

MAY 2 1991

Docket No. 50-289

GPU Nuclear Corporation  
ATTN: Mr. G.T. Broughton  
Vice President and Director of TMI-1  
P. O. Box 480  
Middletown, Pennsylvania 17057

Gentlemen:

SUBJECT: REVISED NRC FORMS 396 AND 398

Enclosed is a copy of the revised NRC Form-398 (Enclosure 1), Personal Qualifications Statement - Licensee and revised NRC Form-396 (Enclosure 2), Certification of Medical Examination By Facility Licensee.

All changes to the NRC Form-396 are detailed in Enclosure 3. Changes to NRC Form-398 are detailed in Enclosure 4.

All applications for licenses are to be submitted on these revised forms as soon as possible but no later than June 1, 1991.

The enclosed applications are for your use. Your office can obtain additional copies of these forms by contacting Beverly Martin by telephone on (301) 492-8138 or by writing to her, U.S. Regulatory Commission, Information and Records Management Branch, Mail Stop MNBB-7714, Washington, D.C. 20555.

If you have any questions regarding these forms, please contact Richard J. Conte at (215) 337-5120 or Peter W. Eselgroth at (215) 337-5211.

Sincerely,

Original Signed By:

Lee H. Bettenhausen, Chief  
Operations Branch  
Division of Reactor Safety

Enclosures: As stated

OFFICIAL RECORD COPY

150016

9105150027 910502  
PDR ADOCK 05000289  
V PDR

Hoos

cc w/encl:

R. Rogan, TMI Licensing Director  
M. Ross, Operations and Maintenance Director, TMI-1  
C. Smyth, Manager, TMI-1 Licensing  
J. Knubel, Licensing and Regulatory Affairs Director  
E. Blake, Jr., Esquire  
TMI-Alert  
M. Trump, Training Manager  
NRC Resident Inspector  
Public Document Room  
Local Public Document Room  
Nuclear Safety Information Center  
Commonwealth of Pennsylvania

bcc w/encl:  
OL Facility File

OFFICIAL RECORD COPY

RI:DRS  
Curley

04/29/91

RI:DRS  
Bettenhausen

04/10/91

4. TYPE OF APPLICATION

a. NEW — "X" IF YOU ARE A NEW APPLICANT. COMPLETE EACH CATEGORY OF THE FORM COMPLETELY, FOLLOWING THE INSTRUCTIONS BELOW. THIS IS TO INCLUDE ALL EDUCATION, TRAINING AND EXPERIENCE THAT YOU HAVE RECEIVED UP TO THE DATE OF THIS APPLICATION. NOTE: SEE ITEM 14 — THERE IS AN EXCEPTION. ALSO, THIS BLOCK IS TO BE MARKED IF PREVIOUS NEW APPLICATION WAS WITHDRAWN. PLEASE WRITE "WITHDREW" NEXT TO "NEW."

FOR b. THRU e. COMPLETE EACH CATEGORY COMPLETELY, BUT INDICATE ONLY THE EDUCATION, TRAINING, AND EXPERIENCE YOU HAVE RECEIVED SINCE YOUR LAST APPLICATION. NOTE: SEE ITEM 14 — THERE IS AN EXCEPTION.

b. RENEWAL — "X" IF YOU ARE RENEWING CURRENT LICENSE

c. UPGRADE — "X" IF YOU HOLD A RO LICENSE AND ARE NOW APPLYING TO UPGRADE YOUR LICENSE TO A SRO.

d. MULTI-UNIT — "X" IF YOU CURRENTLY HOLD A LICENSE AT YOUR FACILITY AND ARE APPLYING TO AMEND YOUR CURRENT LICENSE TO ADD AN ADDITIONAL UNIT.

e. REAPPLICATION — "X" IF YOU HAVE PREVIOUSLY BEEN DENIED A LICENSE AND ARE REAPPLYING.

f. WAIVER REQUESTED — "X" THE APPLICABLE WAIVER REQUESTED AND JUSTIFY IN COMMENTS SECTION (ITEM 17).

g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (GFES).

