NAMES OF OFFICERS, OWNERS, OR PARTNERS			
PRESIDENT		VICE PRESIDENT	SECRETARY
TREASURER		OWNERS OR PARTNERS	
6. AFFILIATES OF APPLICANT (Name, location and nature of affiliation. See definition on reverse)			
7. PERSONS AUTHORIZED TO SIGN BIDS, OFFERS, AND CONTRACTS IN YOUR NAME (Indicate if agent)			
NAME		OFFICIAL CAPACITY	TEL. NO. (Incl. area code)
8. IDENTIFY EQUIPMENT, SUPPLIES, MATERIALS, AND/OR SERVICES ON WHICH YOU DESIRE TO BID (See attached Federal agency's supplemental listing and instructions, if any)			
9. TYPE OF OWNERSHIP (See definitions on reverse)			
<input type="checkbox"/> MINORITY BUSINESS ENTERPRISE		<input type="checkbox"/> OTHER THAN MINORITY BUSINESS ENTERPRISE	
10. TYPE OF BUSINESS (See definitions on reverse)			
<input type="checkbox"/> MANUFACTURER OR PRODUCER		<input type="checkbox"/> REGULAR DEALER (Type 1)	<input type="checkbox"/> REGULAR DEALER (Type 2)
<input type="checkbox"/> SERVICE ESTABLISHMENT		<input type="checkbox"/> CONSTRUCTION CONCERN	<input type="checkbox"/> RESEARCH AND DEVELOPMENT FIRM
<input type="checkbox"/> SURPLUS DEALER (Check this box if you are also a dealer in surplus goods)			
11. SIZE OF BUSINESS (See definitions on reverse)			
<input type="checkbox"/> SMALL BUSINESS CONCERN*		<input type="checkbox"/> OTHER THAN SMALL BUSINESS CONCERN	
*If you are a small business concern, fill in (a) and (b):		(a) AVERAGE NUMBER OF EMPLOYEES (including affiliates) FOR FOUR PRECEDING CALENDAR QUARTERS	(b) AVERAGE ANNUAL SALES OR RECEIPTS FOR PRECEDING THREE FISCAL YEARS
12. FLOOR SPACE (Square feet)		13. NET WORTH	
<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> WAREHOUSE	DATE	AMOUNT
14. SECURITY CLEARANCE (If applicable, check highest clearance authorized)			
FOR	TOP SECRET	SECRET	CONFIDENTIAL
KEY PERSONNEL	NAMES OF AGENCIES WHICH GRANTED SECURITY CLEARANCES (Include dates)		
PLANT ONLY			
THIS SPACE FOR USE BY THE GOVERNMENT		CERTIFICATION	
		I certify that information supplied herein (including all pages attached) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer, so far as is known, is now debarred or otherwise declared ineligible by any agency of the Federal Government from bidding for furnishing materials, supplies, or services to the Government or any agency thereof.	
		SIGNATURE _____	
		NAME AND TITLE OF PERSON AUTHORIZED TO SIGN (Type or print) _____	

129-105

STANDARD FORM 129 (REV. 2-77)
Prescribed by GSA, FPR (41 CFR) 1-16.802

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to f <input type="checkbox"/> CARD PD/_____(Pad/Sheet per Pad) US/_____(Unit Sets/Number of Parts) MP/_____(Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/_____(Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:DC		W7540-00-634-4085	HD	2-77
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST DESTROY:	<input type="checkbox"/> OTHER (SPECIFY)		
		<input type="checkbox"/> IMMEDIATELY	<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
		PROMULGATING OFFICE (ONL /)			

INFORMATION AND INSTRUCTIONS

Persons or concerns wishing to be added to a particular agency's bidder's mailing list for supplies or services shall file this properly completed and certified Bidder's Mailing List Application, together with such other lists as may be attached to this application form, with each procurement office of the Federal agency with which they desire to do business. If a Federal agency has attached a Supplemental Commodity List with instructions, complete the application as instructed. Otherwise, identify in item 8 the equipment, supplies and/or services on which you desire to bid. The application shall be submitted and signed by the principal as distinguished from an agent, however constituted.

After placement on the bidder's mailing list of an agency, a supplier's failure to respond (*submission of bid, or notice in writing, that you are unable to bid on that particular transaction but wish to remain on the active bidder's mailing list for that particular item*) to Invitations for Bids will be understood by the agency to indicate lack of interest and concurrence in the removal of the supplier's name from the purchasing activity's bidder's mailing list for the items concerned.

DEFINITION RELATING TO TYPE OF OWNERSHIP

(See item 9)

Minority business enterprise. A minority business enterprise is defined as a "business, at least 50 percent of which is owned by minority group members or, in case of publicly owned businesses, at least 51 percent of the stock of which is owned by minority group members." For the purpose of this definition, minority group members are Negroes, Spanish-speaking American persons, American-Orientals, American-Indians, American-Eskimos, and American-Aleuts.

TYPE OF BUSINESS DEFINITIONS

(See item 10)

a. Manufacturer or producer—means a person (or concern) owning, operating, or maintaining a store, warehouse, or other establishment that produces, on the premises, the materials, supplies, articles, or equipment of the general character of those listed in item 8, or in the Federal Agency's Supplemental Commodity List, if attached.

b. Regular dealer (Type 1)—means a person (or concern) who owns, operates, or maintains a store, warehouse, or other establishment in which the materials, supplies, articles, or equipment of the general character listed in item 8 or in the Federal Agency's Supplemental Commodity List, if attached, are bought, kept in stock, and sold to the public in the usual course of business.

c. Regular dealer (Type 2)—in the case of supplies of particular kinds (*at present, petroleum, lumber and timber products, machine tools, raw cotton, green coffee, hay, grain, feed, or straw, agricultural liming materials, tea, raw or unmanufactured cotton linters*). **Regular dealer**—means a person (or concern) satisfying the requirements of the regulations (Code of Federal Regulations, Title 41, 50-201.101(b)) as amended from time to time, prescribed by the Secretary of Labor under the Walsh-Healey Public Contracts Act (Title 41 U.S. Code 35-45). For coal dealers see Code of Federal Regulations, Title 41, 50-201.604(a).

d. Service establishment—means a concern (or person) which owns, operates, or maintains any type of business which is principally engaged in the furnishing of nonpersonal services, such as (*but not limited to*) repairing, cleaning, redecorating, or rental of personal property, including the furnishing of necessary repair parts or other supplies as part of the services performed.

● **COMMERCE BUSINESS DAILY**—The Commerce Business Daily, published by the Department of Commerce, contains information concerning proposed procurements, sales, and contract awards. For further information concerning this publication, contact your local Commerce Field Office.

e. Construction concern—means a concern (or person) engaged in construction, alteration or repair (including dredging, excavating, and painting) of buildings, structures, and other real property.

DEFINITIONS RELATING TO SIZE OF BUSINESS

(See item 11)

a. Small business concern—A small business concern for the purpose of Government procurement is a concern, including its affiliates, which is independently owned and operated, is not dominant in the field of operation in which it is bidding on Government contracts and can further qualify under the criteria concerning number of employees, average annual receipts, or other criteria, as prescribed by the Small Business Administration. (See Code of Federal Regulations, Title 13, Part 121, as amended, which contains detailed industry definitions and related procedures.)

b. Affiliates—Business concerns are affiliates of each other when either directly or indirectly (i) one concern controls or has the power to control the other, or (ii) a third party controls or has the power to control both. In determining whether concerns are independently owned and operated and whether or not affiliation exists, consideration is given to all appropriate factors including common ownership, common management, and contractual relationship. (See items 6 and 11.)

c. Number of employees—In connection with the determination of small business status, "number of employees" means the average employment of any concern, including the employees of its domestic and foreign affiliates, based on the number of persons employed on a full-time, part-time, temporary, or other basis during each of the pay periods of the preceding 12 months. If a concern has not been in existence for 12 months, "number of employees" means the average employment of such concern and its affiliates during the period that such concern has been in existence based on the number of persons employed during each of the pay periods of the period that such concern has been in business. (See item 11.)



Standard Form 171
**Personal
Qualifications
Statement**

IMPORTANT

**READ THE FOLLOWING INSTRUCTIONS CAREFULLY
BEFORE FILLING OUT YOUR STATEMENT**

- You must furnish all requested information. The information you provide will be used to determine your qualifications for employment. **DO NOT SEND A RESUME IN LIEU OF COMPLETING THIS STATEMENT.**
- If you fail to answer all questions on your Statement fully and accurately, you may delay consideration of your Statement and may lose employment opportunities. See the Privacy Act Information on the reverse of this sheet.
- So that it is understood that you did not omit an item, please write the letters "N/A" (Not Applicable) beside those items that do not apply to you, unless instructions indicate otherwise.

GENERAL INSTRUCTIONS

- If you are applying for a specific Federal civil service examination:
 - Read the examination announcement or the Qualifications Information Statement for the position to be certain that your experience and education are qualifying.
 - If a written test is required, follow the filing instructions on the admission card.
 - If no written test is required, mail this Statement to the Office of Personnel Management Area Office specified in the announcement or on the Qualifications Information Statement.
 - Be sure to include all other forms required.
 - If you have a change of name or address, notify the Office of Personnel Management Area Office with which you filed this Statement.
 - You may want to make a copy of this Statement for your personal use.
 - Please typewrite or write legibly or print clearly in dark ink.

INSTRUCTIONS RELATING TO SPECIFIC ITEMS

ITEM 13. Lowest Grade or Salary

- Enter the lowest grade or the lowest salary you will accept. You will not be considered for any lower grades or salary. You will be considered for any higher grades or salaries for which you qualify as specified in the examination announcement or the Qualifications Information Statement.

ITEM 16. Other Government and International Agencies

- The Office of Personnel Management is occasionally requested to refer for employment consideration the names of eligibles on competitive registers to State and local government agencies, congressional and other public offices, and public international organizations. Indicate your availability by checking the appropriate boxes. Your response to this question will not affect your consideration for other positions.

ITEM 18. Overnight Travel

- Indicate the number of nights per month you are willing to be away from home in a travel status. Some jobs require nearly constant travel of two or three weeks every month while others require infrequent, short or occasional extended periods of travel. You will be considered for positions requiring travel based on the number of nights per month for which you indicate travel availability.

ITEM 20. Active Military Service and Veteran Preference

- Five-point veteran preference is granted to veterans who receive an honorable or general discharge from the armed forces:

- (a) after active duty during the periods April 6, 1917 to July 2, 1921 and December 7, 1941 to July 1, 1955;
- (b) after more than 180 consecutive days of active duty, any part of which occurred after January 31, 1955 and before October 15, 1976.

NOTE—Service under an initial period of active duty for training under the "6-month" Reserve or National Guard programs is not creditable for veteran preference; and

- (c) after service in a campaign for which a campaign badge has been authorized.

- Non-disabled veterans who retired at or above the rank of major or its equivalent are not eligible for veteran preference after October 1, 1980.

- You will be required to furnish records to support your claim for five-point preference only at the time of your appointment.

- Ten-point veteran preference is granted to:

- (a) disabled veterans; and
- (b) veterans awarded the Purple Heart.

Ten-point veteran preference is granted in certain cases to:

- (a) unmarried widows and widowers of veterans;
- (b) spouses of disabled veterans; and
- (c) mothers of deceased or disabled veterans.

If you claim ten-point veteran preference, submit Standard Form 15, Claim for 10-Point Veteran Preference, and the required proof with this application. Obtain SF 15 and information on provisions of the Veteran Preference laws at any Federal Job Information Center.

- A clemency discharge does not meet the Veteran Preference Act requirement for discharge under honorable conditions. Accordingly, no preference may be granted to applicants with such discharge.

ITEM 21. Experience

- Fill in these experience blocks carefully and completely. A large part of your qualifications rating depends upon a thorough description of your experience and employment history.

- If you fail to give complete details, you may delay consideration of your Statement. Your description of duties may be verified with former employers.

- If you supervise or have supervised other employees, be sure to indicate the number and kind (and grades, if Federal Government) of employees supervised, and describe your duties as a supervisor under Description of Work.

- Volunteer Experience—You may receive credit for pertinent religious, civic, welfare service and organizational work performed with or without compensation. Show the actual amount of time spent in such work (for example, average hours per week or month). Complete all the items just as you would for a compensable position.

- Use separate blocks if your duties, responsibilities, or salary have changed materially while working for the same employer. Treat each such change as a separate position.

PLEASE READ ADDITIONAL INSTRUCTIONS ON BACK OF THIS SHEET

FORMS MANAGEMENT DATA					1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE		STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET, 8 x 31½" folded twice to 8 x	ADM:OP			7540-00-935-7150	HD	1-79
<input type="checkbox"/>	CARD 10½" h to f, perf every 10½"						
<input type="checkbox"/>	PD/_____ (Pad/Sheet per Pad) blue ink						
<input type="checkbox"/>	US/_____ (Unit Sets/Number of Parts)						
<input type="checkbox"/>	MP/_____ (Multipage/Number of Parts)						
<input type="checkbox"/>	LABEL						
<input type="checkbox"/>	PC (Postal Card)						
<input type="checkbox"/>	TC (Tab Card)						
<input type="checkbox"/>	TP/_____ (Tab Paper/Number of Parts)						
<input type="checkbox"/>	ENVL						
<input type="checkbox"/>	OTHER (Specify)						
			STATUS OF EXISTING STOCK				
			<input type="checkbox"/> USE FIRST	<input type="checkbox"/> OTHER (SPECIFY)			
			DESTROY:				
			<input type="checkbox"/> IMMEDIATELY				
			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
			STOCKING POINT				
			<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS			
			PROMULGATING OFFICE (ONLY)				

ITEM 21. Experience (Continued)

NOTE—Experience gained more than 15 years ago may be summarized in one block if it is not pertinent to the type of position you applied for.

- Include your military or merchant marine service in separate blocks in order and describe major duty assignments.
 - Indicate in each block of Item 21 the name under which you were employed if it was different from the name in Item 6 of this Statement. Show former name in parentheses after "Description of duties and accomplishments in your work."
 - Indicate any period of unemployment exceeding three months and your address at that time on the last line of the preceding experience block.
 - Block A—Describe your present position in this block. Indicate if you are now unemployed or if you have never been employed.
 - Blocks B and C—Describe in Block B the position you held just before your present position and continue to work backwards using Block C.
 - Enter the average number of hours per week you work. If you work part time, indicate the average number of hours per week you work.
 - Description of Work—Describe each job briefly, including required skills and abilities. Describe any specialties and special assignments, your authority and responsibility, your relationships to others, your accomplishments, and any other factors which help to describe the job.
 - If your job contains experience in more than one type of work (for example: carpentry and painting, or personnel and budget) estimate and indicate the approximate percentage of time spent in each type of work. Place the percentages in parentheses at the end of the description of work.
 - If you need additional experience blocks:
 - Use Standard Form 171-A, Continuation Sheet; or
 - A plain sheet of paper approximately 8 by 10½ inches in size. Be sure to include all of the information requested in Item 21.
- If you need additional space to describe a position held:
- Continue in Item 34, Space for Detailed Answers; or
 - Continue on a plain sheet of paper.
- Identify each plain sheet of paper used by showing your name, birth date, examination or position title, and the block under Item 21 from which the description is continued.
 - Attach all supplemental sheets to the top of page 3.

ITEM 32. Relatives Employed by the United States Government

- A Federal official (civilian or military) may not appoint any of his or her relatives or recommend them for employment in his or her agency, and a relative who is appointed in violation of this restriction cannot be paid. Therefore it is necessary to have information about your relatives who are working for the Federal Government. In listing relative(s) in answer to question 32 include: father; mother; son; daughter; brother; sister; uncle; aunt; first cousin; nephew; niece; husband; wife; father-in-law; mother-in-law; son-in-law; daughter-in-law; brother-in-law; sister-in-law; stepfather; stepmother; stepson; stepdaughter; stepbrother; stepsister; half brother, and half sister.

CERTIFICATION

- Be careful that you have answered all questions on your Statement correctly and considered all statements fully so that your eligibility can be decided on all the facts. Read the certification carefully before you sign and date your Statement.
- Sign your name in ink.
- Use one given name, initial or initials, and last name.

PRIVACY ACT INFORMATION

The Office of Personnel Management is authorized to rate applicants for Federal jobs under Sections 1302, 3301, and 3304 of Title 5 of the U.S. Code. We need the information you put on this form to see how well your education and work skills qualify you for a Federal job. We also need information on matters such as citizenship and military service to see whether you are affected by laws we must follow in deciding who may be employed by the Federal Government. We cannot give you a rating, which is the first step toward getting a job, if you do not answer these questions.

We must have your Social Security Number (SSN) to keep your records straight because other people may have the same name and birthdate. The SSN has been used to keep records since 1943, when Executive Order 9397 asked agencies to do so. The Office of Personnel Management may also use your SSN to make requests for information about you from employers, schools, banks, and others who know you, but only as allowed by law. The information we collect by using your SSN will be used for employment purposes and also for studies and statistics that will not identify you.

