

**UNITED STATES NUCLEAR REGULATORY COMMISSION**  
**Office of Administration**  
**NUREG/BR-0062, Vol. 1, No. 1**  
**NRC FORMS FACSIMILE HANDBOOK**

SUPPLEMENT NUMBER 2	PERIOD COVERED August 1983 - August 1984	DATE ISSUED September 5, 1984
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**FILING INSTRUCTIONS**

ITEM	PAGES TO BE REMOVED		NEW PAGES TO BE INSERTED	
	PAGES	EDITION DATE	PAGES	EDITION DATE
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## NRC FORMS FACSIMILE HANDBOOK

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\* Forms Facsimile contained in NUREG/BR-0062 does not show an edition date.

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\* Formis Facsimile contained in NUREG/BR-0062 does not show an edition date.

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Registration Certificate		Name Check	NRC-70
In Vitro Testing w/Byproduct Material Under General License	NRC-483	Official Change of Station Order	NRC-211
Medical Use of Byproduct Material Under General License	NRC-482	Information in Accordance with NRC Travel Regulations	
Use of Depleted Uranium Under General License	NRC-244	Official Time for Union Representational Function	NRC-338
Report Layout	NRC-763	Personnel Action	SF-52
Report of		Premium Cost Mail Service	NRC-420
Property for Survey	NRC-395	Printing, Graphic, Audiovisual, and Photographic Services	NRC-20
Proposed Activities in Non-Agreement States	NRC-241	Procurement Action	
Record/Nonrecords Disposal	NRC-355	Part 1	NRC-400
Safety or Health Hazards	NRC-14	Part 2	NRC-400
Security Infraction	NRC-183	Quotations	SF-18
Report on Budget Execution	SF-133	Records	NRC-57
Request by Employee for		Disposition Authority	SF-115
Allotment of Pay for Credit to Savings Account with a Financial Organization	SF-1198	Continuation	SF-115A
Payment of Salaries or Wages by Credit to Account at a Financial Organization	SF-1189	Restoration of Annual Leave Based on Exigency of Public Business	NRC-328
		Review of Form	NRC-162
		Stop Payment - Unavailable Check Cancellation	SF-1184
		Technical Security Services (U)	NRC-337
		Telecommunication Services	NRC-238
		Translation of Foreign Document	NRC-430
		Visit or Access Approval	NRC-277
		Request to	
		Remail Undeliverable Check and/or Bond	TD-1664R
		Update Master Mailing List	NRC-293
		Requisition	
		for Copying Services	NRC-20A
		for Supplies	NRC-34A

## NRC FORMS ALPHABETIC INDEX

TITLE OF FORM	FORM NUMBER	TITLE OF FORM	FORM NUMBER
Requisition (Continued)		Senior	
for Supplies, Equipment or Labor Services	NRC-34	Executive Service	
Log	NRC-31	Development Program	
Log, Procurement	NRC-166	Application for	NRC-356
Return Notice	NRC-34B	Appraisal (first or second level supervisor's rating)	NRC-357
Restart Instructions	NRC-153	Performance Planning and Appraisal	NRC-351
Return Receipt, Registered, Insured, and Certified Mail	PS-3811	Continuation Page	NRC-351A
Revenue Log	NRC-416	Operator Examination Report	NRC-157C
Routing		Upgrade Operator Examination Report	NRC-157B
Entry and Transmittal Slip	NRC-88E	Separation Clearance	NRC-270
Slip	OF-41	Service	
8½ x 11"	NRC-17	Record	SF-7
5½ x 8½" (Two per 8½ x 11" sheet)	NRC-17A	Request	NRC-251
EDO	NRC-414	Settlement Proposal	
Safety		for Cost-Reimbursement Type Contracts	SF-1437
and Health Inspection	NRC-11	Inventory Basis	SF-1435
Hazard	NRC-14A	Short Form	SF-1438
Inspection	NRC-591	Total Cost Basis	SF-1436
Salaries and Expenses Appropriation		Shuttle Bus Pass	NRC-242
Advice of		SIBAC Adjustment Voucher for Charge-Backs	NRC-238
Allotment	NRC-287	Sign In/Out Log For Flexitime	NRC-703
Suballotment	NRC-287A	Signature Card for Authorizing Official to Approve Withdrawal of Imprest Funds	NRC-345
Savings Bond Authorization for Purchase and Request for Change, U.S.	SF-1192	Simulator Exam Audit	NRC-309
Schedule		Sketch Sheet	NRC-179
by Month	NRC-29	Solicitation	
of Accounting Information	SF-1439	Mailing List Application	SF-129
of Canceled or Undelivered Checks	SF-1098	Offer and Award	SF-1442
Scheduling Chart (23 x 36")		Special	
General Use (Blank)	NRC-411A	Authorization for Overnight Storage of Government Vehicle	NRC-257
Name, Destination, Time Out, Expected Time of Return	NRC-411	Messenger Service Request	NRC-207
Scoping of Cost Consideration Worksheet	NRC-425	Nuclear Material Inventory Balance Report, Part 1	NRC-327
Secretariat Action Slip, Yellow		Part 2 (Region Review and Evaluation)	NRC-327
Serially numbered	NRC-62	Specific Copy Record Entry	NRC-88F
Userially numbered	NRC-62	Standard Order for DOE Work	NRC-173
Security		Standard 80-Column Tab Card	NECC-508
Acknowledgment	NRC-176	Confidential When Punched, Formerly Restricted Data	NRC-333A
Classification Requirements	NRC-187	Secret When Punched, National Security Information	NRC-333B
Container Information	NRC-198	Confidential When Punched, Restricted Data	NRC-333C
Container Lock Report	NRC-146	Secret When Punched, Formerly Restricted Data	NRC-334A
Education/Awareness Briefing Attendance	NRC-268		
Incident Report	NRC-135		
Survey Report	NRC-140A		
Termination Statement	NRC-136		

## NRC FORMS ALPHABETIC INDEX

TITLE OF FORM	FORM NUMBER	TITLE OF FORM	FORM NUMBER
Standard 80-Column Tab Card (Continued)		Time and Attendance (Continued)	
Confidential When Punched, National Security Information	NRC-334B	New Employee Report	NRC-704A NRC-704
Secret When Punched, Restricted Data	NRC-334C	Terminating Employee	NRC-704C
Statement		Top Secret	
and Acknowledgment of Contingent or Other Fees of Prior Federal Civilian and Military Service	SF-1413 SF-119 SF-144	Document Inventory Statement Folder	NRC-261 NRC-260
Status of		Transaction/Receipt Record Envelope	NRC-247 NRC-247e
Allotments Manuscript	NRC-101 NRC-379	Training	
Sticker for Safe, "Unclassified"	NRC-63	Evaluation (Available as part of NRC-368)	NRC-368A
Stock Record	NRC-85	In-house Course Registration Request and Authorization	NRC-121 NRC-368
Subcontracting Report for Individual Contracts	SF-294	Transfer	
Summary Data Sheet	NRC-312	of Cash Among Principal, Alternate and Sub-Cashiers	NRC-294
Supervisor's Supplementary Report of Federal Occupational Injuries and Illnesses	NRC-436	Order Surplus Personal Property Continuation	SF-123 SF-123A
Supply Room Stock Request	NRC-91	Translation(s)	
Task Control, Office of Nuclear Reactor Research	NRC-197D	Evaluation Record	NRC-431 NRC-348
Tax Exemption Certificates, U.S.	SF-1094	Service Work Order	NRC-438
Technical Assignment Control, Office of Nuclear Material Safety and Safeguards, Division of Waste Management	NRC-197E	Transmittal	
Nuclear Reactor Regulation	NRC-197	and Summary Report to Carrier, Federal Employees Health Benefits Program	SF-2811
Nuclear Regulatory Research	NRC-197D	of Invoice for Goods/Services Rendered	NRC-370
Resource Management	NRC-197F	Transportation Request, U.S. Government (4-part)	SF-1169
Technical Security Survey Report (U)	NRC-336	Travel	
Telegram	OF-151	Reservation Request	NRC-116
Telegraphic Message	SF-14	Reservations Request (Includes travel, lodging and rental car)	NRC-209
Telephone		Voucher	
Request for Information	NRC-316	Part 1	NRC-64
Utilization Survey and inventory	NRC-387	Part 2, Expenses and Amounts Claimed	NRC-64A
Teletype		Trial Period Appraisal	NRC-199
Ticket Listing	NRC-249	Trip Report	NRC-402
Traffic Log	NRC-90	Two Up Lay-Out Sheet (Scaled at 61.5%)	NRC-111
Temporary Badge Request/Receipt (Due to Lost or Forgotten Badge)	NRC-80	Two-Way Memo	OF-27
Time Allocation File Update	NRC-301	Typing	
Time and Attendance		Guide (Scaled at 77%)	NRC-110
Control Card	NRC-751	Service Work Order, CRESS	NRC-302
Corrected Card	NRC-704B	Unavailable Check Cancellation (Request for Stop Payment)	SF-1184
		Unclassified Sticker for Safe	NRC-63
		United States Tax Exemption Certificates	SF-1094
		"URGENT" Label	NRC-142

## NRC FORMS ALPHABETIC INDEX

TITLE OF FORM	FORM NUMBER	TITLE OF FORM	FORM NUMBER
Vacancy			
Announcement, Career Opportunity	NRC-114		
Application Status Notice	NRC-115		
Virginia Employee's Withholding Exemption Certificate	VA-4		
Visitor Register	NRC-205		
Vital Records			
Plan	NRC-340		
Identification Label	NRC-341		
Voucher			
and Schedule of			
Payments	SF-1166		
Continuation Page	SF-1167OCR		
Withdrawals and Credits	SF-1081		
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 (01-Investigators)	NRC-304		
Overtime Report	NRC-127		
Word Processing Service(s)			
Request and Control	NRC-39		
Work Order (CRESS)	NRC-302		
Work			
Assignment Management System Event, or IRS, SER and SER Screening Records Data Input (AEOD)	NRC-423		
Item Tracking System (WITS, NMSS)	NRC-300		
Request	NRC-125		
Worksheet for Benchmark Correlation of a			
GG-1 to -15 Position	NRC-323A		
GS-16 to -18 or STS	NRC-323B		

CONTRACT NUMBER			
CONTRACTOR NAME			
CHARGED TO			
DATE REQUESTED		DATE RETURNED	
FOLDERS REMOVED			
ALL	PRE-AWARD	ACTIVE	INACTIVE
RED	ORANGE	PURPLE	GREEN
NRC FORM 12 (7-84)		U.S. NUCLEAR REGULATORY COMMISSION	
CONTRACT FILE REQUEST			

FORMS MANAGEMENT DATA

6/84

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) , 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:DC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DEFROY <input checked="" type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		US/3	7-84
		STOCKING POINT			
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			



NRC FORMS FACSIMILE HANDBOOK

NRC FORM 33 (UNSERIALLY NUMBERED)

RECORD CONTROL NUMBER											NRC FORM 33 (1-84)	U.S. NUCLEAR REGULATORY COMMISSION	DOCUMENT TYPE		
1	2	3	4	5	6	7	8	9	10	11	<b>DOCUMENT DISTRIBUTION AND CONTROL</b>				
ASSIGNED TO			DATE RECEIVED			REASSIGNED TO			DATE REASSIGNED			REVIEWED BY		DATE REVIEWED	

ALL ACRS MEMBERS

RCA		MWC	JCE
HE	WR	HWL	CM
CYM	DWM	DO	GAR
FJR	RGS	CPS	DAW

ALL ACRS STAFF

DHA	H A	FMB	FAB	AJC	
SD	DCP	RFP	MCG	JTG	EG
MWL	RKM	CAM	TGM	JCM	ALN
CRG	RFS	HSS	MNS	RCT	
LYW	BJW	ABW			

ADDITIONAL DISTRIBUTION BY STAFF, INFORMATION AND KEY WORDS

ADVANCE COPY SENT TO PROJECT ENGINEER

FILE CATEGORY	CROSS FILE CATEGORY
<input type="checkbox"/> (A) REASSIGNED - SUBMIT COPY TO TIO. (Keep original with documents)	<input type="checkbox"/> (B) NO ACTION REQUIRED
<input type="checkbox"/> (C) ACTION REQUIRED (Response is Necessary)	<input type="checkbox"/> (D) ACTION TAKEN
RETENTION PERIOD FOR CATEGORY B DOCUMENTS ONLY (Check one)	
<input type="checkbox"/> DESTROY	<input type="checkbox"/> TEMPORARY FOR _____ MONTHS
<input type="checkbox"/> RETAIN FOR LIFE OF THE COMMITTEE (ACRS)	

NRC FORM 33 (SERIALLY NUMBERED)

RECORD CONTROL NUMBER											NRC FORM 33 (1-84)	U.S. NUCLEAR REGULATORY COMMISSION	DOCUMENT TYPE		
1	2	3	4	5	6	7	8	9	10	11	<b>DOCUMENT DISTRIBUTION AND CONTROL</b>				
287101															
ASSIGNED TO			DATE RECEIVED			REASSIGNED TO			DATE REASSIGNED			REVIEWED BY		DATE REVIEWED	

ALL ACRS MEMBERS

RCA		MWC	JCE
HE	WR	HWL	CM
CYM	DWM	DO	GAR
FJR	RGS	CPS	DAW

ALL ACRS STAFF

DHA	H A	FMB	FAB	AJC	
SD	DCP	RFP	MCG	JTG	EG
MWL	RKM	CAM	TGM	JCM	ALN
CRG	RFS	HSS	MNS	RCT	
LYW	BJW	ABW			

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RETENTION PERIOD FOR CATEGORY B DOCUMENTS ONLY (Check one)	
<input type="checkbox"/> DESTROY	<input type="checkbox"/> TEMPORARY FOR _____ MONTHS
<input type="checkbox"/> RETAIN FOR LIFE OF THE COMMITTEE (ACRS)	

FORMS MANAGEMENT DATA

6/84

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" (unserially numbered)	ACRS			Sheet	1-84
<input type="checkbox"/> CARD				US/2	1-84
<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) (serially numbered)					
<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)					
		<b>STATUS OF EXISTING STOCK</b>			
		<input type="checkbox"/> USE FIRST DESTROY:			
		<input type="checkbox"/> IMMEDIATELY			
		<input checked="" type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		<b>STOCKING POINT</b>			
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS			
		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			



NRC FORMS FACSIMILE HANDBOOK

NRC FORM 39

NRC FORM 39 (7-84)	U.S. NUCLEAR REGULATORY COMMISSION	CONTROL NUMBER (To be completed by CRESS)																																																								
<b>WORD PROCESSING SERVICES REQUEST AND CONTROL</b>		DATE AND TIME IN																																																								
INSTRUCTIONS: Complete items 1 through 5, retain copy 3. Submit this request to CRESS.																																																										
1a. ORIGINATOR'S NAME _____ OFFICE _____ DIVISION _____ BRANCH _____																																																										
CONTACT (For pickup, if other than originator) _____ TELEPHONE NUMBER (if contact for pickup) _____																																																										
BUILDING AND ROOM NUMBER _____	b. DATE OF REQUEST _____	CLASSIFIED UNCLASSIFIED _____																																																								
c. UPON COMPLETION OF WORK _____		CALL FOR PICKUP RETURN BY MAIL _____																																																								
<b>2. BASIC INSTRUCTIONS (Check appropriate boxes)</b>																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">DRAFT</td> <td colspan="2">RE-DRAFT</td> <td colspan="2">PAPER REQUIREMENT</td> </tr> <tr> <td colspan="2">FINAL</td> <td colspan="2">RETURN W/ MINOR CORR.</td> <td>BOND</td> <td>LETTERHEAD</td> </tr> <tr> <td colspan="2">FIRST GALLEY</td> <td colspan="2">SECOND GALLEY</td> <td>8 1/2 x 11"</td> <td>8 1/2 x 14"</td> </tr> <tr> <td colspan="2">PMU</td> <td colspan="2">FINAL PMU</td> <td>GUIDE MATS</td> <td>OTHER (Specify)</td> </tr> </table>			DRAFT		RE-DRAFT		PAPER REQUIREMENT		FINAL		RETURN W/ MINOR CORR.		BOND	LETTERHEAD	FIRST GALLEY		SECOND GALLEY		8 1/2 x 11"	8 1/2 x 14"	PMU		FINAL PMU		GUIDE MATS	OTHER (Specify)																																
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PMU		FINAL PMU		GUIDE MATS	OTHER (Specify)																																																					
SPACING _____																																																										
<b>3. DEADLINE</b>																																																										
SINGLE _____ 1 1/2 _____		APPROVED-CRESS SUPERVISOR (Initials) _____																																																								
OTHER (Specify) _____		DATE _____ TIME _____																																																								
PROOF REQUIREMENT _____		AM _____ PM _____																																																								
YES _____ NO _____		OUT _____																																																								
4. SPECIAL INSTRUCTIONS _____																																																										
5. TITLE (Not to exceed 30 characters) _____																																																										
TYPE OF REPORT (e.g. SER, AG) _____		PLANT NAME _____ SECTION NO. _____																																																								
<b>TO BE COMPLETED BY CRESS PERSONNEL</b>																																																										
<b>EQUIPMENT USE</b>																																																										
9020 _____	OS/6 _____	DISPLAY WRITER _____																																																								
COMPOSER _____		SCANNER _____																																																								
COMMUNICATIONS _____		WORD PROCESSOR _____																																																								
<b>LINE COUNT</b>																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>NAME</th> <th>LINE PER PAGE</th> <th>PAGE</th> <th>NET PAGES</th> <th>DEGREE OF DIFFICULTY</th> <th>DATE STARTED SECTION</th> <th>HOURS OTHER DUTIES</th> <th>SIZE</th> <th>SINGLE</th> <th>1/2 SPACE</th> <th>DOUBLE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>8 1/2 x 11"</td> <td>51</td> <td>34</td> <td>25</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>8 1/2 x 14"</td> <td>67</td> <td>45</td> <td>34</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>GALLEY</td> <td>31</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>SPECIAL MAT</td> <td>62</td> <td></td> <td></td> </tr> </tbody> </table>		NAME	LINE PER PAGE	PAGE	NET PAGES	DEGREE OF DIFFICULTY	DATE STARTED SECTION	HOURS OTHER DUTIES	SIZE	SINGLE	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			COPY EDITOR/PROOFREADER	
NAME	LINE PER PAGE	PAGE	NET PAGES	DEGREE OF DIFFICULTY	DATE STARTED SECTION	HOURS OTHER DUTIES	SIZE	SINGLE	1/2 SPACE	DOUBLE																																																
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CODES: FACTORS: _____																																																										
X - MINOR REVISIONS      5      B - MAJOR REVISIONS      10      C - RECORD, REVISE "D"      15																																																										
D - RECORD TABLE TRANSPOSITION, COMPARATIVE TEXT, AND EVALUATION      20      F - PROOFER CORRECTIONS      5      T - TELECOMMUNICATIONS      2																																																										