THIS IS NOT APPLICABLE TO RESEARCH REACTORS OR LICENSES LIMITED TO FUEL HANDLING. ENTER THE MONTH AND YEAR THE GENERIC FUNDAMENTALS EXAMINATION SECTION OF THE WRITTEN EXAMINATION WAS PASSED. IF THE GFES WAS NOT TAKEN, YOU MUST HAVE PASSED AN NRC LICENSING EXAMINATION ON THE APPLICABLE REACTOR TYPE (RWR OR BWR) AFTER FEBRUARY 1, 1982, WHICH LED TO THE ISSUANCE OF A LICENSE. THIS DOES NOT INCLUDE INSTRUCTOR CERTIFICATION EXAMINATIONS OR REQUALIFICATION EXAMINATIONS.

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 COMMENTS (ITEM 17).

12. TRAINING — INDICATE THE TRAINING YOU HAVE RECEIVED TO MEET THE REQUIREMENTS OF ANSI N18.1/ANS 3.1 AS ENDORSED BY REGULATORY GUIDE 1.8, REV. 2. THE BREAKDOWN OF TRAINING IN THIS CATEGORY PARALLELS THE ANSI STANDARDS. 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. THE NUMBER OF WEEKS IS PROVIDED. IN ADDITION TO BEGINNING AND COMPLETION DATES, TO ACCOUNT FOR INTERMITTENT TRAINING (FOR EXAMPLE, 4 WEEKS OF CLASSROOM TRAINING SPREAD OVER A 2-MONTH PERIOD). THEREFORE, THE DATE COLUMNS MAY INDICATE A LARGER TIME SPAN THAN THE ACTUAL NUMBER OF WEEKS SPENT IN FULL-TIME TRAINING. TIME IN TRAINING FOR THE LICENSE APPLIED FOR CANNOT BE DOUBLE COUNTED UNDER EXPERIENCE (ITEM 13).

ALL REQUALIFICATION TRAINING IS TO BE ACCOUNTED FOR IN THE REQUALIFICATION ITEM 12.6. PLEASE DO NOT "DOUBLE LIST" THE TIME SPENT IN REQUALIFICATION TRAINING FOR CLASSROOM OR SIMULATOR TIME UNDER ITEMS 12.1, 12.2 OR 12.3.

13. EXPERIENCE — A MINIMUM OF 6 MONTHS AT THE SITE FOR WHICH THE LICENSE IS SOUGHT IS REQUIRED. FOR EACH POSITION HELD, COMPLETE ITEM 16. DO NOT DOUBLE COUNT TIME. IF YOU HAD OVERLAPPING DUTIES, THE MONTHS SHOULD REFLECT THE PROPORTIONATE AMOUNT OF TIME YOU WERE ASSIGNED TO THOSE PARTICULAR DUTIES. IN NO CASE SHOULD THE NUMBER OF MONTHS REPORTED FOR A PARTICULAR TIME PERIOD EXCEED THE NUMBER OF MONTHS THAT ARE IN THAT TIME PERIOD.

14. FACILITY OPERATOR TRAINING PROGRAM — INDICATE a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM; AND b. CERTIFIED (ON NRC FORM 474) OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM. IF "YES" IS CHECKED IN BOTH ITEMS 14a. AND 14b., THEN ITEMS 12 (TRAINING), 13 (EXPERIENCE), AND 16 (EXPERIENCE DETAILS) DO NOT HAVE TO BE DOCUMENTED. NEW APPLICATIONS MUST STILL INCLUDE THE NUMBER OF SIGNIFICANT CONTROL MANIPULATIONS UNDER ITEM 12.3. NOTE: INPO ACCREDITED MEANS ACCREDITATION BY THE NATIONAL NUCLEAR ACCREDITING BOARD AND MEANS THAT AT LEAST THE MINIMUM REQUIREMENTS OF REGULATORY GUIDE 1.8, REV. 2, ARE MET.

15. FOR RENEWALS ONLY — (1) ENTER THE APPROXIMATE NUMBER OF HOURS SINCE PREVIOUS RENEWAL OR ISSUANCE OF LICENSE IF FIRST RENEWAL. (2) ENTER DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION.

16. EXPERIENCE DETAILS — INCLUDE POSITION TITLE, TIME PERIOD—FROM/TO, FACILITY, AND A BRIEF DESCRIPTION OF DUTIES PERFORMED WHILE SERVING IN THAT POSITION. IF MORE SPACE IS NEEDED, USE COMMENTS (ITEM 17), OR IF NECESSARY, ATTACH ADDITIONAL INFORMATION.