Information we have about you may also be given to Federal, State, and local agencies for checking on law violations or for other lawful purposes. We may also notify your school placement office if you are selected for a Federal job.

PLEASE DETACH THIS INSTRUCTION SHEET BEFORE SUBMITTING YOUR STATEMENT

Personal Qualifications Statement

Read instructions before completing form

Form Approved: OMB No. 3206-0012

1. Kind of position (job) you are filing for (or title and number of announcement)		DO NOT WRITE IN THIS BLOCK FOR USE OF EXAMINING OFFICE ONLY		Material		Entered register		ANNOUNCEMENT NO. STATEMENT NO.		
2. Options for which you wish to be considered (if listed in the announcement)				<input type="checkbox"/> Submitted		<input type="checkbox"/> Entered register				
3. Home phone				<input type="checkbox"/> Returned						
Area Code										
Number										
4. Work phone				Notations:						
Area Code										
Number										
Extension										
5. Sex (for statistics only)				Form reviewed:						
<input type="checkbox"/> Male <input type="checkbox"/> Female		Form approved:								
6. Other last names ever used		Option		Grade		Earned Rating				
Name (Last, First, Middle)						Preference				
Street address or RFD no. (include apartment no., if any)						Aug Rating				
City						<input type="checkbox"/> 5 Points (Tent.)				
State						<input type="checkbox"/> 10 Pts. 30% or More Comp. Dis.				
Zip Code						<input type="checkbox"/> 10 Pts. Less Than 30% Comp. Dis.				
8. Birthplace (City & State, or foreign country)						<input type="checkbox"/> Other 10 Points				
9. Birth date (Month, day, year)						<input type="checkbox"/> Disallowed				
10. Social Security Number						<input type="checkbox"/> Being Investigated				
11. If you have ever been employed by the Federal Government as a civilian, give your highest grade, classification series, and job title		Initials and date								
Dates of service in highest grade (Month, day, and year)		From		To						
12. If you currently have an application on file with the Office of Personnel Management for appointment to a Federal position, list (a) the name of the area office maintaining your application, (b) the position for which you filed, and (if appropriate) (c) the date of your notice of rating, (d) your identification number, and (e) your rating.		THIS SPACE FOR USE OF APPOINTING OFFICER ONLY Preference has been verified through proof that the separation was under honorable conditions, and other proof as required.		<input type="checkbox"/> 5-Point <input type="checkbox"/> 10 Points 30% or More Compensable Disability <input type="checkbox"/> 10 Points Less Than 30% Compensable Disability <input type="checkbox"/> 10-Point Other						
13. Lowest pay or grade you will accept.				Signature and title						
PAY		GRADE		Agency		Date				
\$ per		OR								
14. When will you be available for work? (Month and year)		15. Are you available for temporary employment lasting (Acceptance or refusal of temporary employment will not affect your consideration for other appointments)		16. Are you interested in being considered for employment by		YES NO				
A. Less than 1 month?		A. State and local government agencies?		A. State and local government agencies?		YES NO				
B. 1 to 4 months?		B. 1 to 4 months?		B. Congressional and other public offices?		YES NO				
C. 5 to 12 months?		C. 5 to 12 months?		C. Public international organizations?		YES NO				
17. Where will you accept a job?		18. Indicate your availability for overnight travel.		19. Are you available for part-time positions (fewer than 40 hours per week) offering		YES NO				
A. In the Washington, D.C. Metropolitan area?		A. Not available for overnight travel?		A. 20 or fewer hours per week?		YES NO				
B. Outside the 50 United States?		B. 1 to 5 nights per month?		B. 21 to 31 hours per week?		YES NO				
C. Anyplace in the United States?		C. 6 to 10 nights per month?		C. 32 to 39 hours per week?		YES NO				
D. Only in (specify locality)		D. 11 or more nights per month?								
20. Veteran Preference. Answer all parts. If a part does not apply to you, answer "NO"						YES NO				
A. Have you ever served on active duty in the United States military service? (Exclude tours of active duty for training in Reserves or National Guard)						YES NO				
B. Have you ever been discharged from the armed services under other than honorable conditions? You may omit any such discharge changed to honorable or general by a Discharge Review Board or similar authority)						YES NO				
If "YES", give details in item 34						YES NO				
C. Do you claim 5-point preference based on active duty in the armed forces?						YES NO				
If "YES", you will be required to furnish records to support your claim at the time you are appointed.						YES NO				
D. Do you claim 10-point preference?						YES NO				
If "YES", check the type of preference claimed and complete and attach Standard Form 15, "Claim for 10-Point Veteran Preference," together with the proof requested in that form.						YES NO				
Type of Preference: <input type="checkbox"/> Compensable Disability 30% or More <input type="checkbox"/> Compensable Disability Below 30% <input type="checkbox"/> Non-compensable Disability <input type="checkbox"/> Purple Heart Recipient <input type="checkbox"/> Spouse <input type="checkbox"/> Widower(s) <input type="checkbox"/> Mother						YES NO				
E. List dates, branch, and serial number of all active service (enter "N/A" if not applicable)						YES NO				
From		To		Branch of Service		Serial or Service Number				

71. Experience. Begin with current or most recent job or volunteer experience and work back. Account for periods of unemployment exceeding three months and your residence address at that time on the last line of the experience blocks in order of occurrence.

May inquiry be made of your present employer regarding your character, qualifications, and record of employment?
 * If "NO" will not affect your consideration for employment opportunities except for Administrative Law Judge positions: YES NO

A Name and address of employer's organization (include ZIP code, if known):

Dates employed (give month and year): From _____ To _____		Average number of hours per week
Salary or earnings: Beginning \$ _____ per _____ Ending \$ _____ per _____		Place of employment: City _____ State _____
Exact title of your position	Name of immediate supervisor	Area Code Telephone number
Kind of business or organization (manufacturing, accounting, social services, etc.)		If Federal service, civilian or military series, grade or rank, and date of last promotion
Description of work (Describe your specific duties, responsibilities and accomplishments in this job):		Number and kind of employees you supervised
Your reason for wanting to leave		
For agency use (skill codes, etc.):		

B Name and address of employer's organization (include ZIP code, if known):

Dates employed (give month and year): From _____ To _____		Average number of hours per week
Salary or earnings: Beginning \$ _____ per _____ Ending \$ _____ per _____		Place of employment: City _____ State _____
Exact title of your position	Name of immediate supervisor	Area Code Telephone number
Kind of business or organization (manufacturing, accounting, social services, etc.)		If Federal service, civilian or military series, grade or rank, and date of last promotion
Description of work (Describe your specific duties, responsibilities and accomplishments in this job):		Number and kind of employees you supervised
Your reason for leaving		
For agency use (skill codes, etc.):		

C Name and address of employer's organization (include ZIP code, if known):

Dates employed (give month and year): From _____ To _____		Average number of hours per week
Salary or earnings: Beginning \$ _____ per _____ Ending \$ _____ per _____		Place of employment: City _____ State _____
Exact title of your position	Name of immediate supervisor	Area Code Telephone number
Kind of business or organization (manufacturing, accounting, social services, etc.)		If Federal service, civilian or military series, grade or rank, and date of last promotion
Description of work (Describe your specific duties, responsibilities and accomplishments in this job):		Number and kind of employees you supervised
Your reason for leaving		
For agency use (skill codes, etc.):		

If you need additional experience blocks, use Standard Form 171-A or blank sheets of paper
 SEE INSTRUCTION SHEET

Attach Supplemental Sheets or Forms Here

22. A. Special qualifications and skills (skills with machines, patents or inventions; your most important publications (do not submit copies unless requested); your public speaking and publications experience; membership in professional or scientific societies, etc.)											
B. Kind of license or certificate (pilot, registered nurse, lawyer, radio operator, CPA, etc.)				C. Latest license or certificate Year State or other licensing authority			D. Approximate number of words per minute Typing Shorthand				
23. A. Did you graduate from high school or will you graduate within the next nine months, or do you have a GED high school equivalency certificate?				B. Name and location (city and State) of latest high school attended							
Yes		No		Highest grade completed							
C. Name and location (city, State, and ZIP Code, if known) of college or university (if you expect to graduate within nine months, give MONTH and YEAR you expect to receive your degree)				Dates Attended		Years Completed		No. of Credits Completed		Type of Degree (e.g. B.A.)	
				From	To	Day	Night	Semester Hours	Quarter Hours	Year of Degree	
D. Chief undergraduate college subjects				No. of Credits Completed		E. Chief graduate college subjects				No. of Credits Completed	
				Semester Hours	Quarter Hours					Semester Hours	Quarter Hours
F. Major field of study at highest level of college work											
G. Other schools or training (for example, trade, vocational, Armed Forces or business). Give for each the name and location (city, State and ZIP Code, if known) of school, dates attended, subjects studied, number of classroom hours of instruction per week, certificate, and any other pertinent data.											
24. Honors, awards, and fellowships received											
25. Languages other than English. List the languages (other than English) in which you are proficient and indicate your level of proficiency by putting a check mark (✓) in the appropriate columns. Candidates for positions requiring conversational ability in a language other than English may be given an interview conducted solely in that language. Describe in item 34 how you gained your language skills and the amount of experience you have had (e.g., completed 72 hours of classroom training; spoke language at home for 18 years; self-taught, etc.).											
PROFICIENCY											
Name of Language(s)		Can Prepare and Deliver Lectures		Can Converse		Have Facility to Translate Articles, Technical Materials, etc.		Can Read Articles, Technical Materials, etc., for Own Use			
		Fluently	With Difficulty	Fluently	Passably	into English	From English	Easily	With Difficulty		
26. References. List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under item 21. Experience.											
Full Name			Present Business or Home Address (Number, Street, City, State and ZIP Code)			Telephone Number (include Area Code)		Business or Occupation			

Continued from SF 171A, Rev. 1-79
 Office of Personnel Management
 PMS Form 171A

CONTINUATION SHEET FOR STANDARD FORM 171
 PERSONAL QUALIFICATIONS STATEMENT

Form Approved
 OMB No. 3206-0012

INSTRUCTIONS—Fill out this form only when necessary for completion of Item 21, "EXPERIENCE," on Standard Form 171. Enclose with your Statement. Typewrite or print clearly in dark ink.

1. Name (Last, First, Middle)		2. Birth date (Month, day, year)		3. Kind of position applied for, or name of examination	
Name and address of employer's organization (include ZIP Code, if known)			Dates employed (give month and year): From _____ To _____		Average number of hours per week
			Salary or earnings: Beginning \$ _____ per _____ Ending \$ _____ per _____		Place of employment: City _____ State _____
Exact title of your position		Name of immediate supervisor		Area Code _____ Telephone Number _____	Number and kind of employees you supervised
Kind of business or organization (manufacturing, accounting, social services, etc.)		If Federal service, civilian or military series, grade or rank, and date of last promotion			Your reason for leaving
Description of work (Describe your specific duties, responsibilities and accomplishments in this job):					
For agency use (skill codes, etc.):					
Name and address of employer's organization (include ZIP Code, if known)			Dates employed (give month and year): From _____ To _____		Average number of hours per week
			Salary or earnings: Beginning \$ _____ per _____ Ending \$ _____ per _____		Place of employment: City _____ State _____
			Exact title of your position		Name of immediate supervisor
Kind of business or organization (manufacturing, accounting, social services, etc.)		If Federal service, civilian or military series, grade or rank, and date of last promotion			Your reason for leaving
Description of work (Describe your specific duties, responsibilities and accomplishments in this job):					
For agency use (skill codes, etc.):					
Name and address of employer's organization (include ZIP Code, if known)			Dates employed (give month and year): From _____ To _____		Average number of hours per week
			Salary or earnings: Beginning \$ _____ per _____ Ending \$ _____ per _____		Place of employment: City _____ State _____
			Exact title of your position		Name of immediate supervisor
Kind of business or organization (manufacturing, accounting, social services, etc.)		If Federal service, civilian or military series, grade or rank, and date of last promotion			Your reason for leaving
Description of work (Describe your specific duties, responsibilities and accomplishments in this job):					
For agency use (skill codes, etc.):					

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 7540-00-935-7157 PREVIOUS EDITION USABLE

171-204

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET, h to f, blue ink	ADM;OP		7540-00-935-7157	HD	1-79
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/____ (Pad/Sheet per Pad)					
<input type="checkbox"/>	US/____ (Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/____ (Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/____ (Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					
			STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
			STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

SF 171A REVERSE

Name and address of employer's organization (include ZIP Code, if known)		Dates employed (give month and year)		Average number of hours per week
		From	To	
		Salary or earnings		Place of employment
		Beginning \$	per	City
		Ending \$	per	State
Exact title of your position	Name of immediate supervisor	Area Code	Telephone Number	Number and kind of employees you supervised
Kind of business or organization (manufacturing, accounting, social services, etc.)	If Federal service, civilian or military series, grade or rank, and date of last promotion			Your reason for leaving
Description of work (Describe your specific duties, responsibilities and accomplishments in this job.)				
For agency use (skill codes, etc.)				
Name and address of employer's organization (include ZIP Code, if known)		Dates employed (give month and year)		Average number of hours per week
		From	To	
		Salary or earnings		Place of employment
		Beginning \$	per	City
		Ending \$	per	State
Exact title of your position	Name of immediate supervisor	Area Code	Telephone Number	Number and kind of employees you supervised
Kind of business or organization (manufacturing, accounting, social services, etc.)	If Federal service, civilian or military series, grade or rank, and date of last promotion			Your reason for leaving
Description of work (Describe your specific duties, responsibilities and accomplishments in this job.)				
For agency use (skill codes, etc.)				
Name and address of employer's organization (include ZIP Code, if known)		Dates employed (give month and year)		Average number of hours per week
		From	To	
		Salary or earnings		Place of employment
		Beginning \$	per	City
		Ending \$	per	State
Exact title of your position	Name of immediate supervisor	Area Code	Telephone Number	Number and kind of employees you supervised
Kind of business or organization (manufacturing, accounting, social services, etc.)	If Federal service, civilian or military series, grade or rank, and date of last promotion			Your reason for leaving
Description of work (Describe your specific duties, responsibilities and accomplishments in this job.)				
For agency use (skill codes, etc.)				

Standard Form 172 (Rev. 1-79)
Office of Personnel Management
FPM Chapter 295

**AMENDMENT TO
PERSONAL QUALIFICATIONS STATEMENT**

Form Approved:
OMB No. 50-10048

IMPORTANT—Read these instructions carefully before completing this form.

This form may be used to update your Personal Qualifications Statement provided you have had no more than three additional positions since the statement being updated was completed. Agencies are required to accept a previously completed Personal Qualifications Statement as current when this form is attached. Before completing this form, review carefully your answers to all items on the statement being updated. Use a typewriter if available. Otherwise write or print legibly in dark ink.