<b>FORMS MANAGEMENT DATA</b>				6/84	
<b>CONSTRUCTION OF FORM</b> SHEET _____ CARD _____ PD/ _____ (Pad/Sheet per Pad) X 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) _____	<b>PROMULGATING OFFICE</b> ADM: TIDC: CRESS	<b>PRESCRIBING DIRECTIVE</b> STATUS OF EXISTING STOCK <input checked="" type="checkbox"/> USE FIRST DESTROY IMMEDIATELY WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) _____ S' CHECKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)	<b>STOCK NUMBER</b> 7540-00-NRC-0039X	<b>UNIT OF ISSUE</b> HD	<b>EDITION DATE</b> 7-84

NRC ADMINISTERED REQUALIFICATION EXAMINATION RESULTS SUMMARY

U.S. NUCLEAR REGULATORY COMMISSION		EXAMINATION DATES WRITTEN (W) _____ ORAL (O) _____ SIMULATOR (S) _____								
EXAMINEE'S NAME	DOCKET NUMBER	EXAMINATION RESULTS								
		REACTOR OPERATOR	EXAMINEE INITIALS Senior Reactor Operator	W O S						
1		TOTAL	8	7	6	5	4	3	2	1
2		TOTAL	8	7	6	5	4	3	2	1
3		TOTAL	8	7	6	5	4	3	2	1
4		TOTAL	8	7	6	5	4	3	2	1
5		TOTAL	8	7	6	5	4	3	2	1
6		TOTAL	8	7	6	5	4	3	2	1
7		TOTAL	8	7	6	5	4	3	2	1
8		TOTAL	8	7	6	5	4	3	2	1
9		TOTAL	8	7	6	5	4	3	2	1
10		TOTAL	8	7	6	5	4	3	2	1
11		TOTAL	8	7	6	5	4	3	2	1
12		TOTAL	8	7	6	5	4	3	2	1
13		TOTAL	8	7	6	5	4	3	2	1
14		TOTAL	8	7	6	5	4	3	2	1
15		TOTAL	8	7	6	5	4	3	2	1
16		TOTAL	8	7	6	5	4	3	2	1
17		TOTAL	8	7	6	5	4	3	2	1
18		TOTAL	8	7	6	5	4	3	2	1
19		TOTAL	8	7	6	5	4	3	2	1
20		TOTAL	8	7	6	5	4	3	2	1
21		TOTAL	8	7	6	5	4	3	2	1
22		TOTAL	8	7	6	5	4	3	2	1
23		TOTAL	8	7	6	5	4	3	2	1
24		TOTAL	8	7	6	5	4	3	2	1
25		TOTAL	8	7	6	5	4	3	2	1
26		TOTAL	8	7	6	5	4	3	2	1
27		TOTAL	8	7	6	5	4	3	2	1
28		TOTAL	8	7	6	5	4	3	2	1
29		TOTAL	8	7	6	5	4	3	2	1
30		TOTAL	8	7	6	5	4	3	2	1
31		TOTAL	8	7	6	5	4	3	2	1
32		TOTAL	8	7	6	5	4	3	2	1
33		TOTAL	8	7	6	5	4	3	2	1
34		TOTAL	8	7	6	5	4	3	2	1
35		TOTAL	8	7	6	5	4	3	2	1
36		TOTAL	8	7	6	5	4	3	2	1
37		TOTAL	8	7	6	5	4	3	2	1
38		TOTAL	8	7	6	5	4	3	2	1
39		TOTAL	8	7	6	5	4	3	2	1
40		TOTAL	8	7	6	5	4	3	2	1
41		TOTAL	8	7	6	5	4	3	2	1
42		TOTAL	8	7	6	5	4	3	2	1
43		TOTAL	8	7	6	5	4	3	2	1
44		TOTAL	8	7	6	5	4	3	2	1
45		TOTAL	8	7	6	5	4	3	2	1
46		TOTAL	8	7	6	5	4	3	2	1
47		TOTAL	8	7	6	5	4	3	2	1
48		TOTAL	8	7	6	5	4	3	2	1
49		TOTAL	8	7	6	5	4	3	2	1
50		TOTAL	8	7	6	5	4	3	2	1

FORMS MANAGEMENT DATA

6/84

CONSTRUCTION OF FORM <input checked="" type="checkbox"/> SHEET CARD PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multi-page/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	PROMULGATING OFFICE NRR:DHFS:OL	PRESCRIBING DIRECTIVE NUREG 1021	STOCK NUMBER	UNIT OF ISSUE Sheet	EDITION DATE 6-84
		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)			
		(Empty)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORMS 72 & 73

NRC FORM 72, FACE

NAME (Last, first, middle initial)		VP	SEX	FEORP	STATUS	RECRUITING SOURCE
HOME ADDRESS		EDUCATION				
		LESS THAN BA	BA	MS	PHD	
		MAJOR AND GRADUATION DATE				
POSITION AND GRADE APPLYING FOR (if qualified)		GRADE QUALIFIED FOR TITLE NUMBER				
REGISTERED		DATE ENTERED				
CLERICAL	STUDENT	FBS	OTHER (Specify)			
GEOGRAPHIC AVAILABILITY		DATE SENT TO REGION				
HD	RI	RII	RIII	RIV	RV	
SPECIALTATIONS (List codes from Announcement of Appointment Package)		TRANSCRIPT				
		O U				
		SF 177 ON FILE				
		YES NO				
DATE RECEIVED (Assigned to)		CORRESPONDENCE RECORD			DATE PURGED	
		CORRESPONDENCE SENT				

NRC FORM 72 (1-84) APPLICANT CARD U.S. NUCLEAR REGULATORY COMMISSION

NRC FORM 72, REVERSE

REFERRAL HISTORY					
CN NUMBER	DATE		SERIES/ GRADE	OFFICE	ACTION
	REFERRED	RETURNED			
FINAL DISPOSITION CODE (When inactive or obsolete)					DATE TO INACTIVE
1-HIRED	2-NO F AVAIL	3-NOT QUAL	4-NO		
	SELE	FILED	RESPONSE		

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				6/84	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET	ADM:O&P		7540-00-NRC-0072X	HD	1-84
<input checked="" type="checkbox"/> CARD, 3 x 5	ELD		7540-00-NRC-0073X	HD	3-75
<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"/> MP/ _____ (Multipage/Number of Parts)		<input type="checkbox"/> DESTROY:			
<input type="checkbox"/> LABEL		<input type="checkbox"/> IMMEDIATELY			
<input type="checkbox"/> PC (Postal Card)		<input checked="" type="checkbox"/> WHEN NEW STOCK IS AVAILABLE (NRC FORM 72)			
<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 Form 103 (1-84) <b>ORDER</b> 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	CONSIGNEE AND DESTINATION (Ship to)	RE: P.O. NUMBER
TO (Seller)			
FOR BILLING ADDRESS SEE BELOW			
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 PRICE
			AMOUNT
PERSON TO CONTACT REGARDING THIS ORDER			TOTAL
SUBMIT INVOICE IN DUPLICATE IN ACCORDANCE WITH INSTRUCTIONS ON REVERSE (P. O. NUMBER MUST BE INCLUDED) AND FORWARD TO:  <b>U. S. NUCLEAR REGULATORY COMMISSION</b> OFFICE OF RESOURCE MANAGEMENT DIVISION OF ACCOUNTING AND FINANCE WASHINGTON, DC 20555		SIGNATURE CONTRACTING OFFICER   Small Purchases Section Administrative Contracts Branch Division of Contracts	

FORMS MANAGEMENT DATA				6/84	
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) <input checked="" type="checkbox"/> MP/5 (Multipage/Number of Parts) within LABEL same set <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 OTHER (SPECIFY) DESTROY: <input checked="" 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	1-84



## 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 per-carrier 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 101-11.6) 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 (iii) (B), components of foreign origin of the same type or kind as the products referred to in (b) (ii) or (iii) 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,

(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 (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 Contractors 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 this 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, PARTS AS MARKED

NRC Form 103 (1-84)		<b>ORDER</b>		THIS NUMBER MUST APPEAR ON ALL PACKAGES AND PAPERS RELATING TO THIS ORDER.
POINT OF ISSUE: U. S. NUCLEAR REGULATORY COMMISSION				
		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	CONSIGNEE AND DESTINATION (Ship to)	RE: P.O. NUMBER
TO (Seller)		NRC FORM 103, PART 2	
FOR BILLING ADDRESS SEE BELOW			
DELIVERY F.O.B.	TIME FOR DELIVERY	GOVERNMENT S/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.

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					

PERSON TO CONTACT REGARDING THIS ORDER					TOTAL
--	--	--	--	--	-------

PERSON TO CONTACT REGARDING THIS ORDER					TOTAL
<input type="checkbox"/> <b>CONSIGNEE CERTIFICATION RESPONSIBILITIES.</b> 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.					
RECEIVING REPORT. To be signed upon receipt of material using date goods or services actually received and returned immediately to			The articles and/or services specified have been received, inspected, and accepted as noted.		
			SIGNATURE	QUANTITY	
			TITLE	DATE	

NRC FORM 103, PARTS 3, 4, 8, 9, 10 & 11

NRC FORM 103, PARTS 5, 6, & 7



# NRC FORMS FACSIMILE HANDBOOK

NRC FORM 103A

NRC FORM 103A (1-84) U.S. NUCLEAR REGULATORY COMMISSION	<b>Order Continuation Sheet</b>	ORDER NUMBER Page _____ of _____ Pages			
NAME - CONSIGNOR					
ITEM NO.	ARTICLE OR SERVICES	QTY.	UNIT	UNIT PRICE	AMOUNT

FORMS MANAGEMENT DATA					6/84
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>11</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)	ADM:DC	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input checked="" type="checkbox"/> DESTROY: <input checked="" type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	7540-00-NRC-0103A	HD	1-84
		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 103C, PART 1, FACE

NRC Form 103C (1-84) <b>ORDER</b> 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	CONSIGNEE AND DESTINATION (Ship to)	RE: P.O. NUMBER		
TO (Seller)		FOR BILLING ADDRESS SEE BELOW			
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 DUPLICATE IN ACCORDANCE WITH INSTRUCTIONS ON REVERSE (P. O. NUMBER MUST BE INCLUDED) AND FORWARD TO: <b>U. S. NUCLEAR REGULATORY COMMISSION</b>			SIGNATURE CONTRACTING OFFICER		
RE: P.O. NUMBER			TYPED NAME		
			TITLE		

FORMS MANAGEMENT DATA				6/84	
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) & <input checked="" type="checkbox"/> MP/ 5 (Multipage/Number of Parts) within LABEL same 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: OTHER (SPECIFY) <input checked="" 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) _____	7540-07-NRC-0103C	HD	1-84

## 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 101-2) 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) (iv) (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 (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 be administratively 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 this 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 the order.

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 103C, PARTS AS MARKED

NRC Form 103C (1.84)

**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 \_\_\_\_\_

DATE \_\_\_\_\_

PURCHASE ORDER PER YOUR \_\_\_\_\_ OF \_\_\_\_\_

DELIVERY ORDER UNDER CONTRACT NUMBER \_\_\_\_\_

ALLOTMENT \_\_\_\_\_ B&R NUMBER \_\_\_\_\_ CONSIGNEE AND DESTINATION (Ship to) \_\_\_\_\_ RE. P. O. NUMBER \_\_\_\_\_

TO (Seller) \_\_\_\_\_

NRC FORM 103C, PART 2

FOR BILLING ADDRESS SEE BELOW

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.

Negotiated pursuant to the authority of 41 USC 252 (c) (3).

ITEM NO.	ARTICLES OR SERVICE.	QTY.	UNIT	UNIT PRICE	AMOUNT

PERSON TO CONTACT REGARDING THIS ORDER \_\_\_\_\_

TOTAL \_\_\_\_\_

SIGNATURE CONTRACTING OFFICER \_\_\_\_\_

TYPED NAME \_\_\_\_\_

TITLE \_\_\_\_\_

PERSON TO CONTACT REGARDING THIS ORDER \_\_\_\_\_

TOTAL \_\_\_\_\_

NRC FORM 103C, PARTS 3, 4, 8, 9, 10 & 11

PERSON TO CONTACT REGARDING THIS ORDER \_\_\_\_\_

TOTAL \_\_\_\_\_

NRC FORM 103C, PARTS 5, 6, & 7

**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 establishing 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.

**RECEIVING REPORT.** To be signed upon receipt of material using date goods or services actually received and returned immediately to \_\_\_\_\_

The article and/or services specified have been received, inspected, and accepted as noted.

SIGNATURE	QUANTITY
TITLE	DATE

NRC Form 115 (4-84) NRCM 4108		U.S. NUCLEAR REGULATORY COMMISSION		1. VACANCY ANNOUNCEMENT NUMBER
<b>VACANCY APPLICATION STATUS NOTICE</b>				2. DATE OF APPLICATION
<b>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.</b>				
3. POSITION TITLE (for which applying)		SERIES AND GRADE		<b>TO BE COMPLETED BY THE PERSONNEL OFFICE</b> This set contains a copy of your application for the vacancy listed in item 1. Your qualifications and application materials have not been reviewed. All additional information will be provided to you later.
ORGANIZATION		TO BE COMPLETED BY THE PERSONNEL OFFICE		
4. NAME AND COMPLETE MAILING ADDRESS (NRC employees use Mail Stop)		INITIAL SCREENING		Your application will appear after the promotional closing date and not in order of its completion for the vacancy. This application will be reviewed after the closing process is completed and you will be contacted for the results. Your application is incomplete and will not be considered because the following is/are missing:
[ ] [ ]		<input type="checkbox"/> An updated SF 171		You do not meet the requirements stated in the vacancy announce- ment:
		<input type="checkbox"/> Your latest performance appraisal		Time in Grade Basic Qualifications
TO BE COMPLETED BY THE PERSONNEL OFFICE		<input type="checkbox"/> Other (Specify):		You are qualified for the vacancy but your application has been forwarded to:
		The Commission selected this offer.		A rating official for further evaluation The selecting official A rating panel for further evaluation
FINAL REPORT		Other (Specify):		SIGNATURE PERSONNEL STAFFING SPECIALIST
<input type="checkbox"/> Vacancy Completed You were severely qualified for the position, but you were not among the best qualified candidates specified in the selecting official. You were among the best qualified candidates specified in the selecting official, but you were not selected for the position.		<input type="checkbox"/> The Commission selected this offer.		TELEPHONE NUMBER
DISPOSITION OF APPLICATION MATERIALS		RETURNED (Author)		DATE NOTICE SENT
		RETURNED (NRC Staff Personnel Report)		

FORMS MANAGEMENT DATA					
			6/84		
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/____ (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 4108 STATUS OF EXISTING STOCK <input checked="" 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-0115X	HD	4-84

NRC Form 121 (5-84)		U.S. NUCLEAR REGULATORY COMMISSION			
<b>IN-HOUSE COURSE REGISTRATION</b>					
INSTRUCTIONS: Complete all items except the shaded area.					
NAME		SOCIAL SECURITY NUMBER		GRADE	TELEPHONE NUMBER   MAIL STOP
OFFICE/DIVISION	INCLUSIVE COURSE DATES	BEGINNING	ENDING	COURSE CODE (Assigned by NRC)	
COURSE TITLE					
<b>PRIVACY ACT STATEMENT</b>					
Pursuant to J.S.C. 552a(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 Nuclear Regulatory Commission. 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. <b>AUTHORITY:</b> 5 U.S.C. 4102 and Executive Order 11348 dated April 20, 1967.					
2. <b>PRINCIPAL PURPOSES:</b> Information entered on this form relates to registration/acceptance for training courses. Social Security numbers are used to facilitate the recording of the student's training in the computer system.					
3. <b>ROUTINE USES:</b> 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. <b>WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:</b> Disclosure is voluntary, and failure to disclose the social security number will not affect an individual's right to attend this scheduled course.					
5. <b>SYSTEM MANAGER AND ADDRESS:</b> Director, Management Development and Training Staff Office of Administration U.S. Nuclear Regulatory Commission Washington, DC 20555					

FORMS MANAGEMENT DATA					6/84
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", pink <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:MDT	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input checked="" type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	W7540-00-NRC-0121X	Sheet	5-84
			STOCKING POINT		
			<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)		







NRC FORMS FACSIMILE HANDBOOK

NRC FORM 134

NRC Form 134 (9-83)	U.S. NUCLEAR REGULATORY COMMISSION <b>FILING EQUIPMENT REQUEST ANALYSIS</b> <i>(Filing Equipment - file cabinets, tubs, shelving, and book cases)</i>	DATE		
TO: NAME OFFICE/DIVISION	MAIL CODE	FROM: NAME Document Management Branch, TIDC, ADM MAIL CODE PHONE NUMBER		
1. The requisitions listed below are being returned disapproved because of insufficient justification of need as cited in Manual Chapter 5201, Part V and FPMR 101-11.306.				
2. Provide the information requested below and return to the sender listed in "From" above. A separate sheet may be used to continue explanations, as appropriate.				
a. Why doesn't the present branch/division office file or reference center meet your needs?				
b. Why doesn't the Document Control System (DCS) meet your needs?				
c. Can your requirement be met by the use of microform?				
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 50px; text-align: center;"><input type="checkbox"/> No. Explain below</td> </tr> </table>			<input type="checkbox"/> Yes	<input type="checkbox"/> No. Explain below
<input type="checkbox"/> Yes	<input type="checkbox"/> No. Explain below			
d. Explain in detail the nature, volume, duration, and source of your require, e.g., Region 1 needs to file three cubic feet of TMI transcripts at a staff member's office until August 1983 to support a special inquiry directed by GAC. These documents will be submitted to GPU and not entered into DCS.				
3. If the request is for mechanized or specialized file equipment, provide a copy of:				
a. Cost/benefit statement, as per Manual Chapter 5201, Part V, C.				
b. Certification required by Manual Chapter 5201, Part V, E.				
4. If the request is for filing cabinets, provide a copy of:				
a. The file plan which governs the files to be stored in the requested equipment.				
b. Designation of the records turnover or disposition schedule that is to be used.				
c. Certification required by Manual Chapter 5201, Part V, E.				

