Docket No. 50-219

GPU Nuclear Corporation
ATTN: Mr. John J. Barton
Director
Oyster Creek Nuclear Generating Station
P. O. Box 388
Forked River, New Jersey 08731

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 Prened Pag

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

Enclosures: As stated

OFFICIAL RECORD COPY

9105150052 910502 PDR ADDCK 05000219 1005

cc w/encl:
M. Laggart, BWR Licensing Manager
G. Busch, Licensing Manager,
J. Kowalski, Manager - Plant Training
G. Cropper, Operator Training Manager
J. Sullivan, Plant Operations Division
NRC Resident Inspector
Public Document Room

Public Document Room
Local Public Document Room
Nuclear Safety Information Center

bcc w/encl: OL Facility File

OFFICIAL RECORD COPY

RI:DRS

Curley

04/ 29 /91

RI:DRS

Bettenhausen

04/0//91

### PERSONAL QUALIFICATION STATEMENT - LICENSEE TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

#### 4. TYPE OF APPLICATION

\* 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APPLICATION NOTE SEF ITEM IN - THERE IS AN EXCEPTION ALSO THIS BLOCK IS TO BE MARKED IF PREVIOUS NEW APPLICATION WAS WITHDRAWN PLEASE WRITE WITHDRAWN NEXT TO "NEW"

FOR 8. THRU 6. COMPLETE EACH CATEGORY COMPLETELY, BUT INDICATE ONLY THE EDUCATION, TRAINING, AND EXPERIENCE YOU HAVE RECEIVED SINCE YOUR LAST APPLICATION. NOTE: SCE ITEM 14 - THERE IS AN EXCEPTION.

- 5. RENEWAL = "X" IF YOU ARE RENEWING CURRENT LICENSE.
- E. UPGRADE "X" IF YOU HOLD A ROLLICENSE AND ARE NOW APPLYING TO UPGRADE YOUR LICENSE TO A SRO.
- 8. MULTIUNIT X" IF YOU CURRENTLY HOLD A LICENSE AT YOUR FACILITY AND ARE APPLYING TO AMEND YOUR CURRENT LICENSE TO ADD AN ADDITIONAL UNIT
- 6. 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 (RVR OR BWR) AFTER FEBRUARY 1, 1982, WHICH LED TO THE ISSUANCE OF A LICENSE. THIS DOES NOT INCLUDE INSTRUCTOR CERTIFICATION EXAMINATIONS.

- EDUCATION INDICATE BOTH ACADEMIC AND VOCATIONAL/TECHNICAL POST HIGH SCHOOL EDUCATION FOR MAJOR AREAIS! 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 ANS 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 IFOR EXAMPLE, 4 WEEKS OF CLASSROOM TRAINING SPREAD OVER A 2-MONTH PERIODI. 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.
- 14. FACILITY OPERATOR TRAINING PROGRAM INDICATE & 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 148. 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 123, 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.
- 16. FOR RENEWALS ONLY 111 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.

  CATION 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 19.8. 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 IORIGINAL AND TWO COPIES EACH) TO THE APPROPRIATE ADDRESS.

(SEE REVERSE SIDE FOR PRIVACY ACT STATEMENT AND ADDRESSES)

#### PRIVACY ACT STATEMENT

Pursuant 2 . S.C. 552a(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law J3-579), 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 1984, as amended (42 U.S.C. 2137 and 2201 (ii).
- 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 Allendate Road King of Prussia, PA 19406

Regional Administrator, Region IV U.S. Nuclear Regulatory Commission 611 Ryan Plaza Drive, Suite 1000 Arlington, TX 76011 Regional Administrator, Region II U.S. Nuclear Regulatory Commission 101 Marietta Street, Suite 3100 Atlanta, GA 30323

Regional Administrator, Region V U.S. Nuclear Regulatory Commission 1450 Meria Lane, Suite 210 Wainut Creek, CA 94596 Regional Administrator, Region III U.S. Nuclear Regulatory Commission 799 Roosevelt Road Glen Ellyn, IL 60137