1. Name (Last, First, Middle) and Address (Number, Apt. No., Street, City, State, and ZIP Code)		2. Date of this amendment	3. Birth date (Mo., Day, Yr.)	4. Social Security Number
5. Name on SF 171 being amended if different from Item 1				
6. Kind of position you are filing for (or title and number of announcement)		7. Reason for submission (Check one)		
8. Lowest pay or grade you will accept		To update Personal Qualifications Statement in my Official Personnel Folder		
PAY \$ _____ per _____		To update Personal Qualifications Statement on file with you		
OR GRADE _____		To update attached Personal Qualifications Statement		
		As requested		
9. EXPERIENCE. Begin with current or most recent work or volunteer experience and work back. Account for periods of unemployment exceeding three months and your residence address at that time on the last line of the experience blocks in order. May inquiry be made of your present employer regarding your character, qualifications, and record of employment? (A "NO" will not affect your consideration for employment opportunities except for Administrative Law Judge positions.) <input type="checkbox"/> YES <input type="checkbox"/> NO				
Name and address of employer's organization (include ZIP Code, if known)		Dates employed (give month and year)		Average number of hours per week
		From _____ To _____		
		Salary or earnings		Place of employment
		Beginning \$ _____ per _____		City _____
		Ending \$ _____ per _____		State _____
Exact title of your position	Name of immediate supervisor	Area Code	Telephone Number	Number and kind of employees you supervise
Kind of business or organization (manufacturing, accounting, social services, etc.)	If Federal service, civilian or military, series, grade or rank, and date of last promotion			Your reason for wanting to leave
Description of work (Describe your specific duties, responsibilities and accomplishments in this job):				
For agency use (skill codes, etc.):				
Name and address of employer's organization (include ZIP Code, if known)		Dates employed (give month and year)		Average number of hours per week
		From _____ To _____		
		Salary or earnings		Place of employment
		Beginning \$ _____ per _____		City _____
		Ending \$ _____ per _____		State _____
Exact title of your position	Name of immediate supervisor	Area Code	Telephone Number	Number and kind of employees you supervise
Kind of business or organization (manufacturing, accounting, social services, etc.)	If Federal service, civilian or military, series, grade or rank, and date of last promotion			Your reason for leaving
Description of work (Describe your specific duties, responsibilities and accomplishments in this job):				
For agency use (skill codes, etc.):				

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172-104

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, yellow	ADM:OP	STATUS OF EXISTING STOCK	7540-00-142-8765	HD	1-79
<input type="checkbox"/> CARD					
<input type="checkbox"/> PD/____ (Pad/Sheet per Pad)		DESTROY:			
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)		<input type="checkbox"/> IMMEDIATELY			
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
<input type="checkbox"/> LABEL		STOCKING POINT			
<input type="checkbox"/> PC (Postal Card)		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS			
<input type="checkbox"/> TC (Tab Card)		PROMULGATING OFFICE (ONLY)			
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)					
<input type="checkbox"/> ENVL					
<input type="checkbox"/> OTHER (Specify)					

TOP STUB OF
SF 361

STANDARD FORM 361		DISCREPANCY IN SHIPMENT REPORT (SHORT TITLE "DISREP")		1. DATE (1,2,3) (1-5)	2. FILE REFERENCE (1,2,3) (4-15)		
GENERAL SERVICES ADMINISTRATION FPMR (41 CFR) 101-40.702 361-104							
3. TO*			4. REPORTING ACTIVITY*				
5. CO-SIGNOR* (1) (25-28)			6. CONSIGNEE* (1) (17-22)				
7. SHIPPER (IF OTHER THAN CONSIGNOR)* (1) (29-34)			8. POINT OF ORIGIN (City & State) (1) (37-38)				
9. IDENTIFICATION (CONVEYANCE/VOYAGE NO.) AND CARRIER ROUTING (3) (52-71)			10. DESTINATION (City & State)				
11. DOCUMENTATION DATA							
A. CARRIER'S DELIVERY RECEIPT NO.		B. BILL OF LADING NO.		GOVERNMENT (1) (43-58) COMMERCIAL (1) (51-66) OCEAN			
C. EXCEPTION NOTED ON B/L <input type="checkbox"/> YES <input type="checkbox"/> NO		D. TYPE OF SHIPMENT CODE* (1) (42)		E. TYPE OF DISCREPANCY CODE* (3) (33-36) ASTRAY DAMAGE OVERAGE SHORTAGE OTHER (Explain in Item 13)			
F. DATE CARRIER SIGNED FOR SHIPMENT (1) (41-45)		G. DATE CONSIGNEE RECEIVED SHIPMENT (1) (46-50)		H. DATE DISCREPANCY DISCOVERED (1) (71-75)			
K. THIS IS A SURVEY DOCUMENT <input type="checkbox"/> YES <input type="checkbox"/> NO (1) (54)		L. SEAL NOS. AND CONDITION <input type="checkbox"/> INTACT <input type="checkbox"/> BROKEN/MISSING		I. DATE CARRIER NOTIFIED			
M. INSPECTION DATA <input type="checkbox"/> CARRIER INSPECTED (Report attached) <input type="checkbox"/> INSPECTION WAIVED (Waiver attached) <input type="checkbox"/> GOVERNMENT INSPECTED (Report attached)		N. DISPOSITION DATA <input type="checkbox"/> REJECTED (Receipt attached) <input type="checkbox"/> OTHER (Explain in Item 13) <input type="checkbox"/> REPAIRED AT GOVT. EXPENSE (Bill attached)					
12. DISCREPANCY DATA (Continue in Item 17, if Necessary)							
ACQUISITION DOCUMENT AND/OR TRANSPORTATION CONTROL NO. (1-3) (16-32) (A)	COMMODITY, FEDERAL STOCK NO. (FSN), AND UFC OR NMFC NO. (1) (33-57 COM) (2) (53-63 FSR) (B)	TYPE OF PACK * (2) (44-45) (C)	QUANTITY DISCREPANT (PIECES) (3) (37-46) (D)	A/D/O/S CODE * (E)	ISSUE DATA		VALUE OR COST OF REPAIRS (3) (46-51) (L)
					UNIT OF ISSUE (F)	UNITS BILLED/SHIPPED (G)	
13. REMARKS (Continue in Item 18, if necessary)							
14. RESPONSIBILITY (1) (74) <input type="checkbox"/> CARRIER <input type="checkbox"/> SHIPPER/CONTRACTOR <input type="checkbox"/> OTHER (Specify)							
15. DISTRIBUTION OF COPIES (Copies of this report will NOT be furnished to carrier)				16A. TYPED NAME, TITLE, AND TELEPHONE EXTENSION			
				16B. PREPARED BY (Signature)			

INSTRUCTIONS
ITEMS 4, 5, 6 AND 7 - Enter name, address, activity address code (if assigned), and ZIP code.
ITEMS 11D, 11E, 12C AND 17C WHEN REPORTING--
USE CODES AND FOLLOW INSTRUCTIONS SET FORTH IN
Department of Defense OR
Civilian Agencies
AR 5638, NAVSUP 608, AFM 76-54, WCO P 481018, DSRM 60015,
FPMR (41 CFR) 101-40.7

ENTER "A" for "Astray", "D" for "Damage", "O" for "Overage", "S" for "Shortage".

* SEE INSTRUCTIONS ON ATTACHED STUB

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET CARD sets <input checked="" type="checkbox"/> PD/100 (Pad/Sheet per Pad), h to h <input type="checkbox"/> US/ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:FOS		W7540-00-965-2403	PS	11-79
STATUS OF EXISTING STOCK					
<input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE					
OTHER (SPECIFY)					
STOCKING POINT					
<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS					
PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

SF 1034

Standard Form 1034 4 Treasury Form 2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION		DATE VOUCHER PREPARED		SCHEDULE NO.		
PAYEE'S NAME AND ADDRESS		CONTRACT NUMBER AND DATE		PAID BY		
		REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED		
				DISCOUNT TERMS		
SHIPPED FROM		TO		WEIGHT		
				GOVERNMENT B/L NUMBER		
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE COST PER		AMOUNT (1)
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL						
PAYMENT: <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
		= \$	= \$ 1.00			
		BY:				
		TITLE		Amount verified; correct for <i>(Signature or initials)</i>		
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
(Date)		(Authorized Certifying Officer):		(Title)		
ACCOUNTING CLASSIFICATION						
PAID BY	CHECK NUMBER	ON TREASURER OF THE UNITED STATES		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE		PAYEE'S		
\$					PER	
1 When stated in foreign currency, insert name of currency. 2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. 3 When a voucher is re-issued in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.						TITLE

1034-116

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 4 ____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:A		W7540-00-900-2234	HD	1-80
			STATUS OF EXISTING STOCK		
			<input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		
			OTHER (SPECIFY)		
			STOCKING POINT		
			<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)		

Standard Form 1034-A 4 Treasury Form 2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION			DATE VOUCHER PREPARED		SCHEDULE NO.		
			CONTRACT NUMBER AND DATE		PAID BY		
PAYEE'S NAME AND ADDRESS			REQUISITION NUMBER AND DATE				DATE INVOICE RECEIVED
					DISCOUNT TERMS		
					PAYEE'S ACCOUNT NUMBER		
					GOVERNMENT R/I NUMBER		
SHIPPED FROM		TO		WEIGHT			
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary.)</i>	QUAN- TITY	UNIT PRICE		AMOUNT	
				COST	PER		
(Use continuation sheets) (if necessary) (Payee must NOT use the space below) TOTAL							
PAYMENT:					DIFFERENCES		
<input type="checkbox"/> COMPLETE							
<input type="checkbox"/> PARTIAL							
<input type="checkbox"/> FINAL							
<input type="checkbox"/> PROGRESS							
<input type="checkbox"/> ADVANCE					Amount verified; correct for <i>(Signature or initials)</i>		
MEMORANDUM							
ACCOUNTING CLASSIFICATION							
PAID BY	CHECK NUMBER	ON TREASURER OF THE UNITED STATES		CHECK NUMBER	ON <i>(Name of bank)</i>		
	CASH	DATE					
\$ _____							

1034-212

© U.S. GPO: 1974-553-598

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, yellow		RM: A		W7540-00-634-4027	HD	1-80
<input type="checkbox"/> CARD			STATUS OF EXISTING STOCK			
<input type="checkbox"/> PD/____ (Pad/Sheet per Pad)		<input type="checkbox"/> USE FIRST		OTHER <i>(SPECIFY)</i>		
<input type="checkbox"/> US/____ (Unit Sets/Number of Parts)		<input type="checkbox"/> DESTROY:				
<input type="checkbox"/> MP/____ (Multipage/Number of Parts)		<input type="checkbox"/> IMMEDIATELY				
<input type="checkbox"/> LABEL		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
<input type="checkbox"/> PC (Postal Card)		STOCKING POINT				
<input type="checkbox"/> TC (Tab Card)		<input checked="" type="checkbox"/> WAREHOUSE		<input type="checkbox"/> SUPPLY ROOMS		
<input type="checkbox"/> TP/____ (Tab Paper/Number of Parts)		<input type="checkbox"/> PROMULGATING OFFICE <i>(ONLY)</i>				
<input type="checkbox"/> ENVL						
<input type="checkbox"/> OTHER <i>(Specify)</i>						

Standard Form 1094
7 GAO 4800
1094-105

U. S. TAX EXEMPTION CERTIFICATE
(See Instructions on reverse hereof)

F- 262751

I certify that I have purchased for the exclusive use of the United States Government from

(Name and local address of vendor—Street, city, and State)
delivered at (City) (State)

INDICATE AMOUNT OF TAX		
KIND	INCLUDED	EXCLUDED
*State	\$	\$
*Local	\$	\$

(Use one block only, cancel others)

(Description, quantity, and unit price)
which has (or have) been delivered, or which will be delivered and invoiced pursuant to purchase orders issued under contract No., dated, and for which a tax exemption certificate has not heretofore been issued.
Date (Signature and title of purchaser) Vehicle License No.

For VENDOR To be filed in ONLY when a State or local tax is included in the purchase price.
Certified correct and just. For ADMINISTRATIVE OFFICE
Name D. O. Symbol No.
By Vou. No. Period
Title *State and local taxes to be paid only when absolutely necessary to obtain commodity required. 18-74599-9

INSTRUCTIONS

- This form will be used where a State or a local sales tax attaches at the time of sale to the consumer.
- Using a separate certificate for each class of tax involved, the certificate will be issued to the vendor when the price paid is exclusive of the State or local tax, and will be retained by the purchaser when the price paid includes a State or local tax.
- The serial number of each certificate prepared will be shown on the payment voucher.
- If the space provided for showing the quantity, price, etc., of the articles purchased is not sufficient, a separate statement may be attached to the form.
- When a certificate is used in connection with the purchase of gasoline or oil delivered into the fuel tank or crankcase of a motor vehicle, indicate the license plate number or other official vehicle designation in the space provided.
- Exemption certificate will NOT be issued:
 - For items of subsistence expense when per diem in lieu of subsistence has been granted.
 - When using a personally owned motor vehicle for which a mileage allowance has been authorized.
 - For purchases for official purposes, when in official travel status, unless payment is actually made at the time of purchase.
 - If merchandise purchased is subject only to Federal tax.
 - Where the amount of the taxes on any one bill or purchase is \$1 or less.

The fraudulent use of this certificate for the purpose of securing exemption from the payment or adjustment of taxes is prohibited.

U. S. GOVERNMENT PRINTING OFFICE: 1971 O - 224-880

SF 1094A

Certificate No. Date Vendor	Check block to show disposition of certificate
(Address of Vendor) (Commodities) (Indicate tax imposed)	
To Vendor	Check block to show disposition of certificate
To Administrative Office	
Certificate No. Date Vendor	Check block to show disposition of certificate
(Address of Vendor) (Commodities) (Indicate tax imposed)	
To Vendor	Check block to show disposition of certificate
To Administrative Office	
Certificate No. Date Vendor	Check block to show disposition of certificate
(Address of Vendor) (Commodities) (Indicate tax imposed)	
To Vendor	Check block to show disposition of certificate
To Administrative Office	
Certificate No. Date Vendor	Check block to show disposition of certificate
(Address of Vendor) (Commodities) (Indicate tax imposed)	
To Vendor	Check block to show disposition of certificate
To Administrative Office	

Standard Form 1094-A
7 GAO 4800 1094-203

*Show whether State or Local.

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET CARD PD/..... (Pad/Sheet per Pad) US/..... (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ 4 (Multipage/Number of Parts) 2 covers, LABEL 25 SF 1094s; 5 SF 1094As. PC (Postal Card) SF 1094 h to h, yellow; TC (Tab Card) SF 1094A h to h. 8 x 3 1/2" TP/..... (Tab Paper/Number of Parts) ENVL OTHER (Specify)	RM:A	STATUS OF EXISTING STOCK USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	W7540-00-634-4238	BK	4-80

NRC FORMS FACSIMILE HANDBOOK

SF 1169, FACE

BILL CHARGES TO DEPT. OR AGENCY _____		FISCAL DATA (Appropriation, authorization, etc.)		F-1501501	
BUREAU OR OFFICE _____				Place and Date of Issue	
(Street address) _____ (City) _____ (State or country) _____ (ZIP code) _____				0 0 0 0 0	
ISSUING GOVERNMENT OFFICER (Signature and Office)					
TRAVELER (Type or print)	Others (No.)	DEPENDENT TRAVEL—CHILDREN (Ages)	SPECIAL ACCOMMODATIONS AND REQUIREMENTS		
	<input type="checkbox"/>	SPOUSE			
CARRIER OR AGENT TENDERED TO	STOP OVER AUTH.	CITIES	CARRIER AND CLASS OF SERVICE (First class, coach, charter, etc.)	EXCESS BAGGAGE AUTHORIZED	
TRANSPORTATION AMOUNT (Traveler MUST ascertain cost of transportation and accommodations, if applicable, and record here)	FROM			Weight	Pieces
\$ _____	TO				
	TO				
	TO				
	TO				
	TO				
Ticket agent WILL NOT accept this copy in lieu of original request.		(Continue services required on reverse)		STANDARD FORM 1185	
Do NOT fold, spindle or mutilate		U.S. GOVERNMENT TRANSPORTATION REQUEST		5 GAO 2 1169-525	

SF 1169, REVERSE PART 1

<p>CONDITIONS</p> <ol style="list-style-type: none"> The United States Government will not be responsible for any charges in excess of those applicable for transportation and/or accommodations of the type, class or character specified in this request. If services costing more than those authorized in this request are furnished, the additional cost must be paid by the traveler at the time such services are obtained and not be billed against the Government. When circumstances require the furnishing of a service of a different type or lesser value than that specified in this request, the traveler shall record in the space on the right the actual service furnished and the reason for the change and shall sign the statement. The issuing officer, by his signature on the face hereof, certifies that the requested transportation is for official business. Carriers shall not honor requests showing erasures or alterations not well stated by initials of the issuing officer. Carrier shall insert date on which travel commenced, if known. The nondiscrimination clause contained in section 202 of Executive Order 11246, as amended by Executive Order 11375, relative to equal employment opportunity for all persons without regard to race, color, religion, sex, or national origin, and the implementing rules and regulations prescribed by the Secretary of Labor are incorporated herein. <p>INSTRUCTIONS</p> <ol style="list-style-type: none"> Money must not be furnished in exchange for transportation requests nor may transportation requests be passed through banks for collection. 5 GAO 2 issued by the Comptroller General of the United States contains detailed billing instructions (copies obtainable from the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402). When charges are payable in foreign funds, designate currency in the "Special Accommodations and Requirements" block. <p>1169-125r</p>		<p>FOR CARRIER USE ONLY (See condition 4.)</p> <p>Date travel commenced _____</p> <p>CONTINUATION OF SERVICES REQUIRED</p> <hr/> <p>SERVICE FURNISHED IF OTHER THAN REQUESTED</p> <hr/>
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SF 1169, REVERSE PART 4

<p>INSTRUCTIONS TO TRAVELER</p> <ol style="list-style-type: none"> This memorandum copy shall be forwarded in accordance with administrative instructions. Inasmuch as the memorandum copy of the transportation request serves as a very important administrative record, care must be exercised that such copy is legible and complete in all respects when forwarded. Record in the space on the right the actual service furnished when same is of lesser value than or differs from that requested. Also include reason for the change and sign the statement. <p>1169-225r</p>		<p>CONTINUATION OF SERVICES REQUIRED</p> <hr/> <p>SERVICE FURNISHED IF OTHER THAN REQUESTED</p> <hr/>
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☆ G.P.O. : 1961-O-528-970

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 4 ____ (Unit Sets/Number of Parts), h to h <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:A	NRCM 1501 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	*W7540-00-634-4365	HD	3-77

NRC FORMS FACSIMILE HANDBOOK

SF 1170

FACE

REDEMPTION OF UNUSED TICKETS					GOVERNMENT TRANSPORTATION REQUEST (GTR)
DATE		APPROPRIATION		DATE GTR ISSUED	NO
FILE NUMBER				PLACE ISSUED	
ORIGIN			DESTINATION		
FORM NO.	TICKET NO.	NO. OF PASSENGERS OR NO. & TYPE OF ACCOMMODATIONS	UNUSED FROM	UNUSED TO	AMOUNT OF REFUND
FOR CARRIERS USE ONLY					
REMARKS					TOTAL
(Name and address of carrier)			(Name and address of agency to which refund is to be made)		

Gentlemen: Refund is requested for unfurnished passenger transportation services indicated above. Any unused tickets involved are attached. * See detailed instructions of reverse. 1170-100 STANDARD FORM 1170 (REV. 3-77) PRESCRIBED BY GSA, FPMR (41 CFR) 101-41.2
L-11555

REVERSE PART 3

INSTRUCTIONS

1. Carriers should not effect adjustment by crediting the value of unused tickets in presenting charges on other bills.
2. Carriers should not request the agency to furnish any payment or billing identification of the bill which covered the charges on the U.S. Government Transportation Request involved.
3. The value of each unused ticket that appears in the listing should be inserted by the carrier on the face of the original copy of this form in the column captioned, "Amount of Refund."
4. The original copy should be returned to the agency specified on the face hereof with the check covering the refund due. Check may be made payable to the agency or the "Treasurer of the United States."