FORMS MANAGEMENT DATA				6/84	
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	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	9-83
STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					

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

**SECURITY TERMINATION STATEMENT**

NAME: (Print full 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.

\_\_\_\_\_  
(Signature of Person Conducting Interview)

\_\_\_\_\_  
(Signature of Person Whose Access Authorization Is Being Terminated)

\_\_\_\_\_  
(Title of Position)

\_\_\_\_\_  
(Date)

**FORMS MANAGEMENT DATA**

6/84

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:SEC	NRCM 2101, Parts V & VI STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input checked="" type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)	7540-00-NRC-0136X	HD	4-84
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)			

NRC FORM 173 (1-84)		U.S. NUCLEAR REGULATORY COMMISSION		ORDER NUMBER	
<b>STANDARD ORDER FOR DOE WORK</b>				DATE	
ISSUED TO: (DOE Office)		ISSUED BY: (NRC Office)		<b>ACCOUNTING CITATION</b>	
				APPROPRIATION SYMBOL	
				B&R NUMBER	
PERFORMING ORGANIZATION AND LOCATION				FIN NUMBER	
FIN TITLE				<b>WORK PERIOD - THIS ORDER</b>	
				FIXED <input type="checkbox"/>	ESTIMATED <input type="checkbox"/>
				FROM:	TO:
<b>OBLIGATION AVAILABILITY PROVIDED BY:</b>					
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 (see NRC Manual Chapter 1102, Appendix Part 4) ARE 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 <input type="checkbox"/> FEE RECOVERABLE WORK <input type="checkbox"/> NON-FEE RECOVERABLE WORK			SECURITY: <input type="checkbox"/> WORK ON THIS ORDER INVOLVES CLASSIFIED INFORMATION. NRC FORM 187 IS ATTACHED. <input type="checkbox"/> WORK ON THIS ORDER INVOLVES UNCLASSIFIED SAFEGUARDS, PROPRIETARY, OR OTHER SENSITIVE INFORMATION. <input type="checkbox"/> WORK ON THIS ORDER IS UNCLASSIFIED AND NOT SENSITIVE.		
REMARKS (Reference the proposal by number and date, and indicate if the attached statement of work modifies the DOE proposal):					
<b>ISSUING AUTHORITY</b>			<b>ACCEPTING ORGANIZATION</b>		
SIGNATURE			SIGNATURE		
TITLE			TITLE		
			DATE		

NRC FORM 173 (1-84)

FORMS MANAGEMENT DATA

6/84

CONSTRUCTION OF FORM		PROMULGATING OFFICE	PREScribing DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	RM:B	NRCM 1102	W7540-00-NRC-0173X	HD	1-84
<input type="checkbox"/>	CARD		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"/>	PD/_____(Pad/Sheet per Pad)		OTHER (SPECIFY)			
<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 type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORM 176  
(6-83)  
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 \$100 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 (6-83) SUPERSEDES PREVIOUS EDITIONS.

GPO 918-748

### FORMS MANAGEMENT DATA

6/84


CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET	ADM:SEC	NRCM 2101	7540-00-NRC-0176X	HD	6-83
<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			
		DESTROY:			
		<input checked="" 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 189, FACE

NRC FORM 189 (1-84)		U.S. NUCLEAR REGULATORY COMMISSION			DATE OF PROPOSAL	
 PROJECT AND BUDGET PROPOSAL FOR NRC WORK		<input type="checkbox"/> NEW		<input type="checkbox"/> REVISION NO.		
PROJECT TITLE				FIN NUMBER		
NRC OFFICE				NRC 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						
TOTAL PROJECT COST						
FY _____		OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY
MONTHLY FORECAST EXPENSE		APRIL	MAY	JUNE	JULY	AUGUST
						MARCH
						SEPTEMBER

NRC FORM 189  
(1-84)

FORMS MANAGEMENT DATA						6/84	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/>	SHEET, h to h	RM:B	NRCM 1102	W7540-00-NRC-0189X	HD	1-84	
<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 checked="" 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)		PROMULGATING OFFICE (ONLY)				
<input type="checkbox"/>	ENVL						
<input type="checkbox"/>	OTHER (Specify)						



# NRC FORMS FACSIMILE HANDBOOK

NRC FORM 189, REVERSE

NRC FORM 189 (1-84)	U.S. NUCLEAR REGULATORY COMMISSION	FIN NUMBER  DATE		
<b>PROJECT AND BUDGET PROPOSAL FOR NRC WORK</b>				
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: <i>(Provide narrative descriptions of the following topics in the order listed. Attach on plain paper to this NRC Form 189. If an item is not applicable, so state.)</i>				
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 REQUIREMENTS AND SCHEDULE				
7. SUBCONTRACTOR INFORMATION				
8. LIST NEW CAPITAL EQUIPMENT REQUIRED <i>(include all ADP equipment)</i>				
9. DESCRIBE SPECIAL FACILITIES REQUIRED				
10. CONFLICT OF INTEREST INFORMATION				
11. EXPECTED CLASSIFICATION OR SENSITIVITY <i>(e.g. safeguards, proprietary, other)</i>				
SEE NRC MANUAL CHAPTER 1102 FOR ADDITIONAL INFORMATION				
APPROVAL AUTHORITY—SIGNATURE				DATE



# NRC FORMS FACSIMILE HANDBOOK

NRC FORM 197D, REVERSE

NRC Form 197D  
17-84

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
<b>PT</b>	<b>PETITION FOR RULEMAKING (EDO OR COMMISSION ACTION)</b>				<b>DG</b>	<b>DRAFT GUIDE (ALL OTHERS)</b>			
20	TFC APPROVED				20	TFC APPROVED			
102	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				495	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			
<b>AN</b>	<b>ADVANCE NOTICE OF PROPOSED RULEMAKING (EDO OR COMMISSION ACTION)</b>				<b>AG</b>	<b>ACTIVE GUIDE</b>			
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 COMPLETE				1490	SUBMISSION TO CRGR			
495	RESOLUTION OF COMMENTS COMPLETE				1492	CRGR REVIEW COMPLETE* (TO ACRS) (TO EDITING)			
800	OFFICE CONCURRENCE				1494	ACRS REVIEW COMPLETE*			
810	CRGR REVIEW COMPLETE*				1500	RESOLUTION OF COMMENTS COMPLETE			
810	ACRS REVIEW COMPLETE*				2700	COMMENT RESOLUTION MEMO FOR RES DIR SIGNED BY DD			
835	SUBMITTED TO EDO/COMMISSION				2760	OFFICE CONCURRENCE OBTAINED			
1200	ANPRM PUBLISHED IN FEDERAL REGISTER				3000	PRINTED AND ISSUED			
					<b>DE</b>	<b>DRAFT ENVIRONMENTAL STATEMENT</b>			
<b>PR</b>	<b>PROPOSED RULE (EDO OR COMMISSION ACTION)</b>				4080	DETERMINATION OF NEED/EA COMPLETE			
20	TFC PROPOSED				4082	NOTICE OF INTENT ISSUED			
102	INITIAL DRAFT COMPLETE (INFO COPY TO CRGR/ACRS)*				4084	SCOPING SUMMARY REPORT ISSUED			
405	FINAL DIVISION (AND AGREEMENT STATES)* REVIEW COMPLETE				4100	FIRST DRAFT OF DES COMPLETE			
405	RESOLUTION OF COMMENTS COMPLETE				4400	FINAL DIVISION REVIEW COMPLETE			
729	OFFICE CONCURRENCE				4530	RESOLUTION OF COMMENTS COMPLETE (TO EDITING)			
732	CRGR REVIEW COMPLETE*				4580	DES PRINTED AND ISSUED			
734	ACRS REVIEW COMPLETE*				4680	FEDERAL REGISTER NOTICE PUBLISHED			
738	SUBMITTED TO EDO/COMMISSION								
1110	PROPOSED RULE PUBLISHED IN FEDERAL REGISTER				<b>FE</b>	<b>FINAL ENVIRONMENTAL STATEMENT</b>			
					4675	END OF DES COMMENT PERIOD			
<b>ER</b>	<b>EFFECTIVE RULE (EDO OR COMMISSION ACTION)</b>				4690	FIRST DRAFT OF RES COMPLETE			
1130	PREPARATION OF EFFECTIVE RULE COMPLETE (INFO COPY TO CRGR/ACRS)*				5180	FINAL DIVISION REVIEW COMPLETE			
1405	FINAL DIVISION (AND AGREEMENT STATES)* REVIEW COMPLETE				5230	RESOLUTION OF COMMENTS COMPLETE (TO EDITING)			
1600	RESOLUTION OF COMMENTS COMPLETE				5240	ELD REVIEW COMPLETE			
1729	OFFICE CONCURRENCE				5280	RES PRINTED AND ISSUED			
1732	CRGR REVIEW COMPLETE*				5600	FEDERAL REGISTER NOTICE PUBLISHED			
1734	ACRS REVIEW COMPLETE*				<b>SR</b>	<b>STAFF REPORTS (PREPARED BY RES STAFF)</b>			
1790	SUBMITTED TO EDO/COMMISSION				6020	TFC APPROVED			
2000	EFFECTIVE RULE PUBLISHED IN FEDERAL REGISTER				6095	INITIAL DRAFT COMPLETE			
					6470	DIVISION REVIEW COMPLETE			
<b>GN</b>	<b>DRAFT GUIDE (CRGR REVIEW)</b>				6495	RESOLUTION OF COMMENTS COMPLETE (TO EDITING)			
20	TFC APPROVED				6620	ELD REVIEW COMPLETE			
102	INITIAL DRAFT COMPLETE (INFO COPY TO CRGR/ACRS)				6706	DIVISION DIRECTOR'S MEMO COMPLETE			
480	DIVISION REVIEW COMPLETE				7000	NUREG REPORT PRINTED AND ISSUED			
490	SUBMISSION TO CRGR				<b>CR</b>	<b>CONTRACTOR REPORTS</b>			
492	CRGR REVIEW COMPLETE (TO ACRS WITH/RR CONCUR) (TO EDITING)				81000	PREPARE PROG ASSUMPTION LTR OR REPA			
494	ACRS REVIEW COMPLETE				81020	LET CONTRACT			
495	RESOLUTION OF COMMENTS COMPLETE				81040	RECEIPT OF DRAFT REPORT			
705	COMMENT RESOLUTION MEMO FOR DD SIGNED BY BC				81080	COMPLETE REVIEW OF DRAFT REPORT			
975	PRINTING AND DISTRIBUTION AUTHORIZED BY RES DD				81090	APPROPRIATE DISTRIBUTION OF CONTRACT REPORT			
1000	PRINTED AND ISSUED FOR COMMENT				82000	NUREG REPORT PRINTED AND ISSUED			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 197E

NRC Form 197E 6-84		U.S. NUCLEAR REGULATORY COMMISSION	TASK NUMBER
<b>TECHNICAL ASSISTANCE TASK CONTROL</b> DIVISION OF WASTE MANAGEMENT, NMSS			
TO:		FILE NUMBER	
FROM:		DECISION UNIT PLANNED AC/COMP NO	
		PPSAS	
TASK TITLE			
TASK DESCRIPTION			
REQUESTED COMPLETION DATE		REVISED COMPLETION DATE	
ESTIMATED STAFF HOURS REQUIRED (Check one)			
0-3		4-15	
16-30		31-60	
TASK ACTION (Check one)			
<input type="checkbox"/> INITIATE NEW TASK		<input type="checkbox"/> REVISE TASK	
<input type="checkbox"/> SCHEDULE OUT OF HOLD		<input type="checkbox"/> (Specify)	
USER OFFICE APPROVALS			
TASK LEADER		DATE	
		(Date)	
SECTION LEADER		BRANCH CHIEF	
DATE		DATE	
ACTION OFFICE APPROVALS			
BRANCH CHIEF		SECTION LEADER	
DATE		DATE	
COMMENTS			

FORMS MANAGEMENT DATA					6/84
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:WM	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	6-84





NRC FORMS FACSIMILE HANDBOOK

NRC FORM 199

NRC FORM 199 (7-84) NRCM 4108 U.S. NUCLEAR REGULATORY COMMISSION

**TRIAL PERIOD APPRAISAL**

NAME OF EMPLOYEE SERVING TRIAL PERIOD		TRIAL PERIOD COMPLETION DATE
TO SUPERVISOR'S NAME	ORGANIZATION (Office, Division, Branch)	MAIL ADDRESS

**I. REQUEST FOR TRIAL PERIOD APPRAISAL**

THE EMPLOYEE NAMED ABOVE WILL COMPLETE THE REQUIRED ONE YEAR TRIAL PERIOD ON THE DATE SHOWN ABOVE.

PURSUANT TO NRC PERSONNEL POLICIES IN NRC CHAPTER 4108, AND THE COLLECTIVE BARGAINING AGREEMENT THE EMPLOYEE'S SUPERVISOR IS RESPONSIBLE FOR APPRAISING THE EMPLOYEE'S PERFORMANCE AND CONDUCT AND CERTIFYING WHETHER THE EMPLOYEE'S PERFORMANCE IS FULLY SUCCESSFUL/LESS THAN FULLY SUCCESSFUL AND THAT CONDUCT IS SATISFACTORY/LESS THAN SATISFACTORY. THIS EVALUATION AND CERTIFICATION SHOULD BE ACCOMPLISHED BY THE END OF THE TENTH MONTH OF THE EMPLOYEE'S TRIAL 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, AND PERFORMANCE PLAN. IF PERFORMANCE AND/OR CONDUCT CHANGES TO LESS THAN FULLY SUCCESSFUL/LESS THAN SATISFACTORY, AFTER THIS FORM IS SIGNED, THE IMMEDIATE SUPERVISOR MUST CONSULT THE PERSONNEL SPECIALIST FOR ADVICE.

PLEASE RETURN THIS CERTIFICATION TO THE UNDERSIGNED AND DO NOT HESITATE TO CALL ME IF ANY ASSISTANCE IS DESIRED

SIGNATURE - PERSONNEL SPECIALIST (Division of Organization and Personnel)	TELEPHONE NUMBER	DATE
---	------------------	------

**II SUPERVISOR APPRAISAL AND CERTIFICATION**

I CERTIFY THAT THE ABOVE NAMED EMPLOYEE WHO IS SERVING A TRIAL PERIOD HAS BEEN APPRAISED BY ME AGAINST THE REQUIREMENTS OF THE EMPLOYEE'S POSITION DESCRIPTIONS AND PERFORMANCE PLAN AND:

PERFORMANCE IS	FULLY SUCCESSFUL	LESS THAN FULLY SUCCESSFUL	A REPORT OF THE DEFICIENCIES IS OUTLINED BELOW. FOR FURTHER INSTRUCTIONS SEE NC 4108 PART V.
CONDUCT IS	FULLY SATISFACTORY	LESS THAN SATISFACTORY	

REMARKS

SIGNATURE SUPERVISOR	DATE
----------------------	------

**FORMS MANAGEMENT DATA** 6/84

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) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:O&P	NRCM 4108 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input checked="" 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)		TP/1	7-84





NRC FORMS FACSIMILE HANDBOOK

NRC FORM 237, FACE

NRC FORM 237 U.S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB 3150-0060	
<b>REQUEST FOR ACCESS AUTHORIZATION</b>	
INSTRUCTIONS: Prepare in duplicate. 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 AS INDICATED:  <input type="checkbox"/> "Q" <input type="checkbox"/> "L" <input type="checkbox"/> "U" <input type="checkbox"/> "R"	
6. NAME OF APPLICANT (Last, First, Middle)	7. DATE OF BIRTH
8. REMARKS (See instructions)	
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-85A, DATA FOR NONSENSITIVE OR NONCRITICAL-SENSITIVE POSITION. (Must be typed) <input type="checkbox"/> FD-258, FINGERPRINT CARDS (Two Copies) <input type="checkbox"/> NRC FORM 176, SECURITY ACKNOWLEDGEMENT (For "Q" and "L" requests). <input type="checkbox"/> NRC FORM 259, AUTHORITY TO RELEASE INFORMATION <input type="checkbox"/> OTHER (Specify):	(DO NOT WRITE IN THIS SPACE) 12. APPROVAL BY NRC SPONSORING OFFICIAL

NRC FORM 237 (7-83)

FORMS MANAGEMENT DATA				6/84	
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 <input type="checkbox"/> DESTROY: <input checked="" type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE <input type="checkbox"/> OTHER (SPECIFY)	7540-00-NRC-0237X	HD	7-83
			STOCKING POINT		
			<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)		

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 FORM 259  
(7-84)  
NRCM 2101  
PART VI

UNITED STATES NUCLEAR REGULATORY COMMISSION

AUTHORITY TO RELEASE INFORMATION FOR  
A SECURITY CLEARANCE INVESTIGATION

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, medical institutions, hospitals, or other repositories of medical records, credit bureaus, financial or lending institutions, 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 described above, to third parties in the course of fulfilling their official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, residential management agent, employer, criminal justice agency, medical institution, hospital, or other repository of medical records, credit bureau, financial or lending institution, consumer reporting agency, or retail business establishment, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind or nature, which may at any time result to me, my heirs or assigns, family or associates, because of compliance with this request and authorization to release information, or any attempt to comply with it. Should there be any question as to the validity of the release, you may contact me as indicated below.