17. 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.

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE — MUST ACCOMPANY THIS APPLICATION.

19. SIGNATURES — SIGN AND DATE ITEM 19a. OBTAIN YOUR TRAINING COORDINATOR'S SIGNATURE AND THAT OF YOUR SENIOR MANAGEMENT REPRESENTATIVE ON SITE.

DETACH THESE INSTRUCTIONS AND SUBMIT THE COMPLETED NRC FORMS 398 (ORIGINAL AND TWO COPIES EACH) TO THE APPROPRIATE ADDRESS.

(SEE REVERSE SIDE FOR PRIVACY ACT STATEMENT AND ADDRESSES)

### 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 55 Federal Register 33978 (August 20, 1990).

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 application meets the requirements of 10 CFR Part 55.
5. **SYSTEMS MANAGER(S) AND ADDRESS.** Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.
6. In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: **BY MAIL ADDRESSED TO:**

Regional Administrator, Region I  
U.S. Nuclear Regulatory Commission  
475 Allendale Road  
King of Prussia, PA 19406

Regional Administrator, Region II  
U.S. Nuclear Regulatory Commission  
101 Marietta Street, Suite 3100  
Atlanta, GA 30323

Regional Administrator, Region III  
U.S. Nuclear Regulatory Commission  
799 Roosevelt Road  
Glen 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

Director, Division of Licensee  
Performance and Quality Evaluation  
ATTN: Operator Licensing Branch  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555

**PERSONAL QUALIFICATION STATEMENT—LICENSEE**

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 20 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNB 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