L-11552B

STANDARD FORM 1170 BACK (REV. 3-77)

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	RM;A	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	*W7540-00-634-4242	HD	3-77
CARD					
PD/ _____ (Pad/Sheet per Pad)					
<input checked="" type="checkbox"/> US/ 4 (Unit Sets/Number of Parts)					
MP/ _____ (Multipage/Number of Parts)					
LABEL					
PC (Postal Card)					
TC (Tab Card)					
TP/ _____ (Tab Paper/Number of Parts)					
ENVL					
OTHER (Specify)	STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

SF 1189

Standard Form 1189
(Rev. 1-78)
Department of the Treasury
TFRM 3-8000

All information on the form, including the Social Security Account Number where necessary, is required under 31 U.S.C. 492; 31 CFR 209 and/or 210; and EO 9397. The information is confidential and is needed to provide entitlement to the benefits of the financial arrangement authorized by the authority cited. The information will be used to process the payment data from the Government agency to the financial organization and/or its agent. Failure to provide the information requested may affect the entitlement to such benefits.

REQUEST BY EMPLOYEE FOR PAYMENT OF SALARIES OR WAGES BY CREDIT TO ACCOUNT AT A FINANCIAL ORGANIZATION

TO BE COMPLETED BY EMPLOYEE (In Triplicate) AND SUBMITTED TO EMPLOYING AGENCY

NAME OF EMPLOYEE (As stated on payroll)	SOCIAL SECURITY NUMBER (or other employee number used by agency)
HOME ADDRESS	
AGENCY (Include also Bureau, Division, Branch or other designation of employing organization)	

TO:

You are hereby authorized and requested to pay the net amount of salaries or wages due me by credit to my account with the financial organization designated below, beginning with pay for the next full pay period and continuing until canceled by me in writing.

NAME OF FINANCIAL ORGANIZATION (To receive check)	EMPLOYER IDENTIFICATION NUMBER (FINANCIAL ORGANIZATION)
ADDRESS	MY ACCOUNT NUMBER AT THE FINANCIAL ORGANIZATION
CITY STATE ZIP CODE	
SIGNATURE OF EMPLOYEE	DATE SUBMITTED TO AGENCY

TO BE COMPLETED BY FINANCIAL ORGANIZATION (For return of original and copy to employee and retention of a copy)

We, the above-designated financial organization, hereby agree to act as agent of the above-named person in the capacity indicated. Our account number shown above for the person named herein, should be included as additional identification, for our convenience, on individual checks forwarded for credit to his account or on records accompanying composite checks for credit to his and other persons' accounts.

AUTHORIZED SIGNATURE	TITLE
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1189-104

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 3 (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM: A	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	7540-00-926-2251	HD	1-78

NRC FORMS FACSIMILE HANDBOOK

SF 1192, REVERSE

The furnishing of social security numbers is required by the regulations governing savings bonds, Department of the Treasury Circular, Public Debt Series, Number 3-80 (31 CFR 353). The numbers are used to maintain ownership records of the bonds. Other information requested by this form is also required under the above regulations to establish the rights, authority and/or entitlement of the signers. Failure to furnish any of the required information may prevent completion of the transaction.

E. OTHER ACTION (Explain)

AVERAGE DATING:

Bonds of \$75 or greater denomination will be dated as of the first day of the month in which the end of a pay period falls and at least half of the purchase price is accumulated.

I hereby authorize the foregoing allotment from my pay with the understanding that U.S. Savings Bonds will be issued as requested. This authorization is to remain in effect until canceled by me in writing or termination of my Federal employment.

EFFECTIVE ON FIRST PAYROLL PERIOD AFTER
 _____, 19____

Employee's Signature (Must be same as shown on payroll)

PURCHASE PRICE OF BOND	\$25	\$37.50	\$50	\$100	\$250	\$500
	\$50	\$75	\$100	\$200	\$500	\$1000
FACE VALUE OF BOND	Number of Allotments Required to Purchase Bonds					
Allotment Each Pay Period						
\$ 3.75		10				
5.00	5		10	20		
6.25*	4	6	8	16		
7.50		5				
10.00			5	10		
12.50	2	3	4	8	20	
18.75		2				
20.00				5		
25.00	1		2	4	10	20
31.25					8	16
37.50		1				
50.00			1	2	5	10
62.50					4	6
100.00				1		5
125.00					2	4
250.00					1	2
500.00						1

*MINIMUM ALLOTMENT FOR THOSE EMPLOYEES PAID MONTHLY

NRC FORMS FACSIMILE HANDBOOK

SF 1198

Standard Form 1198

Department of the Treasury
1 FRM 3-9000

**REQUEST BY EMPLOYEE FOR ALLOTMENT OF PAY
FOR CREDIT TO SAVINGS ACCOUNT WITH A FINANCIAL ORGANIZATION
(TO BE SUBMITTED BY EMPLOYEE TO EMPLOYING AGENCY)**

TO BE INITIATED BY EMPLOYEE (IN TRIPLICATE) AND COMPLETED BY THE FINANCIAL ORGANIZATION (See Item No. 7)	
(1) NAME OF EMPLOYEE (AS STATED ON PAYROLL)	(2) SOCIAL SECURITY NUMBER (OR OTHER EMPLOYEE NUMBER USED BY AGENCY)
(3) HOME ADDRESS	All information on the form, including the Social Security Account Number where necessary, is required under 31 U.S.C. 452, 31 CFR 209 and/or 210, and EO 9397. The information is confidential and is needed to provide entitlement to the benefits of the financial arrangement authorized by the authority cited. The information will be used to process the payment data from the Government agency to the financial organization and/or its agent. Failure to provide the information requested may affect the entitlement to such benefits.
(4) AGENCY (INCLUDE BUREAU, DIVISION, BRANCH, OR OTHER DESIGNATION)	
You are hereby authorized, in accordance with 31 CFR Part 209, subject to all the conditions stated on this document, to take the action requested below with respect to deductions from salaries or wages due me in the amount specified below which are for remittance to the financial organization designated below, for credit to my savings account. Action will be effective with the next full pay period and deductions will continue until canceled by me in writing.	
(5) FINANCIAL ORGANIZATION DESIGNATED (TO RECEIVE REMITTANCE)	
(5A) NAME	(5B) EMPLOYER IDENTIFICATION NUMBER
(5C) ADDRESS	(6) EMPLOYEE'S ACCOUNT NUMBER IN THE FINANCIAL ORGANIZATION
(7) ACTION REQUESTED (CHECK ONE): <input type="checkbox"/> NEW ALLOTMENT <input type="checkbox"/> INCREASE ALLOTMENT <input type="checkbox"/> DECREASE ALLOTMENT <input type="checkbox"/> CANCEL ALLOTMENT	
An authorization for a new or decreased allotment must be completed by the financial organization. An authorization to increase or cancel an allotment should be submitted directly to employing agency.	
(8) AMOUNT OF ALLOTMENT	\$
(9) SIGNATURE OF EMPLOYEE	(9A) DATE SUBMITTED TO AGENCY
TO BE COMPLETED BY FINANCIAL ORGANIZATION (for return of original and copy to employee and retention of a copy)	
We, the above-designated financial organization, hereby agree to act as agent of the above-named Government employee in the capacity indicated and to accept, at our expense, such service charge, at the rate established in regulations of The Department of the Treasury, as will be deducted from the amount remitted to us. Our complete account number for the savings account to be credited is inserted in Block No. (6), so as to be included on records accompanying remittances.	
THE FINANCIAL ORGANIZATION WILL CHECK WHICHEVER OF THE FOLLOWING PROVISIONS IS APPLICABLE:	
<input type="checkbox"/> The address in Block No. (5C) is the single point in this financial organization which is to receive remittances for all allotments of pay of Government employees designating this financial organization. Our "employer identification number" is inserted in Block No. (5B).	
<input type="checkbox"/> We can agree to act as agent of the above-named person in the capacity indicated only if remittances are forwarded to our respective branch offices where the savings accounts are maintained. The related branch office for this allotment of pay is identified by the parenthetical suffix inserted with our "employer identification number" in Block No. (5B), coordinate with the address shown in Block No. (5C).	
AUTHORIZED SIGNATURE	TITLE
	DATE
FOR SPECIAL ATTENTION OF EMPLOYEE (AND FOR INFORMATION OF THE FINANCIAL ORGANIZATION)	
Agency payroll offices and disbursing offices operate within rigid time schedules to assure timely delivery of checks for net pay on the established payday—and there will be no change in this emphasis. As requested above, the amount allotted will be deducted from your salaries or wages and will be remitted by the disbursing office, as soon as practicable, to the designated financial organization. It should be understood that such remittance may be received in the financial organization later than the regular payday—possibly 3 or 4 business days later.	

1198 104

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	RM:A		7540-00-142-9434	HD	3-82
CARD					
PD/_____(Pad/Sheet per Pad)					
<input checked="" type="checkbox"/> US/ 3 _____(Unit Sets/Number of Parts)					
MP/_____(Multipage/Number of Parts)					
LABEL					
PC (Postal Card)					
TC (Tab Card)					
TP/_____(Tab Paper/Number of Parts)					
ENVL					
OTHER (Specify)					
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST	OTHER (SPECIFY)		
		<input type="checkbox"/> DESTROY: IMMEDIATELY			
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS		
		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

SF 2809, FACE

HEALTH BENEFITS REGISTRATION FORM
FEDERAL EMPLOYEES
HEALTH BENEFITS PROGRAM
(Read Instructions on Back of Page 4)

New Carrier's Control No.
2 8296989
Old Carrier's Control No.

To employing office. Show Old Carrier's Control Number only if election is to cancel enrollment or to change options or type of enrollment in the same plan.

PART A All who register must fill in this part.	1 Name (Last) (First) (Middle Initial)		2 Date of Birth (Use numbers) Month Day Year		3 Are You Now Married? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
	4 Your Mailing Address (Number and Street)				5 Social Security Number	
	(City)		(State)		(ZIP Code)	
				6 Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2		
IMPORTANT —It is illegal for an employee or a member of his family to be covered under more than one enrollment. If you are already covered through the family enrollment of another Federal or District of Columbia employee or annuitant you must register not to enroll or the other enrollment must be canceled or changed to Self Only. Similarly, if a family member listed by you in Part B is covered through his (or her) own enrollment, you cannot elect a family enrollment unless the family member cancels his (or her) enrollment. Also see back of pages 2 and 4.						
PART B Fill in this part if you wish to enroll or change your enrollment in a Health Benefits Plan. If enrollment is for Self Only, answer item 1. If enrollment is for Self and Family, also answer item 2. If you are changing your enrollment also fill in Part D.	1 I elect to enroll in a health benefit plan as shown below. I authorize deductions from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from back page of brochure of the plan you select.)					
	Name of Plan			Option (High or Low)		Enrollment Code
	2 In space below list all eligible family members without exception. List your spouse first, then your unmarried children under age 22, including (a) legally adopted children and (b) stepchildren, foster children, and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 22 who became disabled before age 22 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 22 or over, if one is not already on file.) DO NOT LIST PARENTS OR OTHERS WHO ARE NOT ELIGIBLE FAMILY MEMBERS. THEY WILL NOT RECEIVE BENEFITS, EVEN IF THEY ARE DEPENDENT ON YOU AND ARE LISTED.					
	Names of Family Members		Date of Birth (Month, Day, Year)		Names of Family Members	
	Spouse				Date of Birth (Month, Day, Year)	
				5		
				6		
				7		
				8		
PART C Fill in this part if you wish NOT to enroll or if you wish to cancel your enrollment. Place an "X" in item 1 or 2, whichever applies.						
1 I elect not to enroll in a plan under the Federal Employees Health Benefits Program.			2 I elect to cancel my present enrollment under the code shown below.			
			Present Enrollment Code		If you elect to cancel, be sure to read "Cancellation of Enrollment" on back of page 4.	
PART D Fill in this part, as well as Part B, to change your registration. Answer items 1, 2, and 3 to show Enrollment Code being changed and eligibility for change.						
1 Enrollment Code of Present Plan		2 Number of event which permits change. (See table on back of page 2 for proper number.)		3 Date of event which permits change.		
				Month Day Year		
PART E All who register must fill in this part.			Your Signature (Do not print)		Date	
					WARNING —Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)	
PART F To be completed by agency.						
1 Name and Address (including ZIP Code) of Employing Office			2 Date Received in Employing Office		3 Effective Date of Election	
Signature of Authorized Agency Official			4 Payroll Office No.		5 SF 2811 Report No.	
REMARKS For use only by agency.						

Page 1 — To Payroll Office

Standard Form 2809
Rev. 8/79

Office of Personnel Management
FPM Supplement 890-1

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET CARD PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 4 (Unit Sets/Number of Parts), Parts 2 MP/____ (Multiple/Number of Parts) & 4 have LABEL printing on the reverse PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)		ADM:OP	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	W (from Dist. Unit, OPM)	HD	8-79

TABLE OF PERMISSIBLE CHANGES IN ENROLLMENT OF EMPLOYEES AND ANNUITANTS
Enrollment May Be Canceled or Changed From Family to Self Only at Any Time

No	Events Which Permit Enrollment or Change		Change Permitted			Time Limit in Which Registration Form Electing Change Must Be Filed With Employing Office
			From Not Enrolled to Enrolled	From Self Only to Family	From One Plan or Option to Another	
1	Open season	Employees	Yes	Yes	Yes	From Monday of the second full workweek in November thru Friday of the first full workweek in December of each year
		Annuity	No	Yes	Yes	
2	Change in marital status (Marriage, divorce, annulment, death of spouse)		Yes	Yes	Yes	From 31 days before to 60 days after change in marital status
3	Other change in family status (For example, birth of a child, legal separation, discharge from military service of a spouse or of a child under age 22)		No	Yes	No	Within 60 days after change in family status
4	Move from an area served by a comprehensive plan in which enrolled at time of move		Does not apply	Yes	Yes	At any time after move
5	Termination of enrollment by employee organization (not because of termination of membership in organization)		Does not apply	No	Yes	Within 31 days after termination of enrollment in plan
6	Employee, covered as family member of another under this Program, loses coverage other than by cancellation or change to Self Only of the covering enrollment; or employee, covered under the program for retired Federal employees of the Uniformed Services Health Benefits Program, loses such coverage for any reason		Yes	Does not apply	Does not apply	Within 60 days after termination by death of the person enrolled. Within 31 days after termination for other reasons
7	Employee, covered as a family member of another under this Program, loses coverage because of change of the covering enrollment from Family to Self Only		Yes, for Self Only	Does not apply	Does not apply	Within 31 days after change of covering enrollment has been filed
8	Employee transfers to overseas post of duty from the United States, or reverse		Yes	Yes	Yes	Within 31 days before or after move
9	Return to active civilian duty from military service which was not limited to 30 days or less		Yes	Yes	Yes	Within 31 days after return to active civilian duty
10	Termination of plan (under this Program) in which enrolled		Does not apply	Yes	Yes	As set by the Office of Personnel Management
11	Self Only enrollment under this Program of employee's or annuitant's spouse terminates as a result of change in spouse's Federal employment status or 365 days nonpay status		No	Yes	No	Within 31 days after termination of spouse's enrollment
12	Employee who is not enrolled reaches age 19, or employee covered by parent's enrollment under this program, reaches ages 22		Yes	Does not apply	Does not apply	Within 31 days after 19th or 22nd birthday
13	Enrolled employee retires from overseas post of duty and is eligible to continue enrollment as annuitant		Does not apply	Yes	Yes	Within 60 days after retirement
14	Enrolled employee or annuitant becomes eligible for Medicare		Does not apply	No	From high to any available low option	At any time after becoming eligible for Medicare
15	Employee's eligible child (or children) loses coverage under another enrollment under this Program		No	Yes	No	Within 31 days after child's loss of coverage
16	Employee loses coverage under Medicaid (State program of medical assistance for the needy)		Yes	Does not apply	Does not apply	Within 31 days after termination of Medicaid
17	Employee loses coverage under this Program due to cancellation of the covering enrollment		Yes	Does not apply	You must enroll in the same plan and option as that from which coverage is lost. If eligible to enroll in that plan, within 31 days after cancellation of the covering enrollment. If not eligible to enroll in that plan, you may enroll in the same option of any available plan within the 31-day period.	