SIGNATURE (Full Name)		DATE	
FULL NAME (Typed or printed)		TELEPHONE	AREA CODE
		HOME	
		WORK	
OTHER NAMES USED			
CURRENT ADDRESS			
SIGNATURE OF PARENT OR GUARDIAN (Required if applicant is age 17 or younger)		DATE	

FORMS MANAGEMENT DATA

6/84

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:SEC	NRCM 2101, Part VI STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER (SPECIFY) DESTROY: <input checked="" 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-0259X	HD	7-84

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 267

NRC FORM 267 (1-84)		U.S. NUCLEAR REGULATORY COMMISSION	
<b>REQUEST FOR MOVEMENT OF HOUSEHOLD GOODS</b>			
1. EMPLOYEE'S NAME <i>(Last, First, Middle Initial)</i>		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 <input type="checkbox"/> UP TO 90 DAYS	
9. REMARKS			
10. EMPLOYEE'S SIGNATURE			11. DATE

NRC FORM 267

FORMS MANAGEMENT DATA					6/84
CONSTRUCTION OF FORM	FROMULGATING 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 checked="" type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	1-84
STOCKING POINT					
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					

NRC FORM 289 (10-83)		<b>FINANCIAL PLAN</b> <i>(Dollars in thousands)</i>			U.S. NUCLEAR REGULATORY COMMISSION	
ISSUED TO				APPROPRIATION		
				PLAN NUMBER		
DU NUMBER	DECISION UNIT TITLE	ORIGINAL PLAN*	PREVIOUS PLAN	CHANGE	CURRENT PLAN	
*OR AS MODIFIED TO REFLECT CURRENT BASE AS APPLICABLE. NOTE: FOOTNOTE NARRATIVE ON PAGE 2.						
ISSUED BY: DIRECTOR, DIVISION OF BUDGET AND ANALYSIS, OFFICE OF RESOURCE MANAGEMENT					DATE	

FORMS MANAGEMENT DATA					6/84
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/ <u>1</u> (Tab Paper/Number of Parts), Two pages, ENVL page 2 follows below page 1. <input type="checkbox"/> OTHER (Specify)	RM:B	STATUS OF EXISTING STOCK <input checked="" type="checkbox"/> USE FIRST DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		TP/1	10-83
			STOCKING POINT		
			<input type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		



NRC FORM 289  
(10-83)  
NRCM 1301

U.S. NUCLEAR REGULATORY COMMISSION

**FINANCIAL PLAN**  
*(Dollars in thousands)*

ISSUED TO

APPROPRIATION \*

PLAN NUMBER

FOOTNOTES

NRC FORM 3 FACSIMILE HANDBOOK

NRC FORM 299

NRC FORM 299 (10-83)		U.S. NUCLEAR REGULATORY COMMISSION		NAME OF CARRIER		
PERFORMANCE EVALUATION <i>(Carriers of Household Goods)</i>				DATE OF MOVE		
TO:			FROM AND RETURN TO: Travel Services Branch, MNBB 11716			
<p>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.</p> <p>If you wish to comment on any item, please do so under "remarks".</p>						
EVALUATION FACTORS					YES	NO
1. The overall move was satisfactory.						
2. Household goods were picked up on schedule.						
3. 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  
(10-83)

FORMS MANAGEMENT DATA				6/84	
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:TS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input checked="" type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	10-83
STOCKING POINT					
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					

# NRC FORMS FACSIMILE HANDBOOK

NRC FORM 302

NRC Form 302 (10-83)		U.S. NUCLEAR REGULATORY COMMISSION				1. WORK ORDER NUMBER	
<b>CRESS WORD PROCESSING SERVICE WORK ORDER</b>						2. DATE SUBMITTED	
3. SERVICES REQUESTED (Use IBM 5520, Mag Card or System 8)						4. DATE REQUIRED	
a. Type-Rough Draft (No proofreading)	e. Revise-Proofread Changes Only					5. DATE RECEIVED	
b. Type-Proofread	f. Type-Proofread, Minor Markups Okay					6. CONTROL NUMBER	
c. Scan-Revise-No Proof	g. Revise-Proofread, Minor Markups Okay						
d. Scan-Revise-Proof	h. Proofread Entire Job - Revise						
7. DOCUMENT NAMING						8. ORIGINATOR	
9. DOCUMENT FORMAT		10. PRINT	11. CATEGORY	12. DISKETTE I.D.	13. LINES PER PAGE	14. PAPER SIZE	15. LINE SPACING
		<input type="checkbox"/> INK JET <input type="checkbox"/> LASER				MATS <input type="checkbox"/> 8 1/2 x 14" <input type="checkbox"/> 8 1/2 x 11"	<input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE 1 1/2
16. SPECIAL INSTRUCTIONS							
17. PERSON TO CONTACT REGARDING WORK					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				6/84	
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"/> CC (Fostal Card) <input type="checkbox"/> TC (Tab Card) TP ____ (Tab Paper/Number of Parts) <input type="checkbox"/> EN / C <input type="checkbox"/> OTHER (Specify)	ADM:TIDC: CRESS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST DESTROY: <input checked="" type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		US/4	10-83
			STOCKING POINT		
			<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS	
			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		

# NRC FORMS FACSIMILE HANDBOOK

NRC FORM 306

NRC Form 306 (10-83) NRCM 0231	U.S. NUCLEAR REGULATORY COMMISSION <b>FILES MAINTENANCE AND DISPOSITION PLAN</b>	1. DATE PREPARED
2. ORGANIZATION (Office, Division, Branch)		3. CONTACT (Name of File Custodian)
4. RECORDS LIAISON OFFICER		TYPED NAME AND POSITION TITLE
5. 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

6/84

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 <input type="checkbox"/> DESTROY: <input checked="" 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-0306X	HD	10-83

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 313, FACE

NRC FORM 313 (1-84)  
10 CFR 30, 32, 33, 34, 35 and 40  
U.S. NUCLEAR REGULATORY COMMISSION  
APPROVED BY OMB  
3150-0130

APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

**FEDERAL AGENCIES FILE APPLICATIONS WITH:**  
U.S. NUCLEAR REGULATORY COMMISSION  
DIVISION OF FUEL CYCLE AND MATERIAL SAFETY, NMSS  
WASHINGTON, DC 20555

**ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS, IF YOU ARE LOCATED IN:**

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
NUCLEAR MATERIAL SECTION B  
631 PARK AVENUE  
KING OF PRUSSIA, PA 19406

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:  
U.S. NUCLEAR REGULATORY COMMISSION, REGION II  
MATERIAL RADIATION PROTECTION SECTION  
101 MARIETTA STREET, SUITE 2000  
ATLANTA, GA 30323

IF YOU ARE LOCATED IN:  
ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
MATERIALS LICENSING SECTION  
799 ROOSEVELT ROAD  
GLEN ELLYN, IL 60137

ARKANSAS, COLORADO, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, SOUTH DAKOTA, TEXAS, UTAH, OR WYOMING, SEND APPLICATIONS TO:  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
MATERIAL RADIATION PROTECTION SECTION  
811 RYAN PLAZA DRIVE, SUITE 1000  
ARLINGTON, TX 76011

ALASKA, ARIZONA, CALIFORNIA, HAWAII, NEVADA, OREGON, WASHINGTON, AND U.S. TERRITORIES AND POSSESSIONS IN THE PACIFIC, SEND APPLICATIONS TO:  
U.S. NUCLEAR REGULATORY COMMISSION, REGION V  
MATERIAL RADIATION PROTECTION SECTION  
1450 MARIA LANE, SUITE 210  
WALNUT CREEK, CA 94596

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTION.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

A. NEW LICENSE  
 B. AMENDMENT TO LICENSE NUMBER \_\_\_\_\_  
 C. RENEWAL OF LICENSE NUMBER \_\_\_\_\_

2. NAME AND MAILING ADDRESS OF APPLICANT (Include Zip Code)

3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED.

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

TELEPHONE NUMBER \_\_\_\_\_

SUBMIT ITEMS 5 THROUGH 11 ON 8 1/2 x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL  
a. Element and mass number, b. chemical and/or physical form, and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSEE FEES (See 10 CFR 170 and Section 170.31)  
FEE CATEGORY \_\_\_\_\_ (AMOUNT ENCLOSED \$ \_\_\_\_\_)

13. CERTIFICATION (Must be completed by applicant): THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.  
THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, AND 40 AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR 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.

SIGNATURE—CERTIFYING OFFICER \_\_\_\_\_ TYPED/PRINTED NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

14. VOLUNTARY ECONOMIC DATA

a. ANNUAL RECEIPTS		b. NUMBER OF EMPLOYEES (Total for entire facility including divide contractors)	c. NUMBER OF BEDS	d. WOULD YOU BE WILLING TO FURNISH COST INFORMATION (Dollar and/or staff hours) ON THE ECONOMIC IMPACT OF CURRENT NRC REGULATIONS OR ANY FUTURE PROPOSED NRC REGULATIONS THAT MAY AFFECT YOU? (NRC regulations permit it to protect confidential commercial or financial—proprietary—information furnished to the agency in confidence)	
<\$250K	\$1M—3.5M			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
\$250K—500K	\$3.5M—7M				
\$500K—750K	\$7M—10M				
\$750K—1M	>\$10M				

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	COMMENTS	APPROVED BY
AMOUNT RECEIVED	CHECK NUMBER			DATE

PRIVACY ACT STATEMENT ON THE REVERSE

FORMS MANAGEMENT DATA 6/84

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)	NMSS:FCMS	10 CFR § 30, 32, 33, 34, 35, and 40 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY <input checked="" type="checkbox"/> IMMEDIATELY : <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	W7540-00-NRC-0313X	HD	1-84
		OTHER (SPECIFY) ALL STOCKS OF NRC FORMS 2, 3131, 313M, 313R and 313T. 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(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 313. 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, 32, 33, 34, 35 and 40 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 (a) provided to State health departments for their information and use; and (b) provided 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.
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. A request that information be held from public inspection must be in accordance with the provisions of 10 CFR 2.790. Withholding from public inspection shall not affect the right, if any, of persons properly and directly concerned need to inspect the document.
5. **SYSTEM MANAGER(S) AND ADDRESS:** U.S. Nuclear Regulatory Commission  
Director, Division of Fuel Cycle and Material Safety  
Office of Nuclear Material Safety and Safeguards  
Washington, D.C. 20555



U.S. NUCLEAR REGULATORY COMMISSION

**CERTIFICATE OF DISPOSITION OF MATERIALS**

(All items **MUST** be completed, please print)

LICENSEE NAME AND ADDRESS   	LICENSE NUMBER  LICENSE EXPIRATION DATE
THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: (Check and/or complete the appropriate item(s) below.)	
<b>A. MATERIALS DATA</b> (Check one and complete, as necessary)	
<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.	
<input type="checkbox"/> 4. MATERIALS HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (Describe specific disposal procedures—if additional space is needed, use the reverse of this form, or provide attachments)	
<b>B. OTHER DATA</b>	
<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? (Check one)	
<input type="checkbox"/> NO	
<input type="checkbox"/> YES, THE RESULTS (Check one)	
<input type="checkbox"/> ARE ATTACHED, OR	
<input type="checkbox"/> WERE FORWARDED TO NRC ON (Date) _____	
3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM	
NAME _____	TELEPHONE NUMBER _____
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 _____

NRC Form 314 (11-82)

**FORMS MANAGEMENT DATA**

6/84

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) _____	NMSS:FC	10 CFR § 30.36(d)(1)(iv), 40.42(d)(1)(iv) & 70.38(d)(1)(iv)	7540-00-NRC-0314X	HD	11-82
		STATUS OF EXISTING STOCK			
		<input type="checkbox"/> USE FIRST DESTROY:	<input type="checkbox"/> OTHER (SPECIFY)		
		<input checked="" 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 FORM 335 (2-84) NRCM 1102, 3201, 3202 <b>BIBLIOGRAPHIC DATA SHEET</b> SEE INSTRUCTIONS ON THE REVERSE		U.S. NUCLEAR REGULATORY COMMISSION 1. REPORT NUMBER (Assigned by TIDC and Vol. No. if any)	
3. TITLE AND SUBTITLE		2. LEAVE BLANK	
5. AUTHOR(S)		4. DATE REPORT COMPLETED MONTH _____ YEAR _____	
7. PERFORMING ORGANIZATION NAME AND MAILING ADDRESS (Include Zip Code)		6. PROJECT/TASK/WORK UNIT NUMBER	
15. SPONSORING ORGANIZATION NAME AND MAILING ADDRESS (Include Zip Code)		8. FIN OR GRANT NUMBER	
12. SUPPLEMENTARY NOTES		11a. TYPE OF REPORT	
13. ABSTRACT (200 words or less)		5. PERIOD COVERED (Include dates)	
14. DOCUMENT ANALYSIS - KEYWORDS/DESCRIPTORS		16. AVAILABILITY STATEMENT	
9. IDENTIFIER - PEN-ENDED TERMS		18. SECURITY CLASSIFICATION (This paper) _____ (This report) _____	
		17. NUMBER OF PAGES	
		19. PRICE	

FORMS MANAGEMENT DATA				6/84	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
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		STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)			

## DO NOT PRINT THESE INSTRUCTIONS AS A PAGE IN THE NUREG REPORT

## INSTRUCTIONS

NRC FORM 335, BIBLIOGRAPHIC DATA SHEET, IS BASED ON GUIDELINES FOR FORMAT AND PRODUCTION OF SCIENTIFIC AND TECHNICAL REPORTS, ANSI Z39.18-1974 AVAILABLE FROM AMERICAN NATIONAL STANDARDS INSTITUTE, 1430 BROADWAY, NEW YORK, NY 10018. EACH SEPARATELY BOUND REPORT—FOR EXAMPLE, EACH VOLUME IN A MULTIVOLUME SET—SHALL HAVE ITS UNIQUE BIBLIOGRAPHIC DATA SHEET.

1. **REPORT NUMBER.** Each individually bound report shall carry a unique alphanumeric designation (NUREG) assigned by the Division of Technical Information and Document Control, ADM, in accordance with American National Standard ANSI Z39.23-1974, Technical Report Number (STRN). Use uppercase letters, Arabic numerals, slashes, and hyphens only, as in the following examples: NUREG-0100, NUREG/CP-0010, NUREG/CR-0100, and NUREG/BR-0010. For reports in a series add Vol., Supp., Revision, and Addendum, when necessary. Add contractor cross-reference identification number (if any) below NUREG number, e.g., PNL-XXXX, SANDXX-XXXX, SAI-XXXX.
2. **TITLE AND SUBTITLE.** Title should indicate clearly and briefly the subject (coverage) of the report; including any subtitle to the main title. When a report is prepared in more than one volume, repeat the primary title, add volume number and include subtitle for the specific volume. Use upper and lower case letters, but capitalize computer code names. Do not use acronyms and initialisms in titles; may be added in parenthesis.
3. **LEAVE BLANK.**
4. **DATE REPORT COMPLETED.** Each report shall carry a date indicating month and year project/task completed.
5. **AUTHOR(S).** Give name(s) in conventional order (e.g., John R. Doe, J. Robert Doe). List author's affiliation if it is different from the performing organization.
6. **DATE REPORT ISSUED.** Each report shall carry a date indicating month and year published.
7. **PERFORMING ORGANIZATION NAME AND MAILING ADDRESS.** Give name, street, city, state, and ZIP code. List no more than two levels of an organizational hierarchy. Display the name of the organization exactly as follows: Division, Office, Organization or Government agency, and address.
8. **PROJECT/TASK/WORK UNIT NUMBER.** Use the project, task and work unit numbers under which the report was prepared (if any).
9. **FIN OR GRANT NUMBER.** Insert the FIN or grant number under which report was prepared.
10. **SPONSORING ORGANIZATION.** List NRC Division, Office, U.S. Nuclear Regulatory Commission, Washington, DC 20555.
11. **a. TYPE OF REPORT.** State draft, final, preliminary, topical, technical, regulatory, quarterly, etc., and, if applicable, inclusive dates.  
**b. PERIOD COVERED.**
12. **SUPPLEMENTARY NOTES.** Enter information not included elsewhere but useful, such as: Prepared in cooperation with . . . Presented at conference of . . . To be published . . . Docket No. . . . When a report is revised, indicate whether the new report supersedes or supplements the older report.
13. **ABSTRACT.** Include a brief (200 words or less) factual summary of the most significant information contained in the report. If the report contains a significant bibliography or literature survey or multiple volumes, mention it here. Abstract is to be prepared by author or project manager.
14. **DOCUMENT ANALYSIS**
  - a. **KEY WORDS/DESCRIPTORS.** Select from the Energy Data Base Subject Thesaurus, DOE/TIC-700R R-5, the proper authorized terms that identify the major concept of the research and are sufficiently specific and precise to be used as index entries for cataloging.
  - b. **IDENTIFIERS AND OPEN-ENDED TERMS.** Use identifiers for project names, code names, equipment designators, etc. Use open-ended (keywords) terms written in descriptor form (14a) for those subjects for which no descriptor exists in the thesaurus.
15. **AVAILABILITY STATEMENT.** Denote public releasability, for example "unlimited", or limitation for reasons other than security.
16. **SECURITY CLASSIFICATION.** Enter U.S. Security Classification in accordance with U.S. Security Regulations (i.e., unclassified).
17. **NUMBER OF PAGES.** Leave blank. (Added by NTIS)
18. **PRICE.** Leave blank. (Added by NTIS)