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

NRC SCOTA SEE	THE RESERVE THE PERSON NAMED IN COLUMN 2 I	-		-		
NRC FORM 398 SEE NUCLEAR REQUESTORY COMMISSION 10 CFR 56.31 85.35 SEAT PROPERTY.				APPROVED BY DAME NO STEEGODO UNATE RECEIVED STORE COMMUNICATE LATER STORES COMMUNICATE AND STORES COMMUNICATED BURDON FOR RESPONSE TO COMPLY WITH LATER		
PERSONAL QUALIFICATION STATEMENT LICENSEE .  TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED				METORMATION COLLECTION REGILET, 20 HER FORWARD COMMENTS REGARDING BURDIN ESTIMATE TO THE THEORMATION AND RECORDS MANACEMENT READING		
				MARE 77161, U.S. NUCLEAR REQUILATIONY COMMISSION. WASHINGTON DO WORS AND TO THE PAPERWORK REDUCTION PROJECT 13160 00901. DEFICE OF MANAGEMENT AND BUDGET WASHINGTON DO 20003.		
1. APPLICANT'S FULL NAME (Last First Moddle) AND ADDRESS (Picture ZIF Code)				A TABLE OF ARRIVE AND A		
The same tree to a supply and adopting the same 20 (Com)				A NEW LANGUATION (Cheer approache ficier) HOT DOLD		
				s. RENEWAS	1 MHSTAN (Category)	
				= UPGRADE = MULTILINIT/AMEND TO 2 OFERATINO/Campus		
				INCLUDE ADDITIONA	L'10071	
PROPERTY AND PERSONS ASSESSED.	THE REPORT OF THE PARTY AND ADDRESS OF THE PAR			* REAPPLICATION	4 feet	GIRILITY DICAL
2 CITIZENSHIP 3 BIRTH DATE			5 - DTHER			
a UNITED STATES MONTH DEV YEAR  b. OTHER ISHNELLY:			3 THIRD	A PARE PASSED GENERIC FUNDA. MENTALS EXAMINATION SECTION MM 3		
NOT AND DESCRIPTION OF THE PERSON NAMED IN	ENSE APPLIED FOR			E PREVIOUS LI	CENSEIR HELD	CABLEI
A OPERATOR		a DOORET NUMBE	ER RO SR	O & LICENSE RUMBER	C EXPIRATION DATE	R FACILITY DOCK ET NUMBER
6. SENIOR OPERATOR		16.				
7 NAME AND ADDRESS	Fuer Handler! Implicate ZIP Code: OF APPLICA		-			50
TARRE ARE ADDRESS	TOTAL STREET OF APPLICA	INT S EMPLOYER			URRENT POSITION AT F	ACILITY
				* PLANT SUPERINTENDENT     * ASSISTANT PLANT SUPERINTENDENT     * SHIFT SUPERVISOR		BUILDING/EDUIPMENT
						ED OPERATOR (NON LICENS
B. NAME OF APPLICANT S.F.		-	THE REPORT OF THE PARTY OF THE	H. STAFF ENGINEER		), DIHER (Specify)
a sense or arrectant gr		FARILITY DODGET	NUMBER	* SHIFT TECHNICAL AD	OTROPISMONT ENGINEER	
9. ADDITIONAL FACILITY	TY DOCKETS (Main unit Loseners)	AND COMPANY AND ADDRESS OF THE PARTY OF THE		# BENIDR CONTROL ROL	OM OPERATOR	
-				h. CONTROL ROOM DEER		
& HIGH SCHOOL	T ASSESSMENT		and the second second	ICATION		MATERIAL STATE OF THE SECOND STATE OF THE SECO
GRADUATE	ENGINEERING (FIELDS)	1.00	A CHICAGO	DEGREE CODES	# NOCATIONAL/TECHN	
GED EQUIVALENCY	CTHER			6 NONE	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	INC MONTHS VES NO
NO NO				1 - CENTIFICATE 2 - ASSICIATE 3 - BACHELOR		
b NUMBER OF YEARS OF COLLEGE				4 MASTYR 5 DOCTORAL		
12. TRAINING (SINCE LA.	ST APPLICATION - SEE INST	RUCTIONS	THE PERSON NAMED IN THE PE	13 EXPERIENCE (DO NOT D	OURLE COUNT - SEE IN	STRUCTIONS
	TO WAR	A MORTH AND YES	7 1777	NAVY		A AND NEW AND YEAR OF ACTIONS
	ANT FUNDAMENTALS (1901)			1 80		
Z - PLANT SYSTEMS CLASSROOM				2 - EOOW PPWO 3 - EWS PPWS		
OBSERVATION				A ERS/CHW		
	3- OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT		6 OTHER (Specific)			
SIMULATOR OPERAT	ING /Includes Classrooms			FOSSIL		
SIMULATOR NAMES		The state of the s		6 OPERATOR		12 20 1-01-01
				7 SUPERVISOR		
CERTIFIED STARTUP PROGRAM COMPLETED	YES NO			B PLANT STAFF 9 OTHER (SMC/b)		
NOMBLE OF REAC	TIVITY MANIFULATIONS			4 - 424 FTE 11 JAMES 187		
			-	COMMERCIAL NUCLEAR 10%	fusing Research/Test Reaction	
W - SHO THAT BUILTING		10 REACTOR OPERATOR	R 1(steinwar			
B TEATRA REPRODUCTION CONTROL ROOM  [TAME OF SHIFT ABOVE 20% FOWER  6 WEEK MINIMUM:  6 PEROLA LECTATION			11 SENIOR OPERATOR (Licensel) 12 SHIFT SUPERVISOR (Licensel)			
A THE MAN COLUMN TOTAL			13 STAFF/SHIFT ENGINEER (Lipennel)			
7 - OTHER (Specify)			14 AUX./EQUIP. OPERAT			
			15 PLANT STAFF			
			16 OTHER (Specify)			
			-			
NRC FORM 398 (10-90)		THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	County Assessed or Free	OF THE ONE MENTION OF STREET SALES	AND RESIDENCE AN	distance of the last of the la