EFFECTIVE DATES

Enrollments and changes in enrollment (except cancellations and open season changes) become effective on the first day of the first pay period after the one in which (1) the employing office receives the registration form (Standard Form 2809), and which (2) allows a pay period during any part of which the employee was in a pay status. (The pay status requirement does not apply to a change from Self and Family to Self Only.)

A cancellation becomes effective on the last day of the pay period after the pay period in which the employing office receives the SF 2809 if the employee is on a monthly or a 4-weekly pay period, and the employing office receives the SF 2809 at least 15 days before the end of the pay period. The cancellation will become effective at the end of the pay period in which the form is received.

INSTRUCTIONS FOR EMPLOYEES AND ANNUITANTS

Read Carefully Before Completing Form

Before registering, employees should study Standard Form 2809-A, **The Federal Employees Health Benefits Program**. Annuitants should read BRI 41-118, **Information for Annuitants**. If you need information or help, consult the person or office which usually advises you on personnel matters. You can also obtain information and assistance from any office of the Office of Personnel Management. The information you provide on this form is needed to document in your personnel, payroll and/or retirement records file your enrollment in the Federal Employees Health Benefits Program under Chapter 89, Title 5, U.S. Code. This information will be shared with the health insurance carrier you select so that they may (1) identify your enrollment in their plan, (2) verify your and/or your family's eligibility for payment of a claim for health benefits services or supplies, and (3) coordinate payment of claims with other carriers with whom you might also make a claim for payment of benefits. This information may also be disclosed to other Federal agencies or Congressional offices which have a need to know it in connection with your application for a job, license, grant or other benefit. It may also be shared with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs. In addition, to the extent this information indicates a possible violation of civil or criminal law, it may be shared with an appropriate Federal, state, or local law enforcement agency. You are requested to provide your Social Security Number (SSN) so that it may be used as your individual identifier in the Federal Employees Health Benefits Program. Executive Order 9397, dated November 22, 1943, allows Federal agencies to use the Social Security Number as an individual identifier to distinguish between people with the same or similar names. While the law does not require you to supply all the information requested on this form, it may not be possible to process your enrollment if you fail to do so. Agencies other than the Office of Personnel Management may have further routine uses for disclosure of information from the records systems in which they file copies of this form and they should provide you with any such uses which are applicable at the time they ask you to complete this form.

Completion of the Form

1. Use typewriter or bear down with ball-point pen to make legible copies. Sign and date in Part E and submit all copies to your employing office. Do not detach.
2. If you wish to enroll, fill in Parts A, B, and E.
3. If you do not wish to enroll or if you are enrolled and wish to cancel your enrollment without joining another plan, fill in Parts A, C, and E.
4. If you wish to change your enrollment from Self Only to Self and Family (or the reverse) or if you wish to change from your present plan or option to another plan or option, fill in Parts A, B, D, and E.

Dual Enrollment Prohibited

No person may be enrolled both as an employee or annuitant and covered as a member of a family. If your wife or husband works for the Government, you may each enroll for Self Only or one of you may enroll for Self and Family. If you are unmarried and under age 22 and have a parent who is a Federal employee enrolled for Self and Family under this Program, you are covered under your parent's enrollment and may not enroll in your own name until you lose this coverage.

Enrollment Code

The enrollment code you fill in shows the plan and option in which you will be enrolled. It also shows whether you are enrolling for Self Only or Self and Family.

Be sure you copy the name of the plan and the enrollment code from the brochure accurately.

Enrollment in a Comprehensive Plan

If you enroll in a comprehensive plan (group-practice or individual-practice), be sure you are in the geographic area served by the plan; otherwise, you may be entitled only to the plan's out-of-area benefits.

Enrollment in an Employee Organization Plan

If you enroll in an employee organization plan, you must be (or become) a member of the organization which sponsors the plan. Your membership will be verified.

If You Are Registering for Someone Else

If you are registering for an employee or annuitant under a written authorization from him to do so, sign your name and attach the written authorization.

Medical Certificates

1. If you enroll for Self and Family and the family includes a child over age 22 who is incapable of self-support because of mental or physical incapacity which existed prior to attainment of age 22, you must attach a certificate signed by a doctor which gives the following information:
 - A. The child's name.
 - B. The nature of the child's disability.
 - C. The period of time the disability has existed.
 - D. The probable future course and duration of the disability.
 - E. The doctor's name and address.

2. The decision of your employing office concerning the disability is final and unless the child's disability is considered permanent, the doctor's certificate may have to be renewed from time to time.
3. In the case of a disabled child under age 22 whose disability is expected to continue for at least one year beyond age 22, a doctor's certificate should be filed with your employing office at least 30 days before the child's 22nd birthday; otherwise, he may no longer be covered as a member of the family.
4. If you are changing your enrollment, a new medical certificate is not required if one which has not expired is already on file.

Annuitants

1. If you are an annuitant under the Civil Service Retirement System, the Retirement and Insurance Programs, Office of Personnel Management, Washington, D.C. 20415, acts as your "employing office."
2. If your annuity is being paid by a system other than the Civil Service Retirement System, the agency which authorizes payment of your annuity acts as your "employing office."
3. If you are in receipt of monthly compensation from the Office of Workers' Compensation Programs and have been found unable to return to duty, the Office of Workers' Compensation Programs, Department of Labor, acts as your "employing office."

Future Changes in Address or Family

After you file the registration form, you do NOT have to report future changes in your address or in your family, unless you are divorced, to your employing office although the plan in which you enroll may ask you to supply it directly with this information. You should, however, immediately notify your employing office when you become the only person covered by the family enrollment so that your enrollment may be changed to Self Only. You should also notify your employing office if you change your name or are enrolled for Self Only and get married or otherwise add family members, so you can change to Family coverage.

Changes in Enrollment

You may have other opportunities to change your enrollment, or, if you previously elected not to enroll, you may have an opportunity to enroll in a plan. A table summarizing the various opportunities for employers to change the time limit within which a change must be made appears on the back of page 2 of this form. It also appears in Standard Form 2809-A. If you do not have a copy of SF2809-A, you should get one from your employing office.

Cancellation of Enrollment

You may register to cancel your enrollment at any time. See the back of page 2 of this form for information on effective dates. If you are an employee and you cancel your enrollment, you may reenroll only under the circumstances explained on the back of page 2 of this form. If you cancel now and later reenroll, you will not normally be eligible for health benefits coverage during retirement unless you remain continuously enrolled for the 5 years of service immediately preceding your retirement, and you retire on an immediate annuity. If you are an annuitant and you cancel your enrollment, you cannot reenroll as an annuitant.

NRC FORMS FACSIMILE HANDBOOK

GOVERNMENT PRINTING OFFICE

GPO 2511, FACE

GPO FORM 2511
(R6-75) P. 8787D

U. S. GOVERNMENT PRINTING OFFICE

MEMORANDUM ORDER AND SUPPLEMENTARY SPECIFICATIONS

You are hereby authorized to manufacture and ship the following described work in accordance with the purchase order and specifications indicated.

DEPARTMENT				DATE		PURCHASE ORDER		PRINT ORDER																																									
CONTRACTOR				JACKET		ESTIMATED COST		SHIPPING DATE																																									
TITLE				OBJECT CLASS		AREA/STATE CODE		CONTR'S CODE																																									
PROOFS (Through GPO)				DEPT. REG. NO.		APP'D/FUND CODE OR CLEARING SYM		AGENCY STATION SYM																																									
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BINDING				Sew		Drill		BINDERS																																									
Saddle				Side		Perfect		REPROS																																									
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QUANTITY				DESTINATION																																													

DATE SENT TO CONTRACTOR

Departmental Authority (Signature and Title)

Purchase Obligation

Manager, Printing Procurement Department

Part 1 - To Contractor

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE		STOCK NUMBER
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 10 (Unit Sets/Number of Parts) All parts <input type="checkbox"/> MP/____ (Multipage/Number of Parts) print same, <input type="checkbox"/> LABEL reverse printing on parts <input type="checkbox"/> PC (Postal Card) 2 and 5 <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)		ADM:TIDC:PG			7540-00-NRC-G2511
		STATUS OF EXISTING STOCK		UNIT OF ISSUE	EDITION DATE
		<input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		US/10	R6-75
		STOCKING POINT			
		<input type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			
		<input type="checkbox"/> SUPPLY ROOMS			

NRC FORMS FACSIMILE HANDBOOK

GPO 2511, REVERSE PART 2

INSTRUCTIONS FOR CONTRACTORS

This copy of the Memorandum Order is to be used to confirm the amount of stock (sheets or pounds) required in the manufacture of the order. When stock required can be determined at time of preparation of the order, the amount indicated on the face of this order is to be confirmed by initialing and the form forwarded to the address indicated below. Where it is impracticable for the Government Printing Office to indicate quantity required at time of preparation of the order, the contractor will determine the correct amount, enter this amount and the number of pages on the face of the form, initial it, and forward the copy to the address indicated below.

(Fold along this line and insert in window envelope)

U S GOVERNMENT PRINTING OFFICE
FINANCIAL MANAGEMENT SERVICE
ACCOUNTING SECTION
WASHINGTON, D.C. 20401

Issue approved _____

NRC FORMS FACSIMILE HANDBOOK

GPO 2511, REVERSE PART 5

	DAYS	SCHED.	PERS.	ADJ.	REMARKS:
To Offset Prep.					
Returned					
To Contr. (Mat.) <small>avail. mail</small>					
Galley proofs due					
Returned					
Page proofs due					
Return					
Revised proof due					
Returned					
Ship: partial					
complete					
Paper ordered					
BL's Ordered					
Control Card					

INTERNATIONAL ATOMIC ENERGY AGENCY
DEPARTMENT OF SAFEGUARDS AND INSPECTION

Approved by OMB
for NRC use
3150-0056
Expires 6-30-83

DESIGN INFORMATION QUESTIONNAIRE *

IAEA USE ONLY

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THE PURPOSE OF THIS DOCUMENT IS TO OBTAIN THE FACILITY DESIGN INFORMATION REQUIRED BY THE AGENCY IN ORDER TO DISCHARGE ITS SAFEGUARD RESPONSIBILITIES. IT WILL ALSO SERVE AS A CHECK LIST FOR EXAMINATION OF DESIGN INFORMATION BY AGENCY INSPECTOR(S). IF, IN ANY AREA, INSUFFICIENT SPACE IS AVAILABLE ADD FURTHER SHEETS TO THE EXTENT NECESSARY.

The "CONFIDENTIAL" marking on this form is for IAEA purposes only. It indicates that the IAEA considers the information in the completed form to be 'safeguard confidential' and is not to be confused with any U.S. security classification.

*Questions which are not applicable may be left unanswered.

N-71/Rev 1 (Nov 75)

IAEA USE ONLY	
COUNTRY	
COUNTRY OFFICER	
TYPE	
DATE OF INITIAL DATA	
VERIFICATION	
LAST REVIEW AND UPDATING	

CONFIDENTIAL

FORMS MANAGEMENT DATA					1/83
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input checked="" type="checkbox"/> MP/ 24 (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	NMSS (IAEA form)	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)	MP/24	11-76

ALL FACILITIES

GENERAL INFORMATION			
1. NAME OF THE FACILITY (incl. usual abbreviation)			
2. LOCATION AND POSTAL ADDRESS			
3. OWNER (legally responsible)			
4. OPERATOR (legally responsible)			
5. DESCRIPTION (main features only)			
6. PURPOSE			
7. STATUS (planned; under construction; in operation)			
8. CONSTRUCTION SCHEDULE DATES (if not in operation)	Start of Construction	Commissioning	Operation
9. NORMAL OPERATING MODE (days only, two-shift, three shift; number of days/annum, etc.)			
10. FACILITY LAYOUT (structural containment, fences, access, nuclear material storage areas, laboratories, waste disposal areas, routes followed by nuclear material, experimental and test areas, etc.)	DRAWING(S) ATTACHED UNDER REF. Nos.		
11. SITE LAYOUT (site plan showing in sufficient detail: location, premises and perimeter of facility, other buildings, roads, railways, rivers, etc.)	DRAWING(S) AND/OR MAPS ATTACHED UNDER REF. Nos.		
12. NAMES AND/OR TITLE AND ADDRESS OF RESPONSIBLE OFFICERS (for nuclear material accountability and control and contact with the Agency. If possible attach organization charts showing position of officers)			

CONVERSION AND/OR FUEL FABRICATION PLANTS

Date: _____

OVERALL PROCESS PARAMETERS	
<p>13. FACILITY DESCRIPTION (indicating all process stages, storage areas and feed, product and waste points as pertaining to the measurement control and accountability of nuclear material)</p>	<p>GENERAL FLOW DIAGRAM(S) ATTACHED UNDER REF. Nos. (The diagram(s) should also indicate equipment, hoods, cells, and those areas which contain nuclear material as those specific areas where hold-up of nuclear material can occur).</p>
<p>14. PROCESS DESCRIPTION (indicating type of conversion, method of fabrication, sampling methods, etc., indicating also the modification of physical and chemical forms)</p>	
<p>15. DESIGN CAPACITY (in weight of principle products per annum)</p>	
<p>16. ANTICIPATED ANNUAL THROUGHPUT (in the form of a forward programme (if applicable), indicating the proportion of various feeds and products)</p>	
<p>17. OTHER IMPORTANT ITEMS OF EQUIPMENT USING, PRODUCING OR PROCESSING NUCLEAR MATERIAL, IF ANY (such as testing and experimental equipment)</p>	

NUCLEAR MATERIAL DESCRIPTION AND FLOW			
18. MAIN MATERIAL DESCRIPTION	FEED	INTERMEDIATE PRODUCT (1)	PRODUCT
i) Main types of accountability units to be handled in the facility			
ii) Chemical and Physical Form: (for product include types of fuel element/ assemblies, give detailed description indicating general structure and overall structure and overall dimensions of fuel element/ assemblies, including nuclear material content and enrichment). Attach drawing(s)			
iii) Throughput, Enrichment Ranges and Pu contents (for normal flowsheet operation indicating if blending and/or recycling takes place)			
iv) Batch Size/Flow Rate and Campaign Period, Means of Batch Identification			

(1) For example, powder, pellets, etc. separately stored or shipped.

NUCLEAR MATERIAL DESCRIPTION AND FLOW			
MAIN MATERIAL DESCRIPTION CONTINUED	FEED	INTERMEDIATE PRODUCT (1)	PRODUCT
vi) Storage and Plant Inventory (indicating any change with throughput)			
vi) Frequency of Receipt or Shipment (batches/units per month)			
19. SCRAP MATERIAL			
20. WASTE MATERIAL (including contaminated equipment, measured discards and retained waste) Describe for each waste stream: i) Major contributions (sources)			
ii) Type of waste			
(1) For example, powder, pellets, etc. separately stored or shipped.			

NUCLEAR MATERIAL DESCRIPTION AND FLOW	
WASTE MATERIAL CONTINUED	
iii) Chemical and physical form (liquid, solid, etc.)	
iv) Estimated enrichment ranges and uranium/ plutonium content	
v) Estimated quantities per year, period of storing	
vi) Waste generated rates (as % of input/ throughput, quantities per month)	
vii) Store inventory range and maximum capacity	
viii) Method and frequency of recovery/disposal	

NUCLEAR MATERIAL DESCRIPTION AND FLOW	
21. WASTE TREATMENT SYSTEM	DIAGRAM(S) ATTACHED UNDER FIG. Nos.
22. OTHER NUCLEAR MATERIAL IN THE FACILITY AND ITS LOCATION, IF ANY	DRAWING(S) ATTACHED UNDER REF. Nos.
23. SCHEMATIC FLOW SHEET FOR NUCLEAR MATERIAL (Identifying sampling points, flow and inventory measurement points, accountability areas, inventory locations, etc.)	DIAGRAM(S) ATTACHED UNDER REF. Nos.