# NRC FORMS FACSIMILE HANDBOOK

NRC FORM 348

ENTRY DATE		NRC TRANSLATION NUMBER			
FOREIGN ID NUMBER (If any)		LANGUAGE			
ENGLISH TITLE				DATE PAYMENT APPROVED AND VOUCHER AMOUNT	
FOREIGN TITLE					
ORGANIZATION ADDRESS					
DOCUMENT DATE	DATE ENGLISH TRANS DUE	NUMBER OF PAGES	EST WORDS CHARACTERS		EST COST
REQUESTED BY					
DATE ENGLISH TRANSLATION RECEIVED		TRANSLATED BY			
NRC FORM 431 (Evaluation) MAILED		DATE NRC FORM 431 RECEIVED			
COMMENTS					

NRC FORM 348  
17-83

TRANSLATION RECORD

U.S. NUCLEAR REGULATORY COMMISSION

## FORMS MANAGEMENT DATA

6/84

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 7 1/2 x 4 1/2" <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:PPM	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		Label	7-83
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 349

NRC FORM 349 (7-83)	U.S. NUCLEAR REGULATORY COMMISSION  <b>RECEIVING REPORT</b>	BLANKET PURCHASE AGREEMENT OR CALL NUMBER DATE OF CALL AMENDMENT (if applicable)	
CONSIGNEE POLICY AND PUBLICATION MANAGEMENT BRANCH DIVISION OF TECHNICAL INFORMATION AND DOCUMENT CONTROL OFFICE OF ADMINISTRATION			
VENDOR			
CALL NUMBER	TRANSLATION NUMBER/LANGUAGE	QUANTITY	ESTIMATED COST
FINAL TOTAL COST			
AUTHORIZED SIGNATURE - CHIEF, PUBLISHING AND TRANSLATIONS SECTION, POLICY AND PUBLICATIONS MANAGEMENT BRANCH			
COMPLETED ACTION			
REQUISITION NUMBER(S)			
TRANSLATION REPORT RECEIVED			DATE
RECEIVED BY			

FORMS MANAGEMENT DATA				6/84	UNIT OF ISSUE	EDITION DATE
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/ <u>9</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:TIUC:PPM	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)		US/9	7-83	
STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)						

NRC FORM 351 (5-84) NRCM 4152		<b>SENIOR EXECUTIVE SERVICE (SES) U.S. NUCLEAR REGULATORY COMMISSION</b>						SENIOR EXECUTIVE - TYPED NAME (Last, first, middle initial)									
<b>PERFORMANCE PLANNING AND APPRAISAL SUMMARY PAGE</b>																	
<small>INSTRUCTIONS: This page contains the final steps required for the SES performance appraisal process, and is used as the cover for the convenience of the final reviewers. Complete only the upper right portion of this page and proceed to page 1.</small>																	
STEP	SUMMARY RATING					PAY LEVEL		RANKING		AWARD RECOMMENDED		PLACEMENT		SIGNATURE	DATE		
	O	E	S	M	U	FROM ES	TO ES	TOP 5%	7.25%	NO	YES	AMOUNT	REASSIGN			REMOVE	
4 AND 8 CONTINUED																SUPERVISING EXECUTIVE	
10 CONTINUED																INDEPENDENT EXECUTIVE REVIEWER (if Required)	
11																RANKING OFFICIAL	
12																PERFORMANCE REVIEW BOARD	
13																RATING OFFICIAL APPOINTING AUTHORITY (Final decision)	
14																AWARDING AUTHORITY (Final decision)	
PERFORMANCE REVIEW BOARD COMMENTS (Optional)																	
RATING OFFICIAL COMMENTS (Optional)																	
AWARDING AUTHORITY COMMENTS (Optional)																	
<b>PERFORMANCE RATING DEFINITIONS</b>																	
<b>OUTSTANDING (O)</b> <small>For subelements and critical elements, job performance consistently exceeded the performance standards to an exceptional degree. For the summary rating, the Senior Executive performed at an overall outstanding level and has been rated outstanding in all critical elements and not less than excellent in all subelements.</small>								<b>MINIMALLY SATISFACTORY (M)</b> <small>Job performance occasionally was less than that expected in the performance standards. For the summary rating, the Senior Executive performed either at an overall minimally satisfactory level so that performance can be described as marginal, or has been rated minimally satisfactory in at least one critical element of sufficient importance that it outweighs fully successful or better performance in other critical elements.</small>									
<b>EXCELLENT (E)</b> <small>Job performance frequently exceeded that expected in the performance standards to a noticeable degree. For the summary rating, the Senior Executive performed at an overall excellent level and has been rated at least excellent in all critical elements and not less than fully successful in all subelements.</small>								<b>UNSATISFACTORY (U)</b> <small>Job performance was normally below that expected in the performance standards. For the summary rating, the Senior Executive performed at an unsatisfactory level, had been rated unsatisfactory in one or more critical elements, and overall performance must be rated unacceptable.</small>									
<b>FULLY SUCCESSFUL (S)</b> <small>Job performance consistently met that expected in the performance standards. For the summary rating, the Senior Executive performed at an overall fully successful level.</small>																	

<b>FORMS MANAGEMENT DATA</b>				6/84		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET		ADM:O&P	NRCM 4152	7540-00-NRC-0351X	HD	5-84
<input type="checkbox"/> CARD						
PD/____ (Pad/Sheet per Pad)		STATUS OF EXISTING STOCK				
US/____ (Unit Sets/Number of Parts)		<input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER				
<input checked="" type="checkbox"/> MP/ 3 (Multipage/Number of Parts)		DESTROY:      (SPECIFY)				
<input type="checkbox"/> LABEL		<input checked="" 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				
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 351, SUMMARY PAGE,  
REVERSE

NRC FORM 351  
(5-84)

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	<p><b>TO BE COMPLETED AT BEGINNING OF RATING PERIOD (STEPS 1, 2, A AND B) PERFORMANCE PLANNING</b></p> <p><b>DEVELOP CRITICAL ELEMENTS</b></p> <p><b>A. PROGRAM GOALS</b> (at least one is mandatory)</p> <p style="padding-left: 20px;">Specific Program Goal Elements)</p> <p style="padding-left: 20px;">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.)</p> <p><b>B. MANAGEMENT EFFECTIVENESS GOAL</b> (mandatory)</p> <p style="padding-left: 20px;">a - f. Subelements as stated on the form.</p> <p style="padding-left: 20px;">Additional Subelements, as appropriate, listed alphabetically (g., h., i., etc.)</p> <p><b>C. INDIVIDUAL PERFORMANCE</b> (mandatory)</p> <p style="padding-left: 20px;">a. &amp; b. Subelements as stated on the form.</p> <p style="padding-left: 20px;">Additional Subelements as appropriate, listed alphabetically (c., d., e., etc.)</p>
	STEP 2	<p><b>IDENTIFY PERFORMANCE STANDARDS</b> after each <b>CRITICAL ELEMENT</b> and <b>SUBELEMENT</b>. Complete performance planning and forward to next level supervisor for approval. Review (or return for modification if necessary), approve, and return the performance plan to the Supervising Executive, who signs form.</p>
REVIEWING OFFICIAL (next level supervisor over Supervising Executive) SUPERVISING EXECUTIVE	STEP 3	<p><b>NOTE:</b> 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.</p>
SUPERVISING EXECUTIVE	STEP 4	<p><b>TO BE COMPLETED AT END OF RATING PERIOD. PERFORMANCE EVALUATION/ APPRAISAL</b> including narrative and ratings for each subelement and critical element in the space previously allowed after each Standard. Place summary rating, any recommended pay level change, reassignment or removal action in <b>STEP 4 AND 6 CONTINUED</b>, on the Summary Page.</p>
REVIEWING OFFICIAL (Optional by Office) SUPERVISING EXECUTIVE	STEP 4A	<p>If reviewing official used in office forward to that official (STEP 5)</p>
	STEP 4B	<p>If reviewing official not used, proceed to STEP 6.</p>
	STEP 5	<p>Review, but cannot change appraisal. Check form to indicate review has occurred within three days. Return form to Supervising Executive.</p>
SUPERVISING EXECUTIVE	STEP 6	<p>Discuss appraisal with Senior Executive. Sign and date (mandatory) <b>STEP 4 AND 6 CONTINUED</b> on the Summary Page</p> <p><b>NOTE:</b> If there is another supervisory level between Supervising Executive and Ranking Official, send an information copy to that official.</p>
SENIOR EXECUTIVE	STEP 7	<p>Sign (mandatory), provide comments (optional), and request Independent Review within 5 workdays (optional), and return the original of the appraisal to the Supervising Executive.</p>
SUPERVISORY EXECUTIVE	STEP 8	<p>On receipt:</p>
PERFORMANCE REVIEW BOARD (PRB)	STEP 8A	<p>If Independent Review is requested, forward appraisal to the Performance Review Board (STEP 9).</p>
	STEP 8B	<p>If Independent Review is not requested, forward the appraisal to the Ranking Official (STEP 11).</p>
PERFORMANCE REVIEW BOARD (PRB)	STEP 9	<p>Appoint and forward appraisal to the Independent Executive Reviewer (mandatory) within two workdays.</p>
INDEPENDENT EXECUTIVE REVIEWER	STEP 10	<p>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, <b>STEP 10 CONTINUED</b> place the recommended summary rating any recommended pay level change, reassignment or removal action, and sign.</p>
RANKING OFFICIAL	STEP 11	<p>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.</p>
PERFORMANCE REVIEW BOARD	STEP 12	<p>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.</p>
RATING OFFICIAL/ APPOINTING AUTHORITY	STEP 13	<p>Consider recommendations of PRB (mandatory) and give final summary rating, decision 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 Chair, PRB.</p>
AWARDING AUTHORITY	STEP 14	<p>Consider recommendations of PRB (mandatory), and make final award and pay level change decisions. Forward completed appraisals to the Chair, Performance Review Board.</p>

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 FORMS FACSIMILE HANDBOOK

NRC FORM 351, PAGE 1, FACE

PAGE 1

NRC FORM 351 (5-84) NRCM 4152  <b>U.S. NUCLEAR REGULATORY COMMISSION</b>  <b>SENIOR EXECUTIVE SERVICE (SES)                  PERFORMANCE PLANNING AND APPRAISAL</b>	SENIOR EXECUTIVE - TYPED NAME (Last, first, middle initial)   TITLE  ORGANIZATION   SIGNATURE   DATE  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">RATING PERIOD</td> <td rowspan="2" style="text-align: center;">CAREER APPOINTEE</td> <td rowspan="2" style="text-align: center;">ES LEVEL</td> </tr> <tr> <td style="text-align: center;">FROM</td> <td style="text-align: center;">TO</td> <td style="text-align: center;">YES</td> <td rowspan="2" style="text-align: center;">ES</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">NO</td> <td></td> </tr> </table> SUPERVISING EXECUTIVE - TYPED NAME, TITLE, AND ORGANIZATION   SIGNATURE   DATE	RATING PERIOD		CAREER APPOINTEE	ES LEVEL	FROM	TO	YES	ES			NO				
RATING PERIOD		CAREER APPOINTEE	ES LEVEL													
FROM	TO			YES	ES											
		NO														
<b>STEP 3 - REVIEW/APPROVAL OF PERFORMANCE PLAN</b> (To be completed AFTER STEPS 1 AND 2 below. Mandatory!)																
REVIEWING OFFICIAL - TYPED NAME, TITLE, AND ORGANIZATION   SIGNATURE   DATE																
PLANNING INSTRUCTIONS: At the beginning of the rating period the Senior Executive and Supervising Executive must jointly develop <b>STEP 1 - CRITICAL ELEMENTS AND SUBELEMENTS</b> ; and identify the associated <b>STEP 2 - PERFORMANCE STANDARDS (EXPECTED RESULTS)</b> , allowing space for <b>STEP 4 - PERFORMANCE APPRAISAL</b> , a narrative justification of rating level, to follow immediately after each <b>PERFORMANCE STANDARD</b> . <b>STEP 4</b> To be provided by the Supervising Executive at the end of the rating period. <b>O - OUTSTANDING E - EXCELLENT S - FULLY SUCCESSFUL M - MINIMALLY SATISFACTORY U - UNSATISFACTORY</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="5" style="text-align: center;">PERFORMANCE APPRAISAL</th> </tr> <tr> <th style="width: 20%;">O</th> <th style="width: 20%;">E</th> <th style="width: 20%;">S</th> <th style="width: 20%;">M</th> <th style="width: 20%;">U</th> </tr> <tr> <td style="height: 500px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PERFORMANCE APPRAISAL					O	E	S	M	U					
PERFORMANCE APPRAISAL																
O	E	S	M	U												
PROGRAM GOALS: At least one is mandatory, up to three are permitted. 1. SPECIFIC PROGRAM GOAL CRITICAL ELEMENT (Number 1, 2 and 3) PERFORMANCE STANDARD (EXPECTED RESULTS), allow space for PERFORMANCE APPRAISAL to be done at end of rating period. a. SUBELEMENTS (based on assignments, there may be more than one SUBELEMENT letter sequentially, a, b, c, etc.) PERFORMANCE STANDARD (EXPECTED RESULT) to follow each SUBELEMENT. ALLOW SPACE for PERFORMANCE APPRAISAL after each STANDARD, to be done at the end of the rating period.																
(Use continuation page, NRC Form 351A, as required. Number pages 1A, 1B, 1C, etc.)																
PERFORMANCE RATING (To be completed for each critical element and subelements)																

NRC FORM 351A (5-84) NRCM 4152	U.S. NUCLEAR REGULATORY COMMISSION <b>SENIOR EXECUTIVE SERVICE (SES)</b> <b>PERFORMANCE PLANNING AND APPRAISAL</b> (Continuation)	SENIOR EXECUTIVE -- TYPED NAME (Last, first, middle initial)										
PLANNING INSTRUCTIONS: At the beginning of the rating period the Senior Executive and Supervisory Executive must jointly develop STEP 1 -- CRITICAL ELEMENTS AND SUBELEMENTS; and identify the associated STEP 2 -- PERFORMANCE STANDARDS (EXPECTED RESULTS); allowing space for the Supervising Executive to provide, at end of rating period. STEP 4 -- PERFORMANCE APPRAISAL, a narrative justification of selection level, to follow immediately after each PERFORMANCE STANDARD. O -- OUTSTANDING    E -- EXCELLENT    S -- FULLY SATISFACTORY    M -- MINIMALLY SUCCESSFUL    U -- UNSATISFACTORY		<b>PERFORMANCE APPRAISAL</b>										
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">O</td> <td style="width: 10%; text-align: center;">E</td> <td style="width: 10%; text-align: center;">S</td> <td style="width: 10%; text-align: center;">M</td> <td style="width: 10%; text-align: center;">U</td> </tr> <tr> <td style="height: 600px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	O	E	S	M	U					
O	E	S	M	U								
PERFORMANCE RATING (To be completed for each critical element and subelement)												

NRC FORM 351 (5-84) NRCS-1152	U.S. NUCLEAR REGULATORY COMMISSION	SENIOR EXECUTIVE - TYPED NAME (Last, first, middle initial)
<b>SENIOR EXECUTIVE SERVICE (SES)                  PERFORMANCE PLANNING AND APPRAISAL</b>		

PLANNING INSTRUCTIONS: At the beginning of the rating period the Senior Executive and Supervising Executive must jointly develop: STEP 1 - CRITICAL ELEMENTS AND SUBELEMENTS, and identify the associated STEP 2 - PERFORMANCE STANDARDS (EXPECTED RESULTS), allowing space for STEP 3 - PERFORMANCE APPRAISAL, a narrative justification of rating level, to follow immediately after each PERFORMANCE STANDARD. D - OUTSTANDING    E - EXCELLENT    S - FULLY SUCCESSFUL    M - MINIMALLY SATISFACTORY    U - UNSATISFACTORY	<b>PERFORMANCE                  APPRAISAL</b>					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; text-align: center;">O</td> <td style="width:12.5%; text-align: center;">E</td> <td style="width:12.5%; text-align: center;">S</td> <td style="width:12.5%; text-align: center;">M</td> <td style="width:12.5%; text-align: center;">U</td> </tr> </table>	O	E	S	M	U
O	E	S	M	U		

<b>MANAGEMENT EFFECTIVENESS GOAL (Coverage of SUBELEMENTS a through f mandatory, additional subelements are optional)</b> a. <b>PLANNING AND ORGANIZING</b> PERFORMANCE STANDARD (EXPECTED RESULT) ALLOW SPACE for PERFORMANCE APPRAISAL to be done at end of rating period. b. <b>TIMELINESS OF WORK OR PRODUCT</b> PERFORMANCE STANDARD (EXPECTED RESULT) ALLOW SPACE for PERFORMANCE APPRAISAL c. <b>SELECTION AND DEVELOPMENT OF STAFF</b> PERFORMANCE STANDARD (EXPECTED RESULT) ALLOW SPACE for PERFORMANCE APPRAISAL d. <b>APPRAISING SES AND NON-SES STAFF (INCLUDING ALL PHASES OF THE PERFORMANCE APPRAISAL PROCESS)</b> Continue in same manner as a, b, and c above. e. <b>RESOURCE UTILIZATION</b> Continue in same manner as a, b, and c above. f. <b>EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION EFFORTS (Relating to all groups protected by antidiscrimination laws and covering all employment practices)</b> Continue in same manner as a, b, and c above. g. <b>ADDITIONAL SUBELEMENTS (If appropriate)</b> Continue in same manner as a, b, and c above.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 700px;"></td> <td style="width:12.5%; height: 700px;"></td> <td style="width:12.5%; height: 700px;"></td> <td style="width:12.5%; height: 700px;"></td> <td style="width:12.5%; height: 700px;"></td> </tr> </table>					
(Use continuation page, NRC Form 351A, as required. Number 2A, 2B, 2C, etc.)	<b>PERFORMANCE RATING (To be completed for each critical element and subelements)</b>					

NRC FORM 351 (5-84) NRCM 4152	U.S. NUCLEAR REGULATORY COMMISSION <b>SENIOR EXECUTIVE SERVICE (SES)                  PERFORMANCE PLANNING AND APPRAISAL</b>	SENIOR EXECUTIVE -- TYPED NAME (Last, first, middle initial)					
PLANNING INSTRUCTIONS: At the beginning of the rating period the Senior Executive and Supervising Executive must jointly develop: STEP 1 -- CRITICAL ELEMENTS AND SUBELEMENTS, and identify the associated STEP 2 -- PERFORMANCE STANDARDS (EXPECTED RESULTS), allowing space for STEP 4 -- PERFORMANCE APPRAISAL, a narrative justification of rating level, to follow immediately after each PERFORMANCE STANDARD		<b>PERFORMANCE APPRAISAL</b>					
Q -- OUTSTANDING    E -- EXCELLENT    S -- FULLY SUCCESSFUL    M -- MINIMALLY SATISFACTORY    U -- UNSATISFACTORY		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">O</td> <td style="width: 20%;">E</td> <td style="width: 20%;">S</td> <td style="width: 20%;">M</td> <td style="width: 20%;">U</td> </tr> </table>	O	E	S	M	U
O	E	S	M	U			
<b>INDIVIDUAL PERFORMANCE</b> (Coverage of SUBELEMENTS a and b is mandatory, additional SUBELEMENTS are optional) <ul style="list-style-type: none"> <li>a. <b>PROBLEM SOLVING</b>                      PERFORMANCE STANDARD (EXPECTED RESULT) ALLOW                      SPACE for PERFORMANCE APPRAISAL to be done at the end of the rating period</li> <li>b. <b>INTERPERSONAL SKILLS (INCLUDING COMMUNICATIONS)</b>                      PERFORMANCE STANDARD (EXPECTED) ALLOW                      SPACE for PERFORMANCE APPRAISAL to be done at the end of the rating period</li> <li>c. <b>ADDITIONAL SUBELEMENTS</b> (if appropriate)                      Continue in same manner as a and b above</li> </ul>		<table border="1" style="width: 100%; border-collapse: collapse; height: 600px;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>					
(Use continuation page NRC Form 351A as required. Number pages 3A, 3B, 3C, etc.)		<b>PERFORMANCE RATING</b> To be completed for each critical element and subelement.					