14 FACILITY OPERATOR TRAINING PROGRAM								
GRADUATE OF IMPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A EYSTEMS APPROACH TO TRAINING	YES NO	b. CLRTIFIED ON NRC FORM \$18. "SIMULATION CLRTIFICATION" YOR NRC APPROVED SIMULATION THE OPERATOR THAIL PROOF AM	LATION NEW YORK					
15. FOR RENEWALS ONLY								
HOURS OPERATED FACILITY		B. DATE AND RESULT OF MOST RECENT MRC ADMINISTERED REGUALIFICATION EXAMINATION	PASS FAIL					
And the second s	16 EXPERIE	NCE DETAILS	to the second se					
& POSITION TITLE FROM TO	& FACILITY	€ 01	TIES					
17 COMMENTS (Specify the item number to which you are export	eting - Altach editinging breets is nee	C SAN TO 1						
18. NRC FORM 396. CERTIFICATION OF MEDICA	L EXAMINATION BY FAC	CILITY LICENSEE, IS ATTACHED						
		ENTS MAY BE SUBJECT TO CIVIL AND CR						
19a Learnity whose panality of deligity that the information in this opcommon and attachments of title and correct. I further perity that I have notified my current employers:  [2] any instance where I have been dested by a Treath and Human Services (MHS Certified Dru). Testing Laboratory of a Licenses's serving facility for alcohor: or a controlled substance described and the real exceeded the burst. Event exceeded the burst. Event exceeded the burst is exerted accordance to the controlled substance described in to CFR Part 26, and [6] are reasons for removal or revocation of unescented access at a nuclear facility. I also authorize the NRC to submit a he results of examinations to my employers for use in singularing retraining programs, as necessary.								
SIGNATURE - APPLICANT	SIGNATURE - APPLICANT							
CHECK ARRIVARIE BOX								
b. Toerfifty shat the above flames individual has successfully con- Part 95, and that the individual has a need for an Operator Si- panany, of perfury that he individuals has a need for an Operator Si- penany of perfury that he concentration in this indictions in	BETWEET SCHOOLSET WITCH THE BETWEET DO ALBERTOLETS TO A	nerits to the incensed as an Operator Senior Operator pur ther assigned discuss and that the faculty will be made as	rsuem to Tirle 10. Code at Federal Regulations, saliable for examination of also certify under					
* RENEWAL ONLY = 1 certify that the above named instruction treets the approved requalification program liketh exceptions notion of them. (3) as required by section 50 54 to 11 of 10 0FR 50, and that his this has this his time had become and attachments and state and soften a section of periods that his time and soften and attachments is true and soften.								
TRAINING COORDINATOR		SENIOR MANAGEMENT RE	PRESENTATIVE ON SITE					
PRINTED OR TYPED NAME		PRINTED OR TYPED NAME						
SIGNATURE	DATE	SIGNATURE	DATE					
NAME AND ADDRESS OF THE PARTY OF THE PARTY ASSESSMENT OF THE PARTY OF	FOR NE	RC USE	NOTE THE STREET STREET,					
WAIVER (Check or Complete ITEMS, as a CATEGORY HEADQUARTER) RESIGN HEAD WRITTEN OPERATING ELIGIBILITY	DENIED BY DOLANTERS REGION	MEETS REQUIREMENTS DO	DES NOT MEET REQUIREMENTS (Explain below)					
MEDICAL OTHER		SIGNATURE - REVIEWER	DATE					