NUCLEAR MATERIAL DESCRIPTION AND FLOW	
<p>24. TYPES, FORM, RANGES OF ENRICHMENT, PU CONTENT, RANGES OF QUANTITIES OF NUCLEAR MATERIAL FLOW FOR EACH NUCLEAR MATERIAL HANDLING AREA, I.E.:</p> <ul style="list-style-type: none">- process area- storage area- other locations <p>(Also indicate maximum quantities of nuclear material to be handled in accountability areas at the one time.)</p>	
<p>25. RECYCLE PROCESSES</p> <p>(briefly describe any such processes giving source and form of material, method of storage, normal inventory, frequency of processing, duration of temporary storage, schedules for any external recycling, measurement method of fissile content of recycle material)</p>	<p>DIAGRAM(S) ATTACHED UNDER REF. Nos.</p>

NUCLEAR MATERIAL DESCRIPTION AND FL&W	
<p>26. INVENTORY</p> <p>i) In-Process (within plant and equipment during normal operation; indicate quantity, range of enrichment, Pu content, form and principal locations and any significant change in time or throughput; indicate anticipated residual hold-up and mechanism, e.g. plate out, condensation)</p> <p>ii) Feed and product storages</p> <p>iii) Other locations (quantity, range of enrichment, Pu content, form and location of inventory not already specified)</p>	
NUCLEAR MATERIAL HANDLING (FOR EACH ACCOUNTABILITY AREA)	
<p>27. CONTAINERS, PACKAGING AND STORAGE AREA DESCRIPTION</p>	<p>DRAWING(S) ATTACHED UNDER REF. Nos.</p> <p>SEPARATE NOTE TO BE ATTACHED. Describe for feeds, products and wastes: the type and size of storage and shipping containers and packaging used; (including nominal capacity and capacity for normal operation, and type of material); method of storage or packing, filling and emptying procedures, shielding; and any special identification features</p>

NUCLEAR MATERIAL HANDLING
(FOR EACH ACCOUNTABILITY AREA)

<p>28. METHODS AND MEANS OF TRANSFER OF NUCLEAR MATERIAL (Describe also equipment used for handling of feed, product, waste).</p>	
<p>29. TRANSPORTATION ROUTES FOLLOWED BY NUCLEAR MATERIAL (with reference to plant layout)</p>	<p>DIAGRAM(S) ATTACHED UNDER REF Nos.</p>
<p>30. SHIELDING (For storage and transfer)</p>	

PLANT MAINTENANCE	
<p>31. MAINTENANCE, DECONTAMINATION, CLEAN-OUT</p>	<p>SEPARATE NOTE TO BE ATTACHED</p> <p>Describing plans and procedures for decontamination and clean-out of equipment containing nuclear material, defining all sampling and measurement points associated with:</p> <ul style="list-style-type: none">i) normal plant maintenance;ii) plant and equipment decontamination and subsequent nuclear material recovery;iii) plant and equipment clean-out including means of ensuring vessels are empty;iv) plant start-up and plant shutdown (if different from normal operation) <p>(In cases where clean-out and/or sampling is not possible, indicate how the hold-up of nuclear material is measured or calculated.)</p>
PROTECTION AND SAFETY MEASURES	
<p>32. BASIC MEASURES FOR PHYSICAL PROTECTION OF NUCLEAR MATERIAL</p>	

PROTECTION AND SAFETY MEASURES	
<p>33. SPECIFIC HEALTH AND SAFETY RULES FOR INSPECTOR COMPLIANCE (if extensive, attach separately)</p>	
NUCLEAR MATERIAL ACCOUNTANCY AND CONTROL	
<p>34. SYSTEM DESCRIPTION Give a description of the nuclear material accountancy system, the method of recording and reporting accountancy data and establishing material balances, frequency of material balances, procedures for account adjustment after plant inventory, mistakes, etc., under the following headings:</p> <p>i) General (This section should also state what general and subsidiary ledgers will be used, their form (hard copies, tapes, microfilms, etc.) as well as who has the responsibility and authority. Source data (e.g. shipping and receiving forms, internal transfer documents, physical inventory forms, the initial recording of measurements and measurement control sheets) should be identified. The procedures for making adjustments; the source data and records should be covered as well as how the adjustments are authorized and substantiated).</p>	<p>SPECIMEN FORMS USED IN ALL PROCEDURES ATTACHED UNDER REF. NO.</p>

CONVERSION AND/OR FUEL FABRICATION PLANTS

Date: _____

NUCLEAR MATERIAL ACCOUNTANCY AND CONTROL

34. SYSTEM DESCRIPTION CONTINUED

ii. General continued

CONVERSION AND OR FUEL FABRICATION PLANTS

NUCLEAR MATERIAL ACCOUNTANCY AND CONTROL

SYSTEM DESCRIPTION CONTINUED

ii) Receipts
(including method of dealing with shipper/
receiver differences and subsequent account
corrections, the checks and measurements
used to confirm nuclear material content and
the persons responsible for those determination
should be defined).

iii) Shipments
(products, waste, measured discards)

NUCLEAR MATERIAL ACCOUNTANCY AND CONTROL

SYSTEM DESCRIPTION CONTINUED

u) Physical inventory.
 Description of procedures, scheduled frequency, estimated distribution of nuclear material, methods of operator's inventory taking (both for item and/or bulk accountancy, including relevant assay method), accessibility and possible verification method for nuclear material, expected accuracy, and access to nuclear material.
 (In particular the description of procedures should also provide the basic inventory approach to be used, i.e. planning, organizing, and conducting the inventory, prelisting, use of prior measurement data; who has the primary responsibility for the inventory; how process clean-out is accomplished; the accountancy of process residual hold-up)

List of major items of equipment regarded as nuclear material containers attached under Ref. Nos.

v) Measured discards.
 (Method of estimation of quantities per year/month, method of disposal)

NUCLEAR MATERIAL ACCOUNTANCY AND CONTROL

SYSTEM DESCRIPTION CONTINUED

vii) Retained waste
(Method of estimation of quantities per year,
method and envisaged period of storage;
indicate also possible subsequent uses of
retained waste)

vii) Unmeasured losses
(Indicate the methods used to estimate
unmeasured losses)

NUCLEAR MATERIAL ACCOUNTANCY AND CONTROL

SYSTEM DESCRIPTION CONTINUED

viii: Operational records and accounts
(including logbooks, general ledgers,
internal transfer forms, method of adjustment
or correction and retention location, and
languages; control measures and responsibility
for records)

35. FEATURES RELATED TO CONTAINMENT
AND SURVEILLANCE MEASURES
(General description of applied or possible
measures in reference to floor plan or plant
layout)

CONVERSION AND/OR FUEL FABRICATION PLANTS

Date: _____

NUCLEAR MATERIAL ACCOUNTANCY AND CONTROL

36. FOR EACH FLOW AND INVENTORY MEASUREMENT POINT, AND SAMPLING POINTS OF ACCOUNTABILITY AREAS, IDENTIFIED IN PARTICULAR UNDER QS. 13, 23, 24, GIVE THE FOLLOWING*

i) Description of location, type, identification

ii) Expected types of inventory change at this measurement point

iii) Possibilities to use this measurement point for physical inventory taking

iv) Physical and chemical form of nuclear material (including enrichment range, Pu content, and cladding materials description)

* For each measurement, sampling point fill in separate sheet.

CONVERSION AND/OR FUEL FABRICATION PLANTS

Date: _____

NUCLEAR MATERIAL ACCOUNTANCY AND CONTROL

FOR EACH FLOW AND INVENTORY MEASUREMENT POINT* AND SAMPLING POINTS OF ACCOUNTABILITY AREAS, IDENTIFIED IN PARTICULAR UNDER QS. 13, 23, 24, GIVE THE FOLLOWING* CONTINUED

vi) Nuclear material containers, packaging and method of storage

vii) Sampling procedure and equipment used (including number of samples taken, frequency and rejection criteria)

vii) Measurement/analytical method(s) and equipment used and corresponding accuracies

* For each measurement, sampling point fill in separate sheet.

NUCLEAR MATERIAL ACCOUNTANCY AND CONTROL

FOR EACH FLOW AND INVENTORY MEASUREMENT POINT, AND SAMPLING POINTS OF ACCOUNTABILITY AREAS, IDENTIFIED IN PARTICULAR UNDER QS. 13, 23, 24, GIVE THE FOLLOWING* CONTINUED

viii) Source and level of random and systematic errors for feed, product, scrap, waste (weight, volume, sampling, analytical)

ix) Calculative and error propagation techniques

x) Technique and frequency of calibration of equipment used, and standards used

* For each sampling, measurement point fill in separate sheet.

MUCLEAR MATERIAL ACCOUNTANCY AND CONTROL

FOR EACH FLOW AND INVENTORY MEASUREMENT POINT AND SAMPLING POINTS OF ACCOUNTABILITY AREAS, IDENTIFIED IN PARTICULAR UNDER QS. 13, 23, 24, GIVE THE FOLLOWING* CONTINUED

xii) Programme for the continuing appraisal of the accuracy of weight, volume, sampling and analytical techniques and measurement methods

xiii) Programme for statistical evaluation of data from (xi) and (xii)

xiii) Method of converting source data to batch data (standard calculative procedures, constants and empirical relationships for feed, products is sub-accounting areas, waste and scrap)

For each sampling, measurement point fill in separate sheet.

NUCLEAR MATERIAL ACCOUNTANCY AND CONTROL

FOR EACH FLOW AND INVENTORY MEASUREMENT POINT AND SAMPLING POINTS OF ACCOUNTABILITY AREAS, IDENTIFIED IN PARTICULAR UNDER QS. 13, 23, 24, GIVE THE FOLLOWING* CONTINUED

xiv) Means of batch identification

xv) Anticipated batch flow rate per year

xvi) Anticipated number of inventory batches

xviii) Anticipated number of items per flow and inventory batches

* For each sampling, measurement point fill in separate sheet.

CONVERSION AND/OR FUEL FABRICATION PLANTS

Date: _____

NUCLEAR MATERIAL ACCOUNTANCY AND CONTROL

FOR EACH FLOW AND INVENTORY MEASUREMENT POINT AND SAMPLING POINTS OF ACCOUNTABILITY AREAS, IDENTIFIED IN PARTICULAR UNDER QS. 13, 23, 24, GIVE THE FOLLOWING* CONTINUED

xviii) Type, composition and quantity of nuclear material per batch (with indication of batch data, total weight of each element of nuclear material and form of nuclear material)

xix) Features related to containment-surveillance measures

37. OVERALL LIMIT OF ERROR

Describe procedures to combine individual measurement error determination to obtain the overall limit of error for:

- i) S/R differences
- ii) Book inventory
- iii) Physical inventory
- iv) MUF

For each sampling, measurement point fill in separate sheet.

OPTIONAL INFORMATION	
<p>38. OPTIONAL INFORMATION (that the operator considers relevant to safeguarding the facility)</p>	

Signature of Responsible Officer:

Date:

NRC FORMS FACSIMILE HANDBOOK

DEPARTMENT OF JUSTICE
Federal Bureau of Investigation

FD 258, FACE

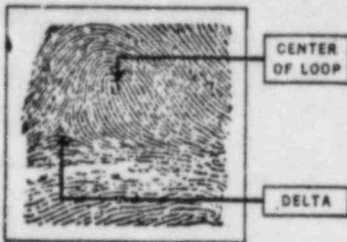
APPLICANT	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME _____ MIDDLE NAME _____			LEAVE BLANK										
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>	O R I G I N A L	USNR000Z NRC WASHINGTON, DC											
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>		DATE OF BIRTH <u>DOB</u> Month Day Year	PLACE OF BIRTH <u>PDB</u>										
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	YOUR NO. <u>OCA</u>	LEAVE BLANK												
EMPLOYER AND ADDRESS		FBI NO. <u>FBI</u>	CLASS _____												
REASON FINGERPRINTED		ARMED FORCES NO. <u>MNU</u>	REF. _____												
		SOCIAL SECURITY NO. <u>SOC</u>													
		MISCELLANEOUS NO. <u>MNU</u>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 100px; vertical-align: bottom;">1. R. THUMB</td> <td style="width: 20%; height: 100px; vertical-align: bottom;">2. R. INDEX</td> <td style="width: 20%; height: 100px; vertical-align: bottom;">3. R. MIDDLE</td> <td style="width: 20%; height: 100px; vertical-align: bottom;">4. R. RING</td> <td style="width: 20%; height: 100px; vertical-align: bottom;">5. R. LITTLE</td> </tr> <tr> <td style="width: 20%; height: 100px; vertical-align: bottom;">6. L. THUMB</td> <td style="width: 20%; height: 100px; vertical-align: bottom;">7. L. INDEX</td> <td style="width: 20%; height: 100px; vertical-align: bottom;">8. L. MIDDLE</td> <td style="width: 20%; height: 100px; vertical-align: bottom;">9. L. RING</td> <td style="width: 20%; height: 100px; vertical-align: bottom;">10. L. LITTLE</td> </tr> </table>						1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE	6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE											
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE											
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY											

FORMS MANAGEMENT DATA				1/83							
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE						
<input checked="" type="checkbox"/> SHEET CARD, 8 x 8", h" to h; blue ink PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:SEC		W7540-00-NRC-FD258	HD	7-13-77						
STATUS OF EXISTING STOCK											
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> USE FIRST DESTROY:</td> <td style="width: 50%; border: none;"><input type="checkbox"/> OTHER (SPECIFY)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> IMMEDIATELY</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE</td> <td style="border: none;"></td> </tr> </table>						<input type="checkbox"/> USE FIRST DESTROY:	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> IMMEDIATELY		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	
<input type="checkbox"/> USE FIRST DESTROY:	<input type="checkbox"/> OTHER (SPECIFY)										
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STOCKING POINT											
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> WAREHOUSE</td> <td style="width: 50%; border: none;"><input type="checkbox"/> SUPPLY ROOMS</td> </tr> <tr> <td colspan="2" style="border: none;"><input type="checkbox"/> PROMULGATING OFFICE (ONLY)</td> </tr> </table>						<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS	<input type="checkbox"/> PROMULGATING OFFICE (ONLY)			
<input checked="" type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS										
<input type="checkbox"/> PROMULGATING OFFICE (ONLY)											

FEDERAL BUREAU OF INVESTIGATION
 UNITED STATES DEPARTMENT OF JUSTICE
 WASHINGTON, D.C. 20537

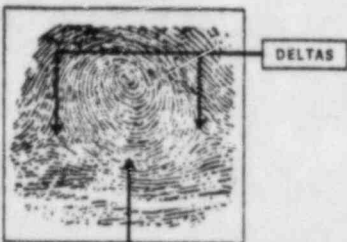
APPLICANT

1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY PROVISIONS UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.**
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INCORPORATED BANKING INSTITUTIONS TO PROTECT OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

LEAVE THIS SPACE BLANK

INSTRUCTIONS:

- *1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DUPLICATION RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. PRIVACY ACT OF 1974 (PL. 93-502) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.
- **3. IDENTITY OF PRIVATE CONTRACTOR SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.

MISCELLANEOUS NO. - RECORD; OTHER ARMED FORCES NO. PASSPORT NO. (PP); ALIEN REGISTRATION NO. (AR); PORT SECURITY CARD NO. (PS); SELECTIVE SERVICE NO. (SS); VETERANS' ADMINISTRATION CLAIM NO. (VA).

NRC FORMS FACSIMILE HANDBOOK

POSTAL SERVICE

PS 3800

PS 3800, FACE

PS Form 3800, Apr. 1976

CERTIFIED MAIL
P 212 922 303

CONSULT POSTMASTER FOR FEES		POSTAGE CERTIFIED FEE	STREET AND NO. P.O. STATE AND ZIP CODE
OPTIONAL SERVICES			
RETURN RECEIPT SERVICE		1	5
TOTAL POSTAGE AND FEES			
POSTMARK ON DATE		8	

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

P 212 922 303
RECEIPT FOR CERTIFIED MAIL

PS 3800, REVERSE

... TO COVER FIRST CLASS POSTAGE.
... AND CHECK FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. ... on the left portion of the address side of ...
2. ... on the left portion of the address ...
3. ... on a return ...
4. ... of the address ...
5. ... on the front of this receipt. If return ...

GPO 1980-331-003

FORMS MANAGEMENT DATA			1/83		
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h, 6 x 2½" with perf 1" <input type="checkbox"/> CARD from bottom, green ink PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) <input checked="" type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:MM	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) STOCKING POINT WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		LABEL	4-76

NRC FORMS FACSIMILE HANDBOOK

POSTAL SERVICE
PS 3811, FACE

PS 3811

Form 3811, Rev. 10/1979

SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)
 Show to whom and date delivered.....
 Show to whom, date and address of delivery.....
 RESTRICTED DELIVERY
 Show to whom and date delivered.....
 RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery.....
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.
 (Always obtain signature of addressee or agent)
 I have received the article described above.
 SIGNATURE Addressee Authorized agent

4. DATE OF DELIVERY POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

☆ UPO 1979-200-459

PS 3811, REVERSE

REMOVE TO EXPOSE ADHESIVE

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS
 Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, and 3 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" and agent to number.

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300



RETURN TO

(Name of Sender)

(Street or P.O. Box)

(City, State, and ZIP Code)

REMOVE TO EXPOSE ADHESIVE

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD, h to h, 6 1/2 x 3 1/2" with 1/2" vertical perfs at left and right, green <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:FOS:MM	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Card	1-79
STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORMS FACSIMILE HANDBOOK

DEPARTMENT OF THE TREASURY

Form 1664R

DEPARTMENT OF THE TREASURY
FISCAL SERVICES
BUREAU OF GOV'T FIN. OPER.
Division of Disbursement - Form 1664R
Revised 3-74 Ref.: DDPM 5127

REQUEST TO REMAIL UNDELIVERABLE CHECK AND/OR BOND

To Disbursing Center
or Regional Disbursing Office _____ Date _____

NUMBER _____ DATE _____

Please mail undeliverable checks and/or bonds to the payee and/or owner whose name and address is shown in the block below.