| <b>1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (Include ZIP Code)</b><br><br>  |  |  |                     | <b>4. TYPE OF APPLICATION (Check applicable boxes):</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> a. NEW<br/> <input type="checkbox"/> b. RENEWAL<br/> <input type="checkbox"/> c. UPGRADE<br/> <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)<br/> <input type="checkbox"/> e. REAPPLICATION                         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 1. WAIVER REQUESTED (Justify on Reverse)<br/> <input type="checkbox"/> 1. WRITTEN (Category)<br/> <input type="checkbox"/> 2. OPERATING (Category)<br/> <input type="checkbox"/> 3. ELIGIBILITY<br/> <input type="checkbox"/> 4. MEDICAL<br/> <input type="checkbox"/> 5. OTHER<br/> <input type="checkbox"/> 6. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE)                         </td> </tr> </table>  |  |                     |                           | <input type="checkbox"/> a. NEW<br><input type="checkbox"/> b. RENEWAL<br><input type="checkbox"/> c. UPGRADE<br><input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)<br><input type="checkbox"/> e. REAPPLICATION | <input type="checkbox"/> 1. WAIVER REQUESTED (Justify on Reverse)<br><input type="checkbox"/> 1. WRITTEN (Category)<br><input type="checkbox"/> 2. OPERATING (Category)<br><input type="checkbox"/> 3. ELIGIBILITY<br><input type="checkbox"/> 4. MEDICAL<br><input type="checkbox"/> 5. OTHER<br><input type="checkbox"/> 6. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) | <input type="checkbox"/> HOT<br><input type="checkbox"/> COLD  |                           | <input type="checkbox"/> MM<br><input type="checkbox"/> YY |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
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| <input type="checkbox"/> a. NEW<br><input type="checkbox"/> b. RENEWAL<br><input type="checkbox"/> c. UPGRADE<br><input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)<br><input type="checkbox"/> e. REAPPLICATION   | <input type="checkbox"/> 1. WAIVER REQUESTED (Justify on Reverse)<br><input type="checkbox"/> 1. WRITTEN (Category)<br><input type="checkbox"/> 2. OPERATING (Category)<br><input type="checkbox"/> 3. ELIGIBILITY<br><input type="checkbox"/> 4. MEDICAL<br><input type="checkbox"/> 5. OTHER<br><input type="checkbox"/> 6. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| <b>2. CITIZENSHIP</b><br><input type="checkbox"/> a. UNITED STATES<br><input type="checkbox"/> b. OTHER (Specify)   |  | <b>3. BIRTH DATE</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>  |                     | MONTH   | DAY                                      | YEAR                |                           |   |  | <input type="checkbox"/> 1. FIRST<br><input type="checkbox"/> 2. SECOND<br><input type="checkbox"/> 3. THIRD |                           | <input type="checkbox"/> MM<br><input type="checkbox"/> YY |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| MONTH   | DAY  | YEAR   |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
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| <b>5. TYPE OF LICENSE APPLIED FOR</b><br><input type="checkbox"/> a. OPERATOR<br><input type="checkbox"/> b. SENIOR OPERATOR<br><input type="checkbox"/> c. LIMITED SRO (e.g. Fuel Handler)   |  | <b>6. PREVIOUS LICENSE(S) HELD</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>a. DOCKET NUMBER</th> <th>RO</th> <th>ISRO</th> <th>b. LICENSE NUMBER</th> <th colspan="3">c. EXPIRATION DATE</th> <th>d. FACILITY DOCKET NUMBER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> |                     | a. DOCKET NUMBER  | RO                                       | ISRO                | b. LICENSE NUMBER         | c. EXPIRATION DATE  |  |  | d. FACILITY DOCKET NUMBER |  |  |  |                       | MONTH | DAY  | YEAR   |  |  |  |                     |  |  |  |  |  | <b>7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER</b><br><br> |  | <b>10. CURRENT POSITION AT FACILITY</b><br><input type="checkbox"/> a. PLANT SUPERINTENDENT<br><input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT<br><input type="checkbox"/> c. SHIFT SUPERVISOR<br><input type="checkbox"/> d. STAFF ENGINEER<br><input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER<br><input type="checkbox"/> f. INSTRUCTOR<br><input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR<br><input type="checkbox"/> h. CONTROL ROOM OPERATOR<br><input type="checkbox"/> i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NON LICENSED OPERATOR)<br><input type="checkbox"/> j. OTHER (Specify) |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| a. DOCKET NUMBER  | RO   | ISRO   | b. LICENSE NUMBER   | c. EXPIRATION DATE  |  |                     | d. FACILITY DOCKET NUMBER |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
|   |  |  |                     | MONTH   | DAY                                      | YEAR                |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
|   |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| <b>8. NAME OF APPLICANT'S FACILITY</b><br>  |  | <b>9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)</b><br>  |                     | <b>11. EDUCATION</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>a. HIGH SCHOOL</th> <th>b. MAJOR AREA(S) OF STUDY</th> <th>c. NUMBER OF YEARS</th> <th>d. HIGHEST DEGREE</th> <th>e. DEGREE CODES (To be used for "HIGHEST DEGREE" obtained)</th> <th>f. VOCATIONAL/TECHNICAL TYPE OF TRAINING</th> <th>g. NUMBER OF MONTHS</th> <th>h. CERTIFIED REF. YES</th> <th>i. NO</th> </tr> <tr> <td> <input type="checkbox"/> GRADUATE<br/> <input type="checkbox"/> GED EQUIVALENCY<br/> <input type="checkbox"/> NO                 </td> <td> <input type="checkbox"/> ENGINEERING (FE/ELDS)<br/> <input type="checkbox"/> OTHER                 </td> <td> </td> <td> </td> <td>                     0. NONE<br/>                     1. CERTIFICATE<br/>                     2. ASSOCIATE<br/>                     3. BACHELOR<br/>                     4. MASTER<br/>                     5. DOCTORAL                 </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> |  |                     |                           | a. HIGH SCHOOL  | b. MAJOR AREA(S) OF STUDY  | c. NUMBER OF YEARS   | d. HIGHEST DEGREE         | e. DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) | f. VOCATIONAL/TECHNICAL TYPE OF TRAINING | g. NUMBER OF MONTHS  | h. CERTIFIED REF. YES | i. NO | <input type="checkbox"/> GRADUATE<br><input type="checkbox"/> GED EQUIVALENCY<br><input type="checkbox"/> NO | <input type="checkbox"/> ENGINEERING (FE/ELDS)<br><input type="checkbox"/> OTHER   |  |  | 0. NONE<br>1. CERTIFICATE<br>2. ASSOCIATE<br>3. BACHELOR<br>4. MASTER<br>5. DOCTORAL |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| a. HIGH SCHOOL  | b. MAJOR AREA(S) OF STUDY  | c. NUMBER OF YEARS   | d. HIGHEST DEGREE   | e. DEGREE CODES (To be used for "HIGHEST DEGREE" obtained)  | f. VOCATIONAL/TECHNICAL TYPE OF TRAINING | g. NUMBER OF MONTHS | h. CERTIFIED REF. YES     | i. NO   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| <input type="checkbox"/> GRADUATE<br><input type="checkbox"/> GED EQUIVALENCY<br><input type="checkbox"/> NO  | <input type="checkbox"/> ENGINEERING (FE/ELDS)<br><input type="checkbox"/> OTHER   |  |                     | 