NRC FORM 351 (5-84) NRCM 4152	U.S. NUCLEAR REGULATORY COMMISSION <b>SENIOR EXECUTIVE SERVICE (SES)                  PERFORMANCE PLANNING AND APPRAISAL</b>	SENIOR EXECUTIVE - TYPED NAME (Last, first, middle initial)
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**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): SUPERVISING EXECUTIVE:** Place Summary rating (Mandatory), any recommended pay level change, reassignment or removal action in **STEP 4 AND 6 CONTINUED**, on the Summary Page, after **STEP 6**, sign and date.

**SUPERVISING EXECUTIVE'S COMMENTS (Brief narrative summary):** May document areas for future emphasis or training and development needs. Begin performance planning for the next rating period, using a new NRC Form 351.

**STEP 4A** -- If Reviewing Official used in office, forward to that official (**STEP 5**). **STEP 4B** -- If Reviewing Official not used, proceed to **STEP 6**.

**STEP 5 -- REVIEWING OFFICIAL (Optional by Office):** Reviewer cannot change appraisal or rating. Indicate only if 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:** I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Complete this step and return the appraisal to your supervisor within five workdays.)

SENIOR EXECUTIVE'S SIGNATURE (Mandatory)	DATE	INDEPENDENT REVIEW <input type="checkbox"/> REQUESTED <input type="checkbox"/> NOT REQUESTED
--	------	--

**SENIOR EXECUTIVE'S COMMENTS (Optional):** Use additional page if necessary.

**STEP 8 -- SUPERVISING EXECUTIVE:** On receipt of appraisal, supply one copy to the Senior Executive and **STEP 8A** -- If an Independent Review is requested, send the appraisal to the Performance Review Board. **STEP 8B** -- If an Independent Review is not requested, send the original of the appraisal to the Ranking Official.

**STEP 9 -- PERFORMANCE REVIEW BOARD:** Appoint an Independent Executive Reviewer, if requested by the Senior Executive, within two workdays. (Mandatory, if requested. Insert name, position title and organization below.)

INDEPENDENT EXECUTIVE APPOINTED	POSITION TITLE	ORGANIZATION
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**STEP 10 -- INDEPENDENT EXECUTIVE REVIEWER:** Conduct review within five workdays of assignment. (Mandatory). Indicate below whether you agree or disagree with the supervisor's recommended rating and why. (Use additional pages if necessary). Place recommended summary rating, any recommended pay level change, reassignment or removal action in **STEP 10 CONTINUED**, on the Summary Page.



<p>NRC FORM 351A U.S. NUCLEAR REGULATORY COMMISSION NRCM 4152</p> <p style="text-align: center;"><b>SENIOR EXECUTIVE SERVICE (SES) PERFORMANCE PLANNING AND APPRAISAL</b> (Continuation)</p>	<p>SENIOR EXECUTIVE - TYPED NAME (Last, first, middle initial)</p>															
<p><small>PLANNING INSTRUCTIONS: At the beginning of the rating period the Senior Executive and Supervisory Executive must jointly develop: STEP 1 - CRITICAL ELEMENTS AND SUBELEMENTS, and identify the associated STEP 2 - PERFORMANCE STANDARDS (EXPECTED RESULTS), allowing space for the Supervisory Executive to provide, at end of rating period, STEP 4 - PERFORMANCE APPRAISAL a separate justification of selection level, to follow immediately after each PERFORMANCE STANDARD. O - OUTSTANDING E - EXCELLENT S - FULLY SATISFACTORY M - MINIMALLY SUCCESSFUL U - UNSATISFACTORY</small></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5" style="text-align: center;">PERFORMANCE APPRAISAL</th> </tr> <tr> <th style="width:20%;">O</th> <th style="width:20%;">E</th> <th style="width:20%;">S</th> <th style="width:20%;">M</th> <th style="width:20%;">U</th> </tr> </thead> <tbody> <tr><td style="height: 500px;"> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	PERFORMANCE APPRAISAL					O	E	S	M	U					
PERFORMANCE APPRAISAL																
O	E	S	M	U												
PERFORMANCE RATING (To be completed for each critical element and subelement)																

FORMS MANAGEMENT DATA					6/84
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	NRCM 4152 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST      OTHER DESTROY:      (SPECIFY) <input checked="" 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	5-84

NRC Form 266 (7-84)	U.S. NUCLEAR REGULATORY COMMISSION  <b>APPLICATION FOR SENIOR EXECUTIVE SERVICE CANDIDATE DEVELOPMENT PROGRAM</b>	APPLICANT'S NAME _____ POSITION TITLE _____ GRADE _____ OFFICE _____ DIVISION _____ TELEPHONE NUMBER _____ MAIL ADDRESS/MAIL STOP _____
<b>PART I - COMPETENCIES</b> 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 typifying ability or potential are shown for each area.)		
<b>A. EFFECTIVENESS IN INTEGRATING INTERNAL AND EXTERNAL PROGRAM/POLICY ISSUES</b> (Understanding the impact of program activities, coordinating efforts with internal offices, other Government agencies, laboratories and industry groups on research, complex and controversial issues, and understanding the impact of internal social, political, and economic developments. Understanding key national and agencywide goals and their application in carrying out his or her responsibilities.)		
<b>B. ABILITY TO FUNCTION AS AN ORGANIZATIONAL SUPERVISOR AND LIAISON</b> (Understanding the needs of the organization and its unit, office, or NRC with industry, professional, or other group/associations.)		
<b>C. ABILITY TO PROVIDE DIRECTION AND GUIDANCE OF PROGRAMS, PROJECTS, OR POLICY DEVELOPMENT</b> (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 effectively managing resources, delegating authority, and using and effective delegation or assignment of responsibility.)		
<b>D. ABILITY IN RESOURCE ACQUISITION AND ADMINISTRATION</b> (Staffing, work force planning, including recruitment and selection, EEO and affirmative action planning, budgeting and contracting.)		

FORMS MANAGEMENT DATA				6/84	
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:MDTS	STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input checked="" type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY)		Sheet	7-84
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

<p><b>E. ABILITY TO UTILIZE HUMAN RESOURCES</b> <i>(Developing, training, and managing a professional staff; EEO and affirmative action achievements.)</i></p>	
<p><b>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</b> <i>(Periodically monitors and reviews programs, and provides program evaluation.)</i></p>	
<p><b>G. JUDGE THE TECHNICAL ACCURACY AND APPROACH IN A SPECIALTY ENGINEERING, SCIENTIFIC, ADMINISTRATIVE-MANAGEMENT, LEGAL</b> <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><b>PART II - COMMITMENTS</b> <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 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><b>PRIVACY ACT STATEMENT</b></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 described at 40 Federal Register 45331 (October 1, 1975).</p> <p><b>AUTHORITY</b> - Public Law 95-454 (Civil Service Reform Act) dated October 13, 1978 and 5 U.S.C. 1101-92 Stat. 1111.</p> <p><b>PRINCIPAL PURPOSE(S)</b> - 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><b>ROUTINE USES</b> - 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><b>WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION</b> - Disclosure is voluntary, however, failure to provide the requested information may prevent your being considered for the Candidate Development Program.</p> <p><b>SYSTEM MANAGER AND ADDRESS</b> - Director, Management Development and Training Staff, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.</p>



NRC FORMS FACSIMILE HANDBOOK

NRC FORM 359A

NRC FORM 359A (8-83)		U.S. NUCLEAR REGULATORY COMMISSION			SERIAL NUMBER		A 04204
<b>LOG OF MONIES RECEIVED BY OFFICES OTHER THAN DIVISION OF ACCOUNTING AND FINANCE</b>							FOR DIVISION OF ACCOUNTING AND FINANCE USE ONLY
ORGANIZATION RECEIVING MONIES (Office, Division, Branch):							DATE LOGGED IN   TIME
DATE LOGGED IN   TIME							RECORDER
NO	CHECK NO	CASH	REMITTER	DATE OF CHECK	AMOUNT	ORR NO. AND DATE	
1							
2							
3							
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32							
RECEIVER—CASHIER/ALTERNATE (Signature):						DATE	TIME

FORMS MANAGEMENT DATA

6/84

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)	RM:A	STATUS OF EXISTING STOCK <input checked="" 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-0359A	HD	8-83

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 361, FACE

NRC FORM 361 (6-83) 10 CFR 50.72		<b>EVENT NOTIFICATION</b>				U.S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB 3190-0011			
TIME OF NOTIFICATION	EVENT TIME AND ZONE	NRC REGION		DATE	MONTH	DAY	YEAR		
FACILITY OR ORGANIZATION		CALLER'S NAME		TELEPHONE NUMBER (For call back)					
<b>A. EVENT CLASSIFICATION/REQUIRED NOTIFICATION</b>									
1. ALERT	RDO	6. TRANSPORTATION EVENT		RDO					
2. SITE AREA EMERGENCY	EO	EO		OOE					
3. GENERAL EMERGENCY	NRR	DOT							
RGT WILL MAKE ALL OTHER NOTIFICATIONS				7. 50.72 NON-EMERGENCY		RDO			
4. PHYSICAL SECURITY/SAFEGUARDS	RDO	8. UNPLANNED RELEASE		RDO					
*EO	*IAT	EO		FEMA					
*EO AND IAT NOT REQUIRED FOR SOME EVENTS				OOE		HHS			
5. NOTIFICATION OF UNUSUAL EVENTS	RDO	EPA							
EO	FEMA	9. OTHER NOTIFICATIONS EO (DAYS):							
COMMISSIONERS/ASSISTANTS BRIEFED (Complete reverse of form) BRIEFING TIME:									
<b>B. POWER REACTOR EVENT</b>									
POWER PRIOR TO EVENT		POWER AT TIME OF REPORT		RESIDENT INFORMED					
TRIP		INITIATING SIGNAL							
SAFETY INJECTION OR ECCS		INITIATING SIGNAL							
ESF ACTUATION									
LCO ACTION STATEMENT									
<b>C. EVENT DESCRIPTION/CAUSE</b>									
RADIOACTIVITY RELEASES (Quantity)									
OTHER MAJOR PROBLEMS									
<b>E. PLANNED ACTION/PRESS RELEASE</b>									
<b>F. OUTSIDE AGENCY OR PERSONNEL NOTIFIED BY LICENSEE</b>									
STATE(S)		LOCAL							
OTHER									
G. DUTY OFFICER				PLEASE CALL BACK WITH ANY CHANGES OR ADDITIONAL INFORMATION					

FORMS MANAGEMENT DATA

6/84

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PREScribing DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h	IE	10 CFR 50.72		Sheet	6-83
<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 type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			





NRC Form 366 (9-83)										U.S. NUCLEAR REGULATORY COMMISSION APPROVED OMB NO. 3150-0104									
<b>LICENSEE EVENT REPORT (LER)</b>																			
FACILITY NAME (1)										DOCKET NUMBER (2)					PAGE 15				
										0 5 0 0 0					1 OF				
TITLE (4)																			
EVENT DATE (5)			LER NUMBER (6)				REPORT DATE (7)			OTHER FACILITIES INVOLVED (8)									
MONTH	DAY	YEAR	YEAR	SEQUENTIAL NUMBER	REVISION NUMBER	MONTH	DAY	YEAR	FACILITY NAMES					DOCKET NUMBER(S)					
														0 5 0 0 0					
			0 5 0 0 0																
OPERATING MODE (9)		THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR § (Check one or more of the following) (11)																	
		20.402(a)			20.406(a)			90.73(a)(2)(iv)			73.71(b)								
POWER LEVEL (10)		20.406(a)(1)(i)			90.36(a)(1)			90.73(a)(2)(v)			73.71(a)								
		20.406(a)(1)(ii)			90.36(a)(2)			90.73(a)(2)(vi)			OTHER (Specify in Abstract below and in Text, NRC Form 366A)								
		20.406(a)(1)(iii)			90.73(a)(2)(i)			90.73(a)(2)(viii)(A)											
		20.406(a)(1)(iv)			90.73(a)(2)(ii)			90.73(a)(2)(viii)(B)											
		20.406(a)(1)(v)			90.73(a)(2)(iii)			90.73(a)(2)(ix)											
					90.73(a)(2)(iv)			90.73(a)(2)(x)											
LICENSEE CONTACT FOR THIS LER (12)																			
NAME										TELEPHONE NUMBER									
										AREA CODE									
COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)																			
CAUSE	SYSTEM	COMPONENT	MANUFAC TURE	REPORTABLE TO NRC	CAUSE	SYSTEM	COMPONENT	MANUFAC TURE	REPORTABLE TO NRC										
SUPPLEMENTAL REPORT EXPECTED (14)										EXPECTED SUBMISSION DATE (15)									
<input type="checkbox"/> YES (If yes, complete EXPECTED SUBMISSION DATE)										<input type="checkbox"/> NO									
										MONTH DAY YEAR									
ABSTRACT (Limit to 1400 spaces, i.e., approximately 1700 single space typewritten lines) (16)																			

NRC Form 366  
(9-83)

FORMS MANAGEMENT DATA				6/84	
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) <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)	AEOD	10 CFR 20, 50, & 73 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input checked="" type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	W7540-00-NRC-0366X	PD	9-83
		OTHER (SPECIFY) STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)			

NRC Form 366A 10-83		<b>LICENSEE EVENT REPORT (LER) TEXT CONTINUATION</b>			U.S. NUCLEAR REGULATORY COMMISSION APPROVED OMB NO. 3150-0104	
FACILITY NAME (1)	DOCKET NUMBER (2)	LER NUMBER (3)			PAGE (3)	
		YEAR	SEQUENTIAL NUMBER	REVISION NUMBER		
	0 5 0 0 0	-	-	-	08	
TEXT (If more space is required, use additional NRC Form 366A's (17))						

NRC FORM 366A  
10-83

FORMS MANAGEMENT DATA				6/84	
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 (Pgs/Sheet per Pgd) <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)	A.E.O.D.	10 CFR 20, 50, & 73  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-0366A	PD	9-83



PROOF OF COURSE COMPLETION MUST ACCOMPANY EVALUATION ON REIMBURSEMENT REQUESTS.

NRC FORM 368 (1-84) NRCM 4150 EXCEPTION TO SF-192 APPROVED BY OPM AND GSA 3-90		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		REQUEST NUMBER	
<b>TRAINING REQUEST AND AUTHORIZATION</b>				DATE RECEIVED BY MDTS	
(Read "I. INSTRUCTIONS" on the reverse before completing this form. Additional instructions are provided to fill handicapped or disabled requester's requirements.)					
<b>A. EMPLOYMENT INFORMATION</b>					
1. EMPLOYEE'S NAME		2. SOCIAL SECURITY NO.		3. BIRTH DATE	
LAST	FIRST	MIDDLE INITIAL		a. MO.	b. YR.
5. OFFICE/DIVISION/BRANCH		6. POSITION TITLE		7. SERIES	
				8. GRADE/STEP	
				9. OFFICE PHONE NO. (7 digits)	
10. EDUCATION				11. CONTINUOUS CIVILIAN GOVERNMENT SERVICE	
a. HIGH SCHOOL	b. YRS. OF COLLEGE	c. HIGHEST DEGREE	d. DEGREE FIELD	YRS.	MOS.
				NOTE: If service is less than one year, waivers are required for training through Non-Gov't facilities. (See G2 on reverse.)	
12. HOME ADDRESS			13. NRC - PAID TRAINING RECEIVED DURING PAST TWO YEARS		
TELEPHONE NO.					
<b>B. PROPOSED TRAINING DATA</b>					
1. NAME OF FACILITY		TELEPHONE NO.		2. LOCATION OF TRAINING (If same as facility, mark box <input type="checkbox"/> )	
a. STREET ADDRESS				a. STREET ADDRESS	
b. CITY		STATE		ZIP CODE	
				EDUCATIONAL CODE	
4. TRAINING DATES (6 digits each)		5. ACTUAL TRAINING HOURS (4 digits each)		6. TO BE COMPLETED BY MDTS	
a. START		b. COMPLETE		a. DUTY	
YEAR	MO.	DAY	YEAR	MO.	DAY
				b. NON-DUTY	
				c. TOTAL	
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.					
<b>C. COST AND FUNDS OBLIGATION</b>			<b>D. SIGNATURES OF REQUESTER, RECOMMENDATION, APPROVAL, AUTHORIZATION, AND OBLIGATION (Read section H, Fraudulent Claims, on reverse before signing)</b>		
1. COST ESTIMATES		TO BE ASSUMED BY		ARE YOU RECEIVING VA/GI-BILL EDUCATION BENEFITS?	
a. DIRECT COSTS		EMPLOYEE	NRC	1. EMPLOYEE	DATE
(1) TUITION				2. PROPOSED TRAINING IS RECOMMENDED (Supervisor) DATE	
(2) REGISTRATION				3. DIVISION/OFFICE APPROVAL (Approving Official) DATE	
(3) OTHER (Specify)				4. PROPOSED TRAINING IS AUTHORIZED (Training Official, ADM, MDTS) DATE	
SUBTOTAL				5. THERE ARE SUFFICIENT FUNDS TO COVER THE DIRECT TRAINING COSTS STATED IN C. 1 & 4. (Appropriate Official, ADM, Fiscal Section) DATE	
b. INDIRECT COSTS				6. THERE ARE SUFFICIENT FUNDS TO COVER INDIRECT COSTS STATED IN C. 1 & 4, I.E. TRAVEL, ETC. (Appropriate official) DATE	
(1) PER DIEM RATE	DAYS			BILLING ADDRESS	
(2) TRAVEL				U.S. NUCLEAR REGULATORY COMMISSION OFFICE OF RESOURCE MANAGEMENT DIVISION OF ACCOUNTING AND FINANCE WASHINGTON, DC 20555	
(3) OTHER (Specify)					
SUBTOTAL					
TOTAL					
2. TUITION INCLUDED MEALS AND LODGING		DATE			
YES if yes, Appropriate MDTS Official's Signature					
NO					
3. DOCUMENT - * NO (MDTS use only)		DATE MAILED TO FACILITY			
<b>4. FUNDING SYMBOLS</b>					
a. APPROPRIATION	b. BAR NUMBER	c. AGENCY STATION NO.			
31X0200 408	41-20-27-202	31-00-0001			

FORMS MANAGEMENT DATA					
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	ADM:MDT	NRCM 4150	7540-00-NRC-0368X	HD	3-84
CARD					
PD/ (Part/Sheet per Part)					
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 checked="" type="checkbox"/> USE FIRST DESTROY IMMEDIATELY <input type="checkbox"/> OTHER (SPECIFY)			
		WHEN NEW STOCK IS AVAILABLE			
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input checked="" type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)			

F. CONTINUED SERVICE AGREEMENT

NOTE: This agreement must be signed by the nominee 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 addition expense (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 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, a copy of the NRC Form 368 is sent to the Office of Resource Management, Training Coordinator, and to the employee.

PRIVACY ACT STATEMENT

Pursuant to 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 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; (f) registration/acceptance form for training courses.
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. 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 3, FACE,  
NRC FORM 368A, FACE\*

NRC FORM 368A (3-84), NRCM 4150		U.S. NUCLEAR REGULATORY COMMISSION		REQUEST NUMBER	
<b>EVALUATION OF TRAINING</b>				DATE RECEIVED BY MDTs	
PROOF OF COURSE COMPLETION MUST ACCOMPANY EVALUATION ON ALL REIMBURSEMENT REQUESTS.					
<b>A. EMPLOYMENT INFORMATION</b>					
1. EMPLOYEE'S NAME			2. SOCIAL SECURITY NO.	3. BIRTH DATE	4. MAIL STOP
LAST	FIRST	MIDDLE INITIAL		a. MO. b. YR.	
5. OFFICE/DIVISION/BRANCH		6. POSITION TITLE		7. SERIES	8. GRADE/STEP
				9. OFFICE PHONE NO. (7 digits)	
<p><b>INSTRUCTIONS.</b> 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>					
<b>B. PROPOSED TRAINING DATA</b>					
1. NAME OF FACILITY		TELEPHONE NO.	2. LOCATION OF TRAINING (if same as facility, mark box <input type="checkbox"/> )		
a. STREET ADDRESS		b. CITY	STATE	ZIP CODE	EDUCATIONAL CODE
b. CITY		STATE	ZIP CODE	3. a. GOVERNMENT b. NON-GOVERNMENT	TO BE COMPLETED BY MDTs
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 MO DAY		YEAR MO DAY			
6. TITLE, COURSE NUMBER (if applicable), BRIEF DESCRIPTION AND SOURCE OF INFORMATION (Do not provide additional information elsewhere.)					
<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. 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>					
<b>C. EVALUATION OF TRAINING</b>					
Read each item and check the appropriate rating column					
<b>EVALUATION FACTORS</b>	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	GOOD		INSUFFICIENT	
8. EFFECTIVENESS OF INSTRUCTORS	EXCELLENT	ADEQUATE		POOR	
9. APPLICABILITY OF SUBJECT MATTER TO THE JOB	SIGNIFICANT	GOOD		INSIGNIFICANT	
10. FACILITIES	EXCELLENT	RECOMMENDED		POOR	
11. RECOMMENDATION TO COLLEAGUES	HIGHLY RECOMMENDED	NO		NOT RECOMMENDED	
12. MEET CAREER DEVELOPMENT PLAN	YES	TOO SLOWLY		NOT APPLICABLE	
13. RATE AT WHICH COURSE PROGRESSED	TOO FAST			JUST RIGHT	
14a. SPECIFY THE AREAS YOU FEEL REQUIRE MORE EMPHASIS					

CONTINUED ON REVERSE

IRC FORM 368A is not printed separately from NRC FORM 368.

14b. 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(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 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 374  
(5-84)

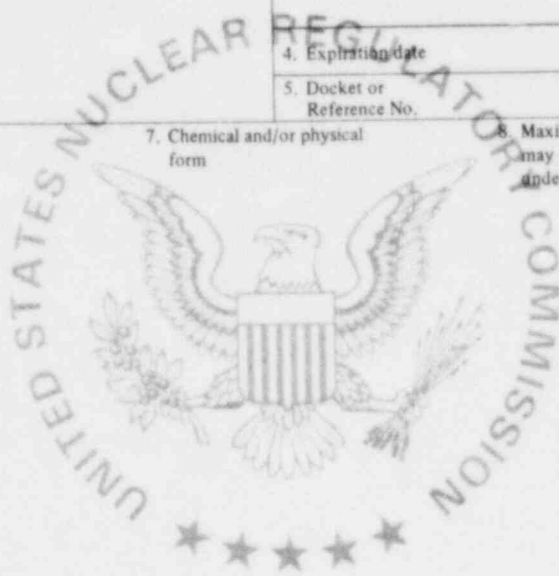
U. S. NUCLEAR REGULATORY COMMISSION

PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES

**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). 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		3. License number
1.		4. Expiration date
2.		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**

6/84

CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	NMSS:FC	10 CFR 30	W7540-00-NRC-0374X	HD	5-84
<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 checked="" 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)				

NRC Form 374A  
(5-84)

U.S. NUCLEAR REGULATORY COMMISSION

PAGE OF PAGES

MATERIALS LICENSE  
SUPPLEMENTARY SHEET

License number

Docket or Reference number



FORMS MANAGEMENT DATA

6/84

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:FC	10 CFR 30 STATUS OF EXISTING STOCK <input checked="" 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 type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> PROMULGATING OFFICE (ONLY)	W7540-00-NRC-0374A	HD	5-84

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 378

NRC Form 378 (8-83)	U.S. NUCLEAR REGULATORY COMMISSION				
<b>FORMS TRANSMITTAL NOTICE</b>					
TO:					
FORM NUMBER AND TITLE	SUPERSEDED		REPLACEMENT		
	EDITION DATE	DISPOSITION	EDITION DATE	AVAILABILITY	
				DATE	LOCATION
REMARKS					

FORMS MANAGEMENT DATA					6/84
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)	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 OTHER (SPECIFY)		Sheet	8-83
		STOCKING POINT			
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 379

NRC Form 379 (10-83)		U. S. NUCLEAR REGULATORY COMMISSION			NUREG	REPORT REC'D
<b>STATUS OF MANUSCRIPT</b>				NUREG/CR-		
1. COVER, TITLE PAGE AND SPINE AT	DATE	ART COMPLETED	APPROVAL	CORRECTION	ART COMPLETED	
<b>A. GRAPHICS</b>						
<b>K. PROGRAM OFFICE FOR REVIEW</b>						
<b>2. HOLDING FOR</b>						
<input type="checkbox"/> NRC FORM 423	RETURN OF COVER APPROVAL FORM			TECH MONITOR SENDING LABELS		
<input type="checkbox"/> NRC FORM 335	MISSING-CORRECTED PAGES			DATE		
<input type="checkbox"/> REFERENCES	MANUSCRIPT RETURNED			FOLLOWUP TELEPHONE CALLS		
<input type="checkbox"/> PERSONAL COMMUNICATION	OTHER NRC OFFICES SUPPLYING DATA			OTHER (Specify):		
<input type="checkbox"/> DISTRIBUTION PROBLEM (Specify)	<input type="checkbox"/> CA	<input type="checkbox"/> SP	<input type="checkbox"/> PA	<input type="checkbox"/> LPOB		
3. COMMENTS						
MANUSCRIPT REVIEW CHECKLIST						
1. NRC FORM 423						
2. NRC FORM 335						
3. FRONT MATTER COMPLETE ABSTRACT SUMMARY TABLE OF CONTENTS						
4. PAGES NUMBERED CONSECUTIVELY						
5. FIGURES AND TABLES CHECKED FOR CAPTIONS AND CORRECT NUMBERING						
6. BACK MATTER COMPLETE REFERENCES BIBLIOS. GLOSSARIES						
7. PUBLISHING SECTION CHECK NUREG NUMBER AGAINST LOG						
8. PUBLISHING SECTION CHECK DISCLAIMER STATEMENT						
REVIEWER (Editor, Tab Specialist)						DATE

FORMS MANAGEMENT DATA				6/84		
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PD/____ (Part/Sheet per Part) 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)	ADM;T;DC;PPM	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	10-83	
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				



NRC FORM 380 (3-84)		U.S. NUCLEAR REGULATORY COMMISSION		INSTRUCTIONS: COMPLETE PARTS A, B, AND C, AND SUBMIT SEPARATE COPIES OF THIS FORM FOR EACH COMPUTER TIMESHARING ACCOUNT TO BE OPENED, TRANSFERRED OR DELETED, AND FOR TRANSFER OF FILES, RECOVERY OF KEYWORD AND CHANGE IN PASSWORD.  IF ASSISTANCE IS REQUIRED, CONTACT THE ACCOUNT COORDINATOR OR THE ADP INFORMATION TECHNOLOGY CENTER.	
<b>COMPUTER FACILITY ACCESS/CHANGE REQUEST</b>					
<b>A. USER/NEW OWNER DATA</b>					
1. NAME (Last, first, middle initial)		ORGANIZATION (Office/Division/Branch)		TELEPHONE NUMBER	MAIL STOP (or contractor address)
2. APPLICATION NUMBER		APPLICATION TITLE			
3. IF THE EXISTING OR NEW USER IS NOT AN NRC EMPLOYEE, PROVIDE THE FOLLOWING DATA					
4. RESPONSIBLE NRC CONTACT		TELEPHONE NUMBER	MAIL STOP	ORGANIZATION (Office/Division/Branch)	5. ESTIMATED CONTRACT END DATE
<b>B. TYPE OF ACTION REQUESTED</b>					
<b>1. NEW COMPUTER ACCOUNT</b>					
N/H/DCRT	B/NL CSC*	I/NEL CSC	F-634 DG MV/8000	OTHER (Specify)	
ACCOUNT NUMBER	BOX NUMBER	PROB NUMBER	CHANGE NUMBER		
JUSTIFICATION					
WILL CLASSIFIED DATA BE PROCESSED?	WILL SENSITIVE DATA BE PROCESSED?	ESTIMATED USAGE (Thousands of dollars)	CURRENT FISCAL YEAR	NEXT FISCAL YEAR	
SIGNATURE - ACCOUNT COORDINATOR					DATE
<b>2. CHANGE TO EXISTING COMPUTER ACCOUNT</b>					
N/H/DCRT	B/NL CSC*	I/NEL CSC	F-634 DG MV/8000	OTHER (Specify)	
ACCOUNT NUMBER	BOX NUMBER	PROB NUMBER	CHANGE NUMBER		
3. DELETE USER	USER IDENTIFICATION (Initials, Username, or User ID)		CONTACT	TELEPHONE NUMBER	
4. TRANSFER RESPONSIBILITY (N/H only)	INITIALS	CURRENT OWNER'S NAME (Initials will be transferred to user cited in item A1 above)			
5. TRANSFER RESPONSIBILITY (Contractor accounts)	USER IDENTIFICATION (Initials, Username, or User ID)			CURRENT NRC CONTACT (Contact will be changed to name cited in A3 above)	
6. TRANSFER FILES (Not valid for N/H)	CURRENT OWNER IDENTIFICATION (Username or User ID)			NEW OWNER IDENTIFICATION (Username or User ID)	
FILES TO BE TRANSFERRED	ALL	FILE NAME(s) (Specify)			
7. RECOVER KEYWORD (N/H only)	INITIALS				
8. CHANGE PASSWORD (Not valid for N/H)	USER IDENTIFICATION (Username or User ID)		REASON		
COMMENTS					
VERIFY THAT ALL TAPES HAVE BEEN RELEASED AND THAT ALL DISK DATABASES HAVE BEEN SCRATCHED OR TRANSFERRED FOR ANY REQUESTED USER DELETIONS					
SIGNATURE - ACCOUNT COORDINATOR				DATE	
<b>C. SIGNATURES</b>					
BRANCH CHIEF		DATE	OFFICE DIRECTOR OR DESIGNEE (New Accounts)		DATE

FORMS MANAGEMENT DATA						
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	6/84 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:DSD		7540-30-NRC-0380X	HD	3-84
		<b>STATUS OF EXISTING STOCK</b>				
		<input type="checkbox"/> USE FIRST DESTROY: IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE	OTHER (SPECIFY)			
		<b>STOCKING POINT</b>				
		<input checked="" type="checkbox"/> WAREHOUSE	<input checked="" type="checkbox"/> SUPPLY ROOMS			
		PROMULGATING OFFICE (ONLY)				

NRC FORM 381 14-84	U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, D.C. 20555  <b>FACILITY COMPLAINT</b>	FACILITY COMPLAINT NUMBER  DATE
TO: (Name)		FROM: (Name)
<input type="checkbox"/> GERMANTOWN FIELD OFFICE, U.S. DOE GSA, ROOM 9003, GERMANTOWN WASHINGTON, DC 20545		CHIEF BUILDING AND OPERATIONS BRANCH DIVISION OF FACILITIES AND OPERATIONS SUPPORT OFFICE OF ADMINISTRATION  CONTACT (Chief, Space Management Section)      TELEPHONE NUMBER 492-7227
<input type="checkbox"/> HYATTSVILLE FIELD OFFICE 6525 BELCREST ROAD, SUITE 1010 HYATTSVILLE, MD 20782		
<input type="checkbox"/> ROCK CREEK FIELD OFFICE 2120 L STREET, N.W., SUITE 101 WASHINGTON, DC 20037		
<input type="checkbox"/> McPHERSON SQUARE FIELD OFFICE 1725 EYE STREET, N.W., SUITE 702 WASHINGTON, DC 20748		
THE BUILDING AND OPERATIONS BRANCH HAS RECEIVED A COMPLAINT FOR THE FOLLOWING LOCATION.		BUILDING _____ ROOM NUMBER _____
PROBLEM		
WE HAVE SPOKEN WITH A MEMBER OF YOUR STAFF ABOUT THIS PROBLEM.		GSA CONTACT _____ TELEPHONE NUMBER _____
YOUR STAFF'S ATTENTION TO THIS MATTER WILL BE APPRECIATED. THE NRC SPACE MANAGEMENT SECTION CHIEF AND STAFF ARE AVAILABLE TO ACTIVELY FOLLOW UP TO ASSURE THAT THE PROBLEM IS RESOLVED. IF YOU REQUIRE ANY ASSISTANCE, CALL THE CHIEF, SPACE MANAGEMENT SECTION AT THE NUMBER PROVIDED ABOVE.		