NRC FORM 396 (\$41) 10 DFR 85 23 85 26 85 27 85 31 86 67

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY DIAB NO. 2180-0004 EXPIRES: 1-01-04

ESTIMATED BLINDEN PER RESIDONDE TO COMPLY WITH THIS PAPORISATION COLLECTION REQUEST. 15 MIN. FORWARD COMMANY'S REQUESTOME BURDEN ESTIMATE TO THE BAPORISATION AND RECORDS MANAGEMENT SIZIACH TANGS 7116. U.S. MACLEAR REGILATORY COMMISSION WASHINGTON, DC 2055. AND TO THE PAPERWORK REDUCTION PROJECT D150-0004. OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

# CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

NAME OF APPLICANT 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 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 (Black & above) RELATIONSHIP OF RESTRICTION TO DISQUALIFY NO CONDITION (Briefly indicate how restriction will correct the disqualifying condition) REMARKS FOR RESTRICTION CHANGE (Block 5 above) B. NONMEDICAL CERTIFICATION HIS 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. CERTIFY UNDER PENALTY OF PENJURY 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 ADD RESED TO Regional Administrator, Region i Regional Administrator, Region II Regional Administrator, Region III Nuclear Reguletory Commission U.S. Nuclear Regulatory Commission Nuclear Regulatory Commission 475 Altendate Road 101 Marietta Street, Suns 3100 799 Rooseveit Road King of Prussia, PA 19406 Atlanta, GA 30373 Glen Ellyn, IL 60137 Regional Administrator, Region IV Director, Division of Licensee Performance Regional Administrator, Region V and Quality Evaluation U.S. Nuclear Regulatory Commission U.S. Nuclear Regulatory Commission 1450 Marie Lane, Suite 210 Walnut Creek, CA 94596 511 Ryan Plaza Drive, Suite 1000 Attn: Operator Licensing Branch Arlington, TX 78011 U.S. Nuclear Reguletory Commission Washington, DC 20568

Pursuant to 6 U.S.C. 562e(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 33078 (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 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 56 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 oburse of an administrative or judicial processing. In addition, this information may be transferred to an appropriate Federal, State, and local apericy 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, Weshington, 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.