0. NONE<br>1. CERTIFICATE<br>2. ASSOCIATE<br>3. BACHELOR<br>4. MASTER<br>5. DOCTORAL  |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| <b>12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">1 - NUCLEAR POWER PLANT FUNDAMENTALS (Class room)</th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF WEEKS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>2 - PLANT SYSTEMS CLASSROOM OBSERVATION</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>                     a. <br/>                     b. <br/>                     CERTIFIED STARTUP PROGRAM COMPLETED: <input type="checkbox"/> YES <input type="checkbox"/> NO<br/>                     NUMBER OF REACTIVITY MANIPULATIONS: <br/>                     SLANT: <br/>                     SIMULATOR:                 </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>4 - SRO INSTRUCTION</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (13 WEEK MIN/MAX) TIME ON SHIFT ABOVE 20% POWER a. 16 WEEK MINIMUM</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>6 - REQUALIFICATION</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>7 - OTHER (Specify)</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> |  |  |                     | 1 - NUCLEAR POWER PLANT FUNDAMENTALS (Class room)   | a. MONTH AND YEAR                        |                     | b. NUMBER OF WEEKS        | FROM  | TO   | 2 - PLANT SYSTEMS CLASSROOM OBSERVATION  |                           |  |  | 3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES |                       |       |  | a.<br>b.<br>CERTIFIED STARTUP PROGRAM COMPLETED: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>NUMBER OF REACTIVITY MANIPULATIONS:<br>SLANT:<br>SIMULATOR: |  |  |  | 4 - SRO INSTRUCTION |  |  |  | 5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (13 WEEK MIN/MAX) TIME ON SHIFT ABOVE 20% POWER a. 16 WEEK MINIMUM |  |   |  | 6 - REQUALIFICATION  |  |  |  | 7 - OTHER (Specify) |  |  |  | <b>13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">NAVY</th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF MONTHS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>1. RO</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>2. EOW/PPWO</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>3. EWS/PPWS</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>4. ERS/CRW</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>5. OTHER (Specify)</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>FOSSIL</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>6. OPERATOR</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>7. SUPERVISOR</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>8. PLANT STAFF</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>9. OTHER (Specify)</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>COMMERCIAL NUCLEAR (Including Research/Test Reactor)</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>10. REACTOR OPERATOR (Licensed)</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>11. SENIOR OPERATOR (Licensed)</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>12. SHIFT SUPERVISOR (Licensed)</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>13. STAFF/SHIFT ENGINEER (Licensed)</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>14. AUX./EQUIP. OPERATOR (Non-Licensed)</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>15. PLANT STAFF</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>16. OTHER (Specify)</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> |  |  |  | NAVY | a. MONTH AND YEAR |  | b. NUMBER OF MONTHS | FROM | TO | 1. RO |  |  |  | 2. EOW/PPWO |  |  |  | 3. EWS/PPWS |  |  |  | 4. ERS/CRW |  |  |  | 5. OTHER (Specify) |  |  |  | FOSSIL |  |  |  | 6. OPERATOR |  |  |  | 7. SUPERVISOR |  |  |  | 8. PLANT STAFF |  |  |  | 9. OTHER (Specify) |  |  |  | COMMERCIAL NUCLEAR (Including Research/Test Reactor) |  |  |  | 10. REACTOR OPERATOR (Licensed) |  |  |  | 11. SENIOR OPERATOR (Licensed) |  |  |  | 12. SHIFT SUPERVISOR (Licensed) |  |  |  | 13. STAFF/SHIFT ENGINEER (Licensed) |  |  |  | 14. AUX./EQUIP. OPERATOR (Non-Licensed) |  |  |  | 15. PLANT STAFF |  |  |  | 16. OTHER (Specify) |  |  |  |
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|   | FROM   | TO   |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 2 - PLANT SYSTEMS CLASSROOM OBSERVATION   |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES  |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| a.<br>b.<br>CERTIFIED STARTUP PROGRAM COMPLETED: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>NUMBER OF REACTIVITY MANIPULATIONS:<br>SLANT:<br>SIMULATOR:  |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 4 - SRO INSTRUCTION   |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (13 WEEK MIN/MAX) TIME ON SHIFT ABOVE 20% POWER a. 16 WEEK MINIMUM  |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 6 - REQUALIFICATION   |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 7 - OTHER (Specify)   |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| NAVY  | a. MONTH AND YEAR  |  | b. NUMBER OF MONTHS |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
|   | FROM   | TO   |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 1. RO   |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 2. EOW/PPWO   |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 3. EWS/PPWS   |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 4. ERS/CRW  |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 5. OTHER (Specify)  |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| FOSSIL  |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 6. OPERATOR   |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 7. SUPERVISOR   |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 8. PLANT STAFF  |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 9. OTHER (Specify)  |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| COMMERCIAL NUCLEAR (Including Research/Test Reactor)  |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 10. REACTOR OPERATOR (Licensed)   |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 11. SENIOR OPERATOR (Licensed)  |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 12. SHIFT SUPERVISOR (Licensed)   |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 13. STAFF/SHIFT ENGINEER (Licensed)   |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 14. AUX./EQUIP. OPERATOR (Non-Licensed)   |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 15. PLANT STAFF   |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |
| 16. OTHER (Specify)   |  |  |                     |   |  |                     |                           |   |  |  |                           |  |  |  |                       |       |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |   |  |  |  |      |                   |  |                     |      |    |       |  |  |  |             |  |  |  |             |  |  |  |            |  |  |  |                    |  |  |  |        |  |  |  |             |  |  |  |               |  |  |  |                |  |  |  |                    |  |  |  |  |  |  |  |                                 |  |  |  |                                |  |  |  |                                 |  |  |  |                                     |  |  |  |   |  |  |  |                 |  |  |  |                     |  |  |  |



### CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST IS 15 MIN. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (INBB 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

NAME OF APPLICANT

FACILITY

FACILITY DOCKET NUMBER

#### A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

PRINTED NAME (of physician)

STATE AND LICENSE NUMBER

EXAMINATION DATE

BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983 OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- 1. NO RESTRICTIONS
- 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- 4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review.
- 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

#### B. NONMEDICAL CERTIFICATION

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site)

TITLE

DATE

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region I  
U.S. Nuclear Regulatory Commission  
475 Allendale Road  
King of Prussia, PA 19406

Regional Administrator, Region II  
U.S. Nuclear Regulatory Commission  
101 Marietta Street, Suite 3100  
Atlanta, GA 30323

Regional Administrator, Region III  
U.S. Nuclear Regulatory Commission  
799 Roosevelt Road  
Glen 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

Director, Division of Licensee Performance  
and Quality Evaluation  
Attn: Operator Licensing Branch  
U.S. Nuclear Regulatory Commission  
Washington, DC 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 396. This information is maintained in a system of records designated as NRC-16 and described at 55 Federal Register 33978 (August 20, 1990).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954 as amended (42 U.S.C. 2137 and 2201(i)).

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 it 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.

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.

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.

SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.

SUMMARY OF CHANGES TO NRC FORM 396

Non-Medical Certification

- Changed non-medical certification statement to: This certifies that the applicant has been found to meet the safeguards and fitness for duty requirements of this facility for licensed operators.

Communications

- Included Operator Licensing Branch address for research, test and training reactors.



SUMMARY OF CHANGES TO NRC FORM 398

- NRC Form 398 - Item 4 - Rearranged blocks within Item 4 for clarification.
- Instruction Page - Item 4 - Corrected numbering - misprint on previous form.
- Instruction Page - Item 4.g - Added the underlined words "This is not applicable to research reactors or licenses limited to fuel handling."
- Instruction Page - Item 12 - Changed wording for clarification.
- Instruction Page - Item 14 - Changed wording to indicate that Block 11 (Education) is still required to be completed whether or not the facility has a facility certified simulator and is INPO accredited.
- Instruction Page/Communications - Included Operator Licensing Branch address for research, test, and training reactors.