NRC FORM 381, PART 1, REVERSE

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

FORMS MANAGEMENT DATA				6/84	UNIT OF ISSUE	EDITION DATE
CONSTRUCTION OF FORM  SHEET _____ CARD _____ PD/ _____ (Pad/Sheet per Pad) <input checked="" type="checkbox"/> US/ 4 _____ (Unit Sets/Number of Parts) & <input checked="" type="checkbox"/> MP/ 5 _____ (Multipage/Number of Parts) Part 1 is LABEL 8 1/2 x 5 1/2", Parts 2, 3, & 4 PC (Postal Card) are 8 1/2 x 11"; Parts 1 & 4 TC (Tab Card) have reverse printing TP/ _____ (Tab Paper/Number of Parts) ENVL _____ OTHER (Specify) _____	PROMULGATING OFFICE  ADM:FOS:BO	PRESCRIBING DIRECTIVE  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 (ON/ Y)		US/4	4-84	

# NRC FORMS FACSIMILE HANDBOOK

NRC FORM 381, PARTS 2 & 3

NRC FORM 381 (4-84)	U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, D.C. 20558  <b>FACILITY COMPLAINT</b>	FACILITY COMPLAINT NUMBER  DATE
TO: (Name)  <input type="checkbox"/> GERMANTOWN FIELD OFFICE, U.S. DOE GSA, ROOM R003, GERMANTOWN WASHINGTON, DC 20545  <input type="checkbox"/> HYATTSVILLE FIELD OFFICE 6525 BELCREST ROAD, SUITE 1010 HYATTSVILLE, MD 20782		FROM: (Name)  <input type="checkbox"/> ROCK CREEK FIELD OFFICE 2120 L STREET, N.W., SUITE 101 WASHINGTON, DC 20037  <input type="checkbox"/> McPHERSON SQUARE FIELD OFFICE 1725 EYE STREET, N.W., SUITE 702 WASHINGTON, DC 20748  CHIEF, BUILDING AND OPERATIONS BRANCH DIVISION OF FACILITIES AND OPERATIONS SUPPORT OFFICE OF ADMINISTRATION
		CONTACT (Chief, Space Management Section) _____ TELEPHONE NUMBER <span style="float: right;">492-7227</span>
THE BUILDING AND OPERATIONS BRANCH HAS RECEIVED A COMPLAINT FOR THE FOLLOWING LOCATION.		BUILDING _____ ROOM NUMBER _____
PROBLEM		
WE HAVE SPOKEN WITH A MEMBER OF YOUR STAFF ABOUT THIS PROBLEM.		GSA CONTACT _____ TELEPHONE NUMBER _____
YOUR STAFF'S ATTENTION TO THIS MATTER WILL BE APPRECIATED. THE NRC SPACE MANAGEMENT SECTION CHIEF AND STAFF ARE AVAILABLE TO ACTIVELY FOLLOW UP TO ASSURE THAT THE PROBLEM IS RESOLVED. IF YOU REQUIRE ANY ASSISTANCE, CALL THE CHIEF, SPACE MANAGEMENT SECTION AT THE NUMBER PROVIDED ABOVE.		

COMPLAINANT'S NAME	ORGANIZATION	LOCATION	LOCATION OF PROBLEM		FACILITY COMPLAINT NUMBER
			BUILDING	ROOM	
COMMENTS					
<b>CASE CLOSED</b>					
SIGNATURE - CHIEF, SPACE MANAGEMENT SECTION	DATE	SIGNATURE - CHIEF, BUILDING AND OPERATIONS BRANCH	DATE		

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 381, PART 4, FACE



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

FACILITY COMPLAINT NUMBER

DATE

FROM:

CHIEF, BUILDING AND OPERATIONS BRANCH  
DIVISION OF FACILITIES AND OPERATIONS SUPPORT  
OFFICE OF ADMINISTRATION

MEMORANDUM FOR: SEE RECIPIENT'S NAME BELOW (Perforation)

SUBJECT: FACILITY COMPLAINT

CONTACT (Chief, Space Management Section)

TELEPHONE NUMBER

492-7227

THE BUILDING AND OPERATIONS BRANCH HAS RECEIVED  
A COMPLAINT FOR THE FOLLOWING LOCATION.

BUILDING

ROOM NUMBER

PROBLEM

THE BUILDING AND OPERATIONS BRANCH IS ATTEMPTING TO CORRECT THE SITUATION IMMEDIATELY. THE GENERAL SERVICES ADMINISTRATION BUILDING  
MANAGER HAS BEEN CONTACTED AND MY STAFF HAS BEEN INSTRUCTED TO FOLLOW UP TO ENSURE THAT THE REQUIRED SERVICES ARE PERFORMED.

IF FURTHER ASSISTANCE IS REQUIRED, OR YOU WISH TO INQUIRE AS TO THE STATUS OF THE COMPLAINT, CONTACT THE CHIEF, SPACE MANAGEMENT SECTION  
AT THE NUMBER PROVIDED ABOVE.

COMPLETE AND RETURN THE LOWER HALF OF THIS MEMORANDUM UPON COMPLETION OF THE WORK. (Tear at perforation)

MEMORANDUM FOR (AND FROM)	ORGANIZATION	LOCATION	LOCATION OF PROBLEM		FACILITY COMPLAINT NUMBER
			BUILDING	ROOM	

PROBLEM

COMMENTS

NAME	TELEPHONE NUMBER	DATE	DATE PROBLEM CORRECTED
------	------------------	------	------------------------

PLEASE RETURN THIS LOWER PORTION BY TEARING AT THE PERFORATION, FOLDING THIS SIDE IN SO THAT THE RETURN ADDRESS APPEARS ON THE OUTSIDE.

NRC FORM 381  
14-841

REQUESTER COPY

W-360  
CHIEF  
BUILDING AND OPERATIONS BRANCH

W-360  
CHIEF  
BUILDING AND OPERATIONS BRANCH



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

THE ADDRESS BELOW IS:

CORRECT

INCORRECT (Please provide all changes in this box)

COMPANY NAME (03)		
DIVISION (04)	MAIL STOP (08)	
NAME (06)		
TITLE (07)		
ADDRESS (09)		
CITY (10)	STATE (11)	ZIP CODE (12)

TYPE OF BUSINESS:

IF THIS FORM IS NOT RETURNED WITHIN 30 DAYS, YOUR NAME WILL BE REMOVED FROM THE NRC MAILING LIST.

DEAR NRC PUBLICATION RECIPIENT:

YOU ARE CURRENTLY RECEIVING THE NRC PUBLICATIONS OR CATEGORIES OF INFORMATION LISTED BELOW. THE "GOVERNMENT PRINTING AND BINDING REGULATIONS" REQUIRE AN ANNUAL PURGE OF OUR MAILING LIST TO DETERMINE RECIPIENTS' CONTINUED NEED FOR OUR PUBLICATIONS BY COMPLETING AND RETURNING THIS FORM.

1. INDICATE ABOVE WHETHER ADDRESS IS CORRECT OR INCORRECT;
2. MAKE CHANGES TO ADDRESS IN BOX PROVIDED;
3. INDICATE TYPE OF BUSINESS IN THE SPACE PROVIDED;
4. PLACE A CHECK MARK (✓) IN THE COLUMN PRECEDING THE PUBLICATION YOU WISH TO CONTINUE RECEIVING BELOW;
5. RETURN THIS LETTER BY FOLDING THE LETTER INWARD SO THAT OUR MAILING ADDRESS APPEARS ON THE OUTSIDE. STAPLE OR TAPE THE END, PLACE A STAMP IN THE SPACE PROVIDED AND MAIL.

✓	TITLE OF PUBLICATION/CATEGORY	✓	TITLE OF PUBLICATION/CATEGORY

FORMS MANAGEMENT DATA

6/84

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 PC (Postal Card) TC (Tab Card) <input checked="" type="checkbox"/> TP/1____ (Tab Paper/Number of Parts), h to h <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 OTHER (SPECIFY)		TP/1	5-84
STOCKING POINT					
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					



NRC Form 382  
(5-84)

**ANNUAL DISTRIBUTION LIST SURVEY**

PLACE  
STAMP  
HERE

COMPUTER DATA SYSTEMS, INC.  
ATTN: NRC CONTRACT  
15700 CRABBS BRANCH WAY  
ROCKVILLE, MD 20855

<p><b>BILL FOR COLLECTION</b></p> <p>MAKE CHECKS PAYABLE TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL TO:  <b>U.S. NUCLEAR REGULATORY COMMISSION                  OFFICE OF RESOURCE MANAGEMENT                  DIVISION OF ACCOUNTING AND FINANCE                  WASHINGTON, DC 20565</b></p> <p>TO: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span></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:</p> <p>NAME</p> <p>TELEPHONE</p> <p>AREA CODE   NUMBER 301</p>
DESCRIPTION	AMOUNT
<b>AMOUNT DUE</b> <i>(See Terms)</i>	
<p><b>TERMS.</b> Interest will accrue from the bill date at the annual rate of _____ %, except that no interest will be charged if the amount due is paid in full by the payment due date.</p> <p><b>NOTE.</b> The NRC debt collection regulations are found in 10 CFR 15 and are based on the Federal Claims Collection Act as amended by the Debt Collection Act of 1982. If there are any questions about the existence or amount of the debt, refer to these regulations and statutes, or contact the individual named above. The revocation of a license does not waive or affect any debt then due the NRC from the licensee.</p> <p><b>PRESENT AND SEPARATED EMPLOYEES:</b> The attached Notice of Due Process Rights applies to both current and former employees.</p>	

FORMS MANAGEMENT DATA					6/84				
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) 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:A		W7540-00-NRC-0399X	HD	11-83				
<b>STATUS OF EXISTING STOCK</b>									
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input checked="" 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;"><input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE</td> </tr> </table>						<input checked="" type="checkbox"/> USE FIRST DESTROY:	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> IMMEDIATELY	<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE
<input checked="" type="checkbox"/> USE FIRST DESTROY:	<input type="checkbox"/> OTHER (SPECIFY)								
<input type="checkbox"/> IMMEDIATELY	<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE								
<b>STOCKING POINT</b>									
<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 412

NRC FORM 412 18-84 NRCM 4151		U. S. NUCLEAR REGULATORY COMMISSION		POSITION TYPE (Check appropriate box)	
<b>EMPLOYEE PERFORMANCE APPRAISAL SUMMARY</b> <i>(Non-SES Employees)</i>				SUPERVISORY	NONSUPERVISORY
This Summary page applies to NRC Form 412A, Employee Performance Appraisal (Non-SES Employees)				RATING PERIOD	FROM TO
EMPLOYEE'S NAME (Last, first, middle initial)		POSITION TITLE		SERIES AND GRADE	
ORGANIZATION (Office, division, branch)		DUTY STATION			
<b>1. APPROVALS FOR PERFORMANCE PLAN - ELEMENTS AND STANDARDS</b> (To be completed before beginning of rating period)					
SIGNATURE - SUPERVISOR		TYPED NAME AND TITLE		DATE	
SIGNATURE - REVIEWER		TYPED NAME AND TITLE		DATE	
SIGNATURE - EMPLOYEE (Signature acknowledges only receipt of the performance elements and standards and does not necessarily indicate agreement with them.) (Attach Individual Development Plan (IDP) if any.)		TYPED NAME AND TITLE		DATE	
<b>2 APPRAISAL - SUMMARY RATING</b> To be completed at the end of the rating period. Indicate overall rating and provide narrative justification accordingly. The individual element rating for each critical and noncritical element will form the sole basis for determining the summary rating.				<b>SUMMARY RATING</b>	
				*U	FS
				E	D
*O* - OUTSTANDING. Exceeds established standards in all critical and noncritical elements.		*U* - UNACCEPTABLE. Fails to meet established standards in all critical elements, but does not satisfy requirements for higher rating.		<b>COMPLETE FOR BARGAINING UNIT EMPLOYEES ONLY</b>	
*E* - EXCELLENT. If the performance plan has five or fewer critical elements, exceeds established standards in all but one critical element, and at least meets standards in remaining critical and all non-critical elements. If the performance plan has more than five critical elements, exceeds established standards in all but two critical elements, and at least meets standards in remaining elements.		*U* - UNACCEPTABLE. Fails to meet established standards in one or more critical elements, regardless of performance in other critical or noncritical elements. When an employee fails to meet the standard on any critical element, he/she must receive a summary rating of unacceptable. An unacceptable rating mandates remedial action and the denial of a within-grade increase, and may be the basis for reassigning, removing, or reducing the grade level of an employee.		Only an employee whose summary rating meets or exceeds "FS" may be considered for noncompetitive promotion to a higher grade level in his/her career ladder. The employee has been given the opportunity to demonstrate ability to perform at the next higher grade level in his/her career ladder, but has not demonstrated ability to perform at that grade level.	
*FS* - FULLY SUCCESSFUL. At least meets established standards in all critical and noncritical elements.		*U* - UNACCEPTABLE. Fails to meet established standards in one or more critical elements, regardless of performance in other critical or noncritical elements. When an employee fails to meet the standard on any critical element, he/she must receive a summary rating of unacceptable. An unacceptable rating mandates remedial action and the denial of a within-grade increase, and may be the basis for reassigning, removing, or reducing the grade level of an employee.		(Check box below only if employee has not demonstrated ability to perform at the next higher grade level.)	
*See NRC Appendix 4151, Part II, for required action when an unacceptable rating is assigned.				<input type="checkbox"/>	
SUPERVISOR'S NARRATIVE JUSTIFICATION					
SIGNATURE - SUPERVISOR		TYPED NAME AND TITLE		DATE	
REVIEWER'S COMMENTS					
SIGNATURE - REVIEWER (Signature without consent indicates agreement with supervisor's rating)		TYPED NAME AND TITLE		DATE	
EMPLOYEE COMMENTS					
SIGNATURE - EMPLOYEE (Signature acknowledges only receipt of rating and carries no implication of concurrence in the appraisal nor in the supervisor's or reviewer's comments.)		TYPED NAME AND TITLE		DATE	

**SUMMARY**

**FORMS MANAGEMENT DATA**

6/84

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET	ADM:O&P	NRCM 4151	7540-00-NRC-0412X	HD	8-84
<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)					
		<b>STATUS OF EXISTING STOCK</b>			
		<input type="checkbox"/> USE FIRST		OTHER (SPECIFY)	
		<input type="checkbox"/> DESTROY IMMEDIATELY		DESTROY	
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		9/17/84 AT THE LATEST	
		<b>STOCKING POINT</b>			
		<input checked="" type="checkbox"/> WAREHOUSE		<input checked="" type="checkbox"/> SUPPLY ROOMS	
		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

# NRC FORMS FACSIMILE HANDBOOK

NRC FORM 412A

NRC FORM 412A (8-84) NRCM 4151	<b>EMPLOYEE PERFORMANCE APPRAISAL</b> (Non-SES Employees)	U.S. NUCLEAR REGULATORY COMMISSION				
EMPLOYEE'S NAME (Last, first, middle initial)		RATING PERIOD FROM TO				
Complete the Performance Plan (Elements and Standards) at the beginning of the rating period. List and number each performance element, indicating in a column on the left either "C" - Critical or "N" - Noncritical. Immediately below, follow with the performance standard(s) for that element. Below the performance standard(s) for each element, leave sufficient blank space(s) for the narrative rating to be completed at the end of the rating period. To ensure adequate space for the narrative rating, you may use an entire page for each element, with its associated standard(s) and the blank space(s) for the narrative rating.						
Complete the performance appraisal at the end of the rating period. Provide a narrative rating for each element directly below the standard(s) to which it applies. For each element, indicate in a column on the right, the rating that is consistent with the narrative.						
"E" (Exceeds Standard) Performance on an individual critical or noncritical element of the job which consistently exceeds the established performance standards. This level represents an unusually high level of performance typical of exceptional employees on the particular critical/noncritical element.						
"M" (Meets Standard) Performance on an individual critical or noncritical element which meets the established performance standards. This level represents performance which is satisfactory.						
"F" (Fails to Meet Standard) Performance on an individual critical or noncritical element of the job which fails to meet the established performance standards.						
<b>PERFORMANCE ELEMENTS STANDARDS AND APPRAISAL</b>						
No.	C	N		F	M	E
(Use additional NRC Form 412A's, as required. Number 2, 3, 4, etc.)						PERFORMANCE RATING (To be completed for each critical element)

NRC FORM 412A (8-84)

APPRAISAL

Page of

FORMS MANAGEMENT DATA				6/84	
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	NRCM 4151 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-0412A	HD	8-84
		DESTROY: 9/17/84 AT THE LATEST			

NRC FORM 425 (2-84)	U.S. NUCLEAR REGULATORY COMMISSION  <b>SCOPING OF COST CONSIDERATIONS WORKSHEET</b>	RESPONDENT - NAME  BRANCH/DIVISION/OFFICE  TELEPHONE NUMBER      DATE			
INSTRUCTIONS: THIS FORM IS TO BE COMPLETED BY COGNIZANT INDIVIDUAL IN THE BRANCH/DIVISION/OFFICE PROPOSING THE REGULATORY CHANGE. IF ADDITIONAL SPACE IS NEEDED FOR ANY DATA ELEMENT, USE ADDITIONAL SHEET.					
1. BRIEF NON-TECHNICAL DESCRIPTION OF PURPOSE OR NEED FOR PROPOSED ACTION					
2. BRIEF NON-TECHNICAL IDENTIFICATION AND DESCRIPTION OF PROPOSED AND ALTERNATIVE SOLUTIONS TO THE PROBLEM					
a. PROPOSED ACTION   b. ALTERNATIVE 1   c. ALTERNATIVE 2   d. ADDITIONAL ALTERNATIVES (as appropriate)					
3. PROVIDE THE SPECIFIC, CURRENT NUCLEAR FACILITIES THAT WOULD BE IMPACTED BY THE PROPOSED ACTION (If all or none, so specify)					
a. FACILITIES IN OPERATION	b. FACILITIES UNDER CONSTRUCTION	c. FACILITIES IN THE REVIEW STAGE			
4. PROVIDE A YES OR NO RESPONSE TO THE FOLLOWING. IF AFTER COMPLETING THE FOLLOWING YOU ARE AWARE OF OTHER ADVERSE IMPACTS, IDENTIFY UNDER "v" BELOW. <small>Costs to any segment of society should be relevant--includes licensees, licensees' employees, consumers, the NRC, other government entities, regional socio-economic impacts, environmental impacts and indirect impacts on the economy.</small>					
IT IS ANTICIPATED THAT THE PROPOSED ACTION WILL RESULT IN	YES	NO	IT IS ANTICIPATED THAT THE PROPOSED ACTION WILL RESULT IN	YES	NO
a. AN INCREASE IN THE CAPITAL COST OF THE FACILITY			k. DELAYS IN A FACILITY'S COMMERCIAL AVAILABILITY (only for facilities not currently operational)		
h. AN INCREASE IN THE OPERATION AND MAINTENANCE EXPENSE ASSOCIATED WITH PLANT OPERATION (e.g., additional maintenance requirements, operating personnel)			l. INCREASED RECORDKEEPING AND REPORTING COSTS TO LICENSEES		
c. AN INCREASE IN NUCLEAR FUEL COSTS PRESUMABLY DUE TO ITS IMPACT ON ANY ELEMENT OF THE FUEL CYCLE