CHECKS:

BONDS:

ACCOUNT NUMBER _____

Agency _____ By: _____

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input type="checkbox"/> PD/_____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 4 (Unit Sets/Number of Parts) , 7 1/3 x <input type="checkbox"/> MP/_____ (Multipage/Number of Parts) 3 1/4" <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/_____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:A	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	W7540-00-NRC-1664R	HD	3-74
		STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

DEPARTMENT OF THE TREASURY

TFS 5401

TFS 5401, FACE

ORIGINAL—Drawer will forward this form to bank for transmission to Federal Reserve Bank.

6 TFRM 1000		PAYMENT VOUCHER ON LETTER CREDIT (TO BE COLLECTED AS A NON-CASH ITEM)		2300331	
		The drawer's bank shall be the agent of the drawer for the collection of this instrument and each subsequent collecting commercial bank shall be the sub-agent of the drawer.		SERIAL NO.	
				SYMBOL 17-865	
VOUCHER NO.	LETTER OF CREDIT NO.	AGENCY STATION SYMBOL	DATE VOUCHER DRAWN	AMOUNT	
NAME AND ADDRESS OF DRAWER		NAME AND ADDRESS OF DRAWER'S BANK		FEDERAL RESERVE BANK OR BRANCH	
NAME AND ADDRESS OF U. S. AGENCY		I certify that this payment voucher has been drawn in accordance with the terms and conditions of the letter of credit cited and that the amount for which drawn is properly for credit to the account of the drawer at the drawer's bank.			
		(Signature)		(Title)	
		(Countersignature)		(Title)	
Per authorization of Fiscal Assistant Secretary, Department of the Treasury, debit the general account of the U. S. Treasury and pay to the presenting bank the amount shown above.			FOR FEDERAL RESERVE BANK USE ONLY		
TFS FORM 5-75 5401 FORMERLY TFS FORM 5401, REV. 12-67, WHICH MAY BE USED.			(Date Debited) (Authorized Signature)		
			DEPARTMENT OF THE TREASURY - FISCAL SERVICE BUREAU OF GOVERNMENT FINANCIAL OPERATIONS		

TFS 5401, REVERSE PARTS 1 & 2

Member banks and nonmember clearing banks should forward this payment voucher directly to the Federal Reserve Bank or branch with which their reserve or clearing account is maintained. Other banks should forward this payment voucher to a correspondent member or nonmember clearing bank in the District of the designated Reserve Bank.

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PREScribing DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET CARD PD/____ (Pad/Sheet per Pad) X US/ 4 ____ (Unit Sets/Number of Parts), 8 x 3 1/2" MP/____ (Multipage/Number of Parts) blue, LABEL reverse printing on parts 1 & 2 PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	RM:A	STATUS OF EXISTING STOCK USE FIRST DESTROY: IMMEDIATELY WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	W7540-00-NRC-5401X	HD	5-75
			STOCKING POINT X WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)		

NRC FORMS FACSIMILE HANDBOOK

DISTRICT OF COLUMBIA

D 4

D 4, FACE

DISTRICT OF COLUMBIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Form D-4
Government of the
District of Columbia

(Print)
Full Name _____ Social Security No. _____
D. C. Home Address _____ Zip Code _____

EMPLOYEE:

File this form with your employer. Otherwise, he must withhold D. C. income tax from your wages without exemption.

EMPLOYER:

Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the Department of Finance and Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS. NOTE: One (1) withholding exemption equals \$750.

1. If you are **SINGLE** and do not qualify as head of a family, and if you claim an exemption for yourself, write the figure "1"
2. If you are single, or married and not living with spouse, and qualify as **HEAD OF A FAMILY** (See Instruction 3 on reverse side), and if you claim an exemption for yourself as head of a family, write the figure "2"
3. If you are **MARRIED**:
 - (a) If you claim an exemption for yourself and your spouse, and if the exemption for your spouse is not claimed on another certificate, write the figure "2"
 - (b) If you claim an exemption for yourself only, write the figure "1"
4. Exemptions for **AGE AND BLINDNESS** (applicable only to you and your wife but **not** to dependents):
 - (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write the figure "1"; if **both** will be 65 or older, and you claim both of these exemptions, write the figure "2"
 - (b) If you or your wife are blind, and you claim this exemption, write the figure "1"; if **both** are blind, and you claim both of these exemptions, write the figure "2"
5. Write the number of **DEPENDENTS** for whom exemption is claimed (See Instruction 4 on reverse side)
6. Add the number of exemptions you have entered in the spaces above and write the **TOTAL** here
7. Additional withholding per pay period under agreement with employer. See Instruction 1 \$ _____

I CERTIFY that the number of withholding exemptions on this certificate does not exceed the number to which I am entitled.

(Date) _____, 19____

(Signed) _____

D 4, REVERSE

1. NUMBER OF EXEMPTIONS.—Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the year than will be withheld if you claim every exemption to which you are entitled, you may increase the withholding by claiming zero exemptions or a smaller number of exemptions. You may also enter into an agreement with your employer to have additional amounts withheld. (See line 7 on other side.)

2. CHANGES IN EXEMPTIONS.—You may file a new certificate at any time if the number of your exemptions **INCREASES**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **DECREASES** for any of the following reasons:

- (a) Your wife (or husband) for whom you have been claiming exemption dies, is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The status of a dependent for whom you claimed exemption is taken care of by someone else, so that you no longer expect to furnish more than half the support for the year.
- (c) You find that a dependent for whom you claimed exemption will receive \$50 or more of gross income of his own during the year.

(d) You find that you no longer qualify as head of a family. For further information about changes in exemption status resulting from marriage, divorce, legal separation, birth, death, new dependents, etc., consult D. C. Department of Finance and Revenue or your employer.

3. HEAD OF A FAMILY.—The term "Head of Family" means an individual, who is single or if married is not living with his (her) spouse and who maintains in one household one or more dependents.

4. DEPENDENT.—For District income tax purposes you are entitled to claim an allowance for each dependent you will be able to claim on your Federal income tax return.

5. PENALTIES.—Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemption.

6. SOCIAL SECURITY NUMBER.—Under the provisions of title V, Sec. 1 (a) of the D.C. Income and Franchise Tax Act, each employee is required to furnish to his employer his Social Security number on form D-4. Your Social Security number is necessary for proper identification of your account with the District and will only be used for tax administration purposes.

J-60962

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h, 7 2/3 x 3 1/2", green <input type="checkbox"/> CARD <input type="checkbox"/> PD/____ (Pad/Sheet per Pad) <input type="checkbox"/> US/____ (Unit Sets/Number of Parts) <input type="checkbox"/> MP/____ (Multipage/Number of Parts) <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:OP	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	None

Form **MW 507**

Employee's Maryland Withholding Exemption Certificate

Rev. 7/1/80
Comptroller of the Treasury, Income Tax Division, Annapolis, Maryland Phone: (301) 269-3739

Print your full name _____ Your social security number _____
Address _____ Resident of County _____
(including zip code) _____ or Baltimore City _____

1. Total number of exemptions you are claiming from worksheet below _____
2. Additional withholding per pay period under agreement with employer _____ \$ _____
3. I claim exemption from withholding because (see instructions below and check boxes below that apply)
 - last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
 - this year I do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.
 If you checked both boxes above, enter "Exempt" here _____
 If you entered "Exempt", are you a full-time student? yes no _____

4. Certification of Non-Residence in the State of Maryland (see instructions on reverse side)
I certify that I am not domiciled in the State of Maryland and that I do not maintain a place of abode within Maryland. I further certify that my permanent residence is:
City, town, or post office address _____ County _____ State _____

Enter "Exempt" here _____
Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on Line 1 above or if claiming exemption from withholding, that I am entitled to claim the exempt status on Line 3 or Line 4 (whichever applies).

Employee's Signature _____ Date _____
Employer's name and address (including zip code) (For Employer's Use Only) _____ Employer Identification No. _____

Detach along this line

Worksheet and instructions

Line 1

1. Number of personal exemptions (as authorized on Federal Form W-4) _____
2. Number of exemptions for dependents (as authorized on Federal Form W-4) _____
3. Number of additional exemptions for dependents over 65 years of age _____
4. Number of additional exemptions for excess itemized deductions _____
5. Total—Add Lines 1 through 4 and enter here and on Line 1 (Form MW 507) _____

Personal Exemptions—You may claim the following personal exemptions:

- 1—for yourself,
- 1—if you are 65 or older, and
- 1—if you are blind.

If you are married and your spouse either does not work or is not claiming his or her exemption(s) on a separate Form MW 507, you may also claim the following exemptions:

- 1—for your spouse,
- 1—if your spouse is 65 or older, and
- 1—if your spouse is blind.

Exemptions for Dependents—To qualify as your dependent, you must be entitled to an exemption for the dependent on your Federal Income Tax Return for the corresponding taxable year.

Additional Exemptions for Dependents Over 65 Years of Age—An additional exemption is allowed for dependents as defined above who are 65 years of age or older.

Additional Exemptions for Excess itemized Deductions—You may claim additional withholding exemptions for excess itemized deductions based upon your prior year tax return. One additional withholding exemption is permitted for each \$800 of itemized deductions that exceeded the standard deduction allowance for the prior year. The total number of additional exemptions may not exceed the total number of additional exemptions that would have been permitted for the preceding tax year.

Line 2

Additional Withholding Per Pay Period Under Agreement with Employer—If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on Line 2.

come tax and had a right to a full refund of any tax withheld; and (b) this year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld. If you are eligible to claim this exemption, your employer will not withhold Maryland income tax from your wages.

Line 3

Who May Claim the Exemption from Withholding of Income Tax—You may be entitled to claim an exemption from the withholding of Maryland income tax if: (a) last year you did not owe any Maryland in-

Requirements for Filing Form 502/503—An income tax return must be filed with the State of Maryland by every individual resident of this State who, by the

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:OP			Sheet	7-1-80
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST DESTROY:	OTHER (SPECIFY)		
		<input type="checkbox"/> IMMEDIATELY WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

laws of the United States, is required to file a Federal income tax return with the Internal Revenue Service.

Every resident individual of Maryland who is not required to file a Federal income tax return because of insufficient gross income for Federal income tax purposes is required by law to file a Maryland income tax return if the "addition modifications" to Federal adjusted gross income increase the Maryland income of such individual to an amount whereby a Federal return would have been required on a like amount of gross income.

Expiration and Requirement for Revocation of the Exemption—This certificate will expire on April 30, following the taxable year, in the case of an employee who files his/her income tax return on a calendar year basis, or on the last day of the fourth month following the close of the taxable year in the case of an employee who files his/her income tax return on a fiscal year basis. You must revoke this exemption within 10 days if, on any day during the calendar year, it is reasonable to anticipate you will incur Maryland income tax liability for your current taxable year, or on or before December 1, or the first day of the last month of your current taxable year if you do not determine your tax on a calendar year basis, if it is reasonable to anticipate you will incur Maryland income tax liability for your next taxable year. If you want to discontinue or are required to revoke this exemption, you must file a new Employee's Withholding Exemption Certificate with your employer.

Line 4

Certification of Non-Residence in the State of Maryland—This line is to be completed only by persons employed in Maryland who are not domiciled within Maryland, and who do not maintain a place of abode within the State but who are residents of the District of Columbia or one of the states listed below.

Arizona	Minnesota	Virginia
California	New Mexico	West Virginia
Indiana	Pennsylvania	Wisconsin

The certificate is not to be used by non-residents working in Maryland who are residents of any state not listed above, as such persons are liable for Maryland income tax and withholding from their wages is required.

Generally the certificate is to be used by those who reside within one of the states listed above who commute. The maintenance of a place of abode in Maryland for more than six months of the taxable year, makes the person a statutory resident of Maryland and requires the filing of a resident return with application for any tax credit to which he may be entitled under the reciprocal provisions of the law.

If the status of the employee changes from non-resident to resident during the year, the employee will be subject to the Maryland income tax from the date residence was established, and withholding of Maryland income tax will be required of the employer. The employee should notify the employer when such change of residence takes place.

Federal Privacy Act Information—Social security numbers must be included. The mandatory disclosure of your social security number is authorized by Sections 323, 304, and 297 of Article 81 of the Annotated Code of Maryland. Such numbers are used primarily to administer and enforce the Individual Income Tax Laws and to exchange income tax information with the U.S. Internal Revenue Service, other states, and other tax officials of this State. Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having statutory right to obtain it.

Duties and Responsibility of Employer—Retain this certificate with your records. You are required to submit a copy of this certificate to the Income Tax Division when received if:

- 1) you have any reason to believe this certificate is incorrect,
- 2) the employee claims more than nine exemptions,
- 3) employee claims exemption from withholding because he/she had no tax liability for the preceding tax year and expects to incur no liability this year, or
- 4) employee claims exemption from withholding on the basis of non-residence.

Upon receipt of any exemption certificate (Form MW 307), the Income Tax Division will make a determination and notify you if a change is required.

NRC FORMS FACSIMILE HANDBOOK

VIRGINIA

VA 4

VA 4, FACE

Form VA-4 (Rev. 1-1-72)
Department of Taxation

VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name..... Social Security No.....
Print home address..... City..... State..... ZIP Code.....

HOW TO CLAIM WITHHOLDING EXEMPTIONS

EMPLOYEE:
File this exemption certificate with your employer.

EMPLOYER:
Keep exemption certificates with your records. Certificates may be on this form, or a similar form. If the employee is believed to have claimed too many exemptions, notify the Virginia Department of Taxation.

1. If SINGLE, and you claim an exemption, write the figure "1"
2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.
 - (a) If you claim both of these exemptions, write the figure "2"
 - (b) If you claim one of these exemptions, write the figure "1"
 - (c) If you claim neither of these exemptions, write "0"
3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):
 - (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write the figure "1"; if both will be 65 or older, and you claim both of these exemptions, write the figure "2"
 - (b) If you or your wife are blind, and you claim this exemption, write the figure "1"; if both are blind, and you claim both of these exemptions, write the figure "2"
4. If you claim exemptions for one or more dependents, write the number of such exemptions
5. Add the number of exemptions which you have claimed above and write the total
6. Additional withholding per pay period under agreement with employer

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

(Date) 2601064, 19..... (Signed).....

VA 4, REVERSE

A. IF YOU FAIL to file this certificate with your employer, he must withhold Virginia income tax from your wages without deduction. If an employer believes that an employee is claiming an excessive number of exemptions, he will advise the Department of Taxation.

B. NUMBER OF EXEMPTIONS.—Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the taxable year than will be withheld if you claim every exemption to which you are entitled, you may reduce the withholding by claiming a smaller number of exemptions or you may enter into an agreement with your employer to have additional amounts withheld.

C. EMPLOYEES WITH TWO OR MORE EMPLOYERS.—If you have more than one employer and wish to increase your withholding to an amount nearer your correct income tax you should claim a smaller number or no exemptions on each Form VA-4 filed with all employers other than your principal employer.

D. CHANGES IN EXEMPTIONS.—You may file a new certificate at any time if the number of your exemptions INCREASES. You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES for any of the following reasons:

- (1) You write (or husband) for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (2) The support of a dependent for whom you claimed exemption is

taken over by someone else so that you no longer expect to furnish more than half the support for the year.

(3) You find that a dependent for whom you claimed exemption will receive \$600 or more of income of his own during the taxable year.

OTHER DECREASES in exemption, such as the death of a wife or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

E. DEPENDENTS.—Do not claim any dependent in Line 4 (on other side) unless he or she meets all four of the following tests: (1) He or she is receiving over one-half of his or her support from you for the taxable year, and (2) he or she is "closely related" to you, and (3) he or she will not have as much as \$600 gross income of his or her own during the taxable year (if a son, daughter, stepson, or stepdaughter is a full time student at an educational institution, this limitation does not apply), and (4) if married, her or his exemption is not claimed by her husband or his wife. "Closely related" means your children (including stepchildren and legally adopted children) and grandchildren; your parents and grandparents; your brothers and sisters; your immediate "in-laws" (mother-, father-, son-, daughter-, brother-, sister-in-law); your blood related uncles, aunts, nieces, and nephews.

F. PENALTIES.—Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemption.

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PREScribing DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h, 8 x 3 1/2", yellow	ADM:OP	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY)		Sheet	1-1-72
<input type="checkbox"/> CARD					
<input type="checkbox"/> PD/..... (Pad/Sheet per Pad)		<input type="checkbox"/> DESTROY:			
<input type="checkbox"/> US/..... (Unit Sets/Number of Parts)		<input type="checkbox"/> IMMEDIATELY			
<input type="checkbox"/> MP/..... (Multipage/Number of Parts)		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
<input type="checkbox"/> LABEL		STOCKING POINT			
<input type="checkbox"/> PC (Postal Card)		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS			
<input type="checkbox"/> TC (Tab Card)		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			
<input type="checkbox"/> TP/..... (Tab Paper/Number of Parts)					
<input type="checkbox"/> ENVL					
<input type="checkbox"/> OTHER (Specify)					

NRC FORMS FACSIMILE HANDBOOK

W 2, FACE, PART 1, LEFT

U.S. GOVERNMENT PRINTING OFFICE: 1982 388 244

1 Control Number			
2 Employer's name, address, and ZIP code		3 Employer's identification number	4 Employer's State number
		5 Stat. em- ployee	6 De- ceased
		7 Pension plan	8 Legal rep.
		9 940 emp.	10 Sub- total
		11 Con- cession	12 Void
		6 Advance EIC payment	
8 Employee's social security number	9 Federal income tax withheld	10 Wages, tips, other compensation	11 Soc. sec. tax withheld
12 Employee's name (first, middle, last)		13 Soc. sec. wages	14 Soc. Sec. tips
		16 State income tax	17 State Wages, tips, etc.
		18 Name of State	
		19 State income tax	20 State Wages, tips, etc.
		21 Name of State	
		22 Local income tax	23 Local Wages, tips, etc.
		24 Name of locality	
15 Employee's address and ZIP code			

Form W-2 Wage and Tax Statement 1982

Copy A For Social Security Administration
*See Instructions for Forms W-2 and W-2P

Department of the Treasury
Internal Revenue Service

W 2, PART 1, RIGHT

1 Control Number			
2 Employer's name, address, and ZIP code		3 Employer's identification number	4 Employer's State number
		5 Stat. em- ployee	6 De- ceased
		7 Pension plan	8 Legal rep.
		9 940 emp.	10 Sub- total
		11 Con- cession	12 Void
		6 Advance EIC payment	
8 Employee's social security number	9 Federal income tax withheld	10 Wages, tips, other compensation	11 Soc. sec. tax withheld
12 Employee's name (first, middle, last)		13 Soc. sec. wages	14 Soc. Sec. tips
		16 State income tax	17 State Wages, tips, etc.
		18 Name of State	
		19 State income tax	20 State Wages, tips, etc.
		21 Name of State	
		22 Local income tax	23 Local Wages, tips, etc.
		24 Name of locality	
15 Employee's address and ZIP code			

Wage and Tax Statement 1982

Copy 1 For State, City, or Local Tax Department
Employee's and employer's copy compared.

FORMS MANAGEMENT DATA				1/83	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	RM:A	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		TP/6	1982
CARD					
PD/_____(Pad/Sheet per Pad)					
US/_____(Unit Sets/Number of Parts)					
MP/_____(Multipage/Number of Parts)					
LABEL					
PC (Postal Card)					
TC (Tab Card)					
X TP/ 6 & (Tab Paper/Number of Parts) TP/3, 7 1/8 x 3 5/8" &					
ENVL reverse printing Part 6, left; 6 3/4" x 3 5/8"					
OTHER (Specify) and Part 3 right.		<input type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

W 2, PART 2, LEFT

↑
 TO OPEN - TEAR ALONG PERFORATION
 USE THUMB NOTCH TO SLIP OUT CONTENTS
 ↓

FROM

TO

W 2, PART 2, RIGHT

1 Control Number			
2 Employer's name, address, and ZIP code		3 Employer's identification number	4 Employer's State number
		5 Stat. emp. <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal res. <input type="checkbox"/>	6 <input type="checkbox"/> 7 Advance EIC payment <input type="checkbox"/>
6 Employee's social security number	9 Federal income tax withheld	10 Wages, tips, other compensation	11 Soc. sec. tax withheld
12 Employee's name (first, middle, last)		13 Soc. sec. wages	14 Soc. Sec. tips
		16 State income tax	17 State Wages, tips, etc.
		18 Name of State	
		19 State income tax	20 State Wages, tips, etc.
		21 Name of State	
		22 Local income tax	23 Local Wages, tips, etc.
		24 Name of locality	

Wage and Tax Statement 1982

Copy-1 For State, City, or Local Tax Department
 Employee's and employer's copy compared.

NRC FORMS FACSIMILE HANDBOOK

W 2, PART 3, LEFT

1 Control Number		FORM W-2 1982 Wage and Tax Statement Copy B - File with employee's FEDERAL tax return This information is being furnished to the Internal Revenue Service.				Department of the Treasury Internal Revenue Service											
2 Employer's name, address, and ZIP code		3 Employer's identification number		4 Employer's State number													
		5 Stat. em- ployee		De- ceased		Pension plan		Legal rep.		942 emp.		Sub- total		Cor- rection		Void	
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
		6		7 Advance EIC payment													
8 Employee's social security number		9 Federal income tax withheld		10 Wages, tips, other compensation				11 Soc. sec. tax withheld									
12 Employee's name (first, middle, last)		13 Soc. sec. wages				14 Soc. Sec. tips											
		16 State income tax		17 State Wages, tips, etc.				18 Name of State									
		19 State income tax		20 State Wages, tips, etc.				21 Name of State									
		22 Local income tax		23 Local Wages, tips, etc.				24 Name of locality									

W 2, PART 3, RIGHT

1 Control Number		Copy D For Employer				Department of the Treasury Internal Revenue Service											
2 Employer's name, address, and ZIP code		3 Employer's identification number		4 Employer's State number													
		5 Stat. em- ployee		De- ceased		Pension plan		Legal rep.		942 emp.		Sub- total		Cor- rection		Void	
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
		6		7 Advance EIC payment													
8 Employee's social security number		9 Federal income tax withheld		10 Wages, tips, other compensation				11 Soc. sec. tax withheld									
12 Employee's name (first, middle, last)		13 Soc. sec. wages				14 Soc. Sec. tips											
		16 State income tax		17 State Wages, tips, etc.				18 Name of State									
		19 State income tax		20 State Wages, tips, etc.				21 Name of State									
		22 Local income tax		23 Local Wages, tips, etc.				24 Name of locality									

W 2, PART 3, RIGHT, REVERSE

Instructions for Preparing Form W-2

Form W-2 wage and tax statement is acceptable for all States. If you are in doubt, ask your appropriate State or local official.

Prepare Form W-2 for each of your employees to whom any of the following items applied during 1982:

- (a) You withheld income tax or FICA (social security) tax.
- (b) You would have withheld income tax if the employee had not claimed more than one withholding allowance.
- (c) You paid \$400 or more.
- (d) You paid any amount for services, if you are in a trade or business. Include the cash value of any payment you made that was not in cash.

By January 31, 1983, give Copies B, C, and D to each person who was your employee during 1982. For anyone who stopped working for you before the end of 1982, you may give copies any

time after employment ends. If the employee asks for Form W-2, give him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A to the Social Security Administration by February 28, 1983. For more information, please see Forms 941, 942, W-3, or Circular E. Farmers, see Circular A.

See separate Instructions for Forms W-2 and W-2P for more information on how to complete Form W-2.

Paperwork Reduction Act Notice.—The Paperwork Reduction Act of 1980 says we must tell you why we are collecting this information, how we will use it, and whether you have to give it to us. We ask for the information to carry out the Internal Revenue laws of the United States. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

NRC FORMS FACSIMILE HANDBOOK

W 2, PART 4, LEFT

1 Control Number		FORM W-2 1982 Wage and Tax Statement Copy 2 to be filed with employee's State, City, or Local income tax return. Employee's and employer's copy compared.																
2 Employer's name, address, and ZIP code			3 Employer's identification number		4 Employer's State number													
			5 Stat. employee		6 Deceased		7 Pension plan		8 Legal rep.		9 942 emp.		10 Sub. total		11 Cor. rection		12 Void	
			6		7 Advance EIC payment													
8 Employee's social security number			9 Federal income tax withheld			10 Wages, tips, other compensation			11 Soc. sec. tax withheld									
12 Employee's name (first, middle, last)			13 Soc. sec. wages			14 Soc. Sec. tips												
			16 State income tax		17 State Wages, tips, etc.		18 Name of State											
			19 State income tax		20 State Wages, tips, etc.		21 Name of State											
			22 Local income tax		23 Local Wages, tips, etc.		24 Name of locality											

W 2, PART 5, LEFT

1 Control Number		FORM W-2 1982 Wage and Tax Statement Copy 2 to be filed with employee's State, City, or Local income tax return. Employee's and employer's copy compared.																
2 Employer's name, address, and ZIP code			3 Employer's identification number		4 Employer's State number													
			5 Stat. employee		6 Deceased		7 Pension plan		8 Legal rep.		9 942 emp.		10 Sub. total		11 Cor. rection		12 Void	
			6		7 Advance EIC payment													
8 Employee's social security number			9 Federal income tax withheld			10 Wages, tips, other compensation			11 Soc. sec. tax withheld									
12 Employee's name (first, middle, last)			13 Soc. sec. wages			14 Soc. Sec. tips												
			16 State income tax		17 State Wages, tips, etc.		18 Name of State											
			19 State income tax		20 State Wages, tips, etc.		21 Name of State											
			22 Local income tax		23 Local Wages, tips, etc.		24 Name of locality											

W 2, PART 6, LEFT

1 Control Number		Form W-2 Wage and Tax Statement Copy C For employee's records This information is being furnished to the Internal Revenue Service.						Department of the Treasury Internal Revenue Service										
2 Employer's name, address, and ZIP code			3 Employer's identification number		4 Employer's State number													
			5 Stat. employee		6 Deceased		7 Pension plan		8 Legal rep.		9 942 emp.		10 Sub. total		11 Cor. rection		12 Vc-1	
			6		7 Advance EIC payment													
8 Employee's social security number			9 Federal income tax withheld			10 Wages, tips, other compensation			11 Soc. sec. tax withheld									
12 Employee's name (first, middle, last)			13 Soc. sec. wages			14 Soc. Sec. tips												
			16 State income tax		17 State Wages, tips, etc.		18 Name of State											
			19 State income tax		20 State Wages, tips, etc.		21 Name of State											
			22 Local income tax		23 Local Wages, tips, etc.		24 Name of locality											

W 2, PART 6, LEFT, REVERSE

Notice to Employee:

You must file a tax return regardless of your income if any amount is shown in box 7. Advance EIC earned income credit payment.

File Copy B of this form with your 1982 Federal income tax return. Attach Copy 2 to your 1982 State or local income tax return. Please keep Copy C for your records. You can use it to prove your right to social security benefits. If your name, social security number, or address is incorrect, please correct Copies B, C, and 2 and tell your employer.

If you have already filed your tax return, or this W-2 corrects the one you filed, with your return, please amend your Form 1041 or 1078A by filing Form 1041X.

If you have nonwage income of more than \$500 and will owe tax of \$200 or more, (\$300 for 1983) you should file Form 1040-ES, Declaration of Estimated Tax for Individuals, and pay the tax in installments during the year. If you retired during 1982 or plan to retire soon, you may have to pay tax on your income

either by filing Form 1040-ES or by having tax withheld from your pension or annuity. See Publication 505, Tax Withholding and Estimated Tax, for details.

Credit for Social Security (FICA) Tax.—If more than one employer paid you wages during 1982 and more than the maximum FICA employee tax, railroad retirement (RRTA) tax, or combined FICA and RRTA tax was withheld, you can claim the excess as a credit against your Federal income tax. (Please see your Federal income tax return instructions.) The FICA rate of 6.70%, under Public Law 95-216, includes 1.30% for hospital insurance benefits and 5.40% for retirement, survivors, and disability insurance.

Box 5. Pension plan.—If you were covered by a government employee plan, a qualified pension or profit-sharing retirement plan, or a tax sheltered annuity plan, the Pension plan box may be marked. Armed Forces reservists, National Guard members, or volunteer firefighters, who have a retirement savings arrangement, should see Publication 590, Tax Information on Individual Retirement Arrangements.

Form **W-4** Department of the Treasury—Internal Revenue Service OMB No. 1545-0010
 (Rev. January 1982) **Employee's Withholding Allowance Certificate** Expires 4-30-83

1 Type or print your full name _____
 Home address (number and street or rural route) _____
 City or town, State, and ZIP code _____

2 Your social security number _____

3 Marital Status Single Married
 Married, but withhold at higher Single rate
 Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

4 Total number of allowances you are claiming (from line F of the worksheet on page 2) _____
 Additional amount, if any, you want deducted from each pay \$ _____

6 I claim exemption from withholding because (see instructions and check boxes below that apply):
 a Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND
 b This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter "EXEMPT" here _____
 c If you entered "EXEMPT" on line 6b, are you a full-time student? Yes No

Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's signature _____ Date _____ 19__

7 Employer's name and address (including ZIP code) (FOR EMPLOYER'S USE ONLY) _____
 8 Office code _____ 9 Employer identification number _____

▲ Give the top part of this form to your employer; keep the lower part for your records and information. ▲
 Get Publication 505 from most IRS offices for more information.

Purpose

The law requires that you complete Form W-4 so that your employer can withhold Federal income tax from your pay. Your Form W-4 remains in effect until you change it or, if you entered "EXEMPT" on line 6b above, until February 15 of next year. By correctly completing this form, you can fix the amount of tax withheld from your wages to your tax liability.

Introduction

If you got a large refund last year, you may be having too much tax withheld. If so, you may want to increase the number of your allowances on line 4 by claiming any other allowances you are entitled to. The kinds of allowances, and how to figure them, are explained in detail below.

If you owed a large amount of tax last year, you may not be having enough tax withheld. If so, you can claim fewer allowances on line 4, or ask that an additional amount be withheld on line 5, or both.

If the number of withholding allowances you are entitled to claim decreases to less than you are now claiming, you must file a new W-4 with your employer within 10 days.

The instructions below explain how to fill in Form W-4. Publication 505 contains more information on withholding. You can get it from most IRS offices.

For more information about who qualifies as your dependent, what deductions you can take, and what tax credits you qualify for, see the Form 1040 Instructions or call any IRS office.

Line-By-Line Instructions

Fill in the identifying information in boxes 1 and 2. If you are married and want tax withheld at the regular rate for married persons, check "Married" in box 3. If you are married and want tax withheld at the higher Single rate (because both you and your spouse work, for example), check the box "Married, but withhold at higher Single rate" in box 3.

Line 4 of Form W-4

Total number of allowances.—Use the worksheet on page 2 to figure your allowances. Add the number of allowances for

each category explained below. Enter the total on line 4.

If you are single and hold more than one job, you may not claim the same allowances with more than one employer at the same time. If you are married and both you and your spouse are employed, you may not both claim the same allowances with both of your employers at the same time. To have the highest amount of tax withheld, claim "0" allowances on line 4.

A. Personal allowances.—You can claim the following personal allowances:

1 for yourself, 1 if you are 65 or older, and 1 if you are blind.

If you are married and your spouse either does not work or is not claiming his or her allowances on a separate Form W-4, you may also claim the following allowances: 1 for your spouse, 1 if your spouse is 65 or older, and 1 if your spouse is blind.

B. Special withholding allowance.—

Claim the special withholding allowance only if you are single and have one job or you are married, have one job, and your spouse does not work. Use this special withholding allowance only to figure your withholding. Do not claim it when you file your tax return.

C. Allowances for dependents.—You may claim one allowance for each dependent you will be able to claim on your Federal income tax return.

D. Allowances for estimated tax credits.—If you expect to take the credits (such as child care, residential energy, etc.) shown on lines 38 through 46 on the 1981 Form 1040, use the table on the top of page 2 to figure the number of additional allowances you can claim. Include the earned income credit if you are not receiving advance payment of it. Also, if you expect to income average, include the amount of the reduction in tax attributable to averaging when using the table.

E. Allowances for estimated deductions.—If you expect to itemize deductions, you can claim additional withholding allowances. See Schedule A (Form 1040) to find out what deductions you can itemize.

You can also claim deductible amounts you pay for (1) alimony (2) qualified retirement contributions (3) moving expenses (4) employee business expenses (Part I of Form 2106) as well as (5) the deduction for two-earner married couples, and (6) net losses shown on Schedules C, D, E, and F (Form 1040). Note: Check with your employer to see if any tax is being withheld on moving expenses or IRA contributions the employer is paying. Do not include these amounts if tax is not being withheld; otherwise, you may be underwithheld. For more details see Publication 505.

The deduction allowed two-earner married couples is 5% of the lesser of \$30,000 or the qualified earned income of the spouse with the lower income. Once you have determined these deductions, enter the total on line E1 of the worksheet on page 2 and figure the number of withholding allowances for them.

Line 5 of Form W-4

Additional amount, if any, you want deducted from each pay.—If you are not having enough tax withheld from your pay, you may ask your employer to withhold more by filling in an additional amount on line 5. Often married couples, both of whom are working, and persons with two or more jobs, need to have additional tax withheld. You may also need to have additional tax withheld because you have income other than wages, such as interest and dividends, capital gains, rents, alimony received, etc. Estimate the amount you will be underwithheld and divide that amount by the number of pay periods in the year. Enter the additional amount you want withheld each pay period on line 5.

For Privacy Act and Paperwork Reduction Act Notice, see back of this page.

Form W-4 (Rev. 1-82)

FORMS MANAGEMENT DATA				1/83		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET, h to h	ADM:OP	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	1-82
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/_____(Pad/Sheet per Pad)					
<input type="checkbox"/>	US/_____(Unit Sets/Number of Parts)					
<input type="checkbox"/>	MP/_____(Multipage/Number of Parts)					
<input type="checkbox"/>	LABEL					
<input type="checkbox"/>	PC (Postal Card)					
<input type="checkbox"/>	TC (Tab Card)					
<input type="checkbox"/>	TP/_____(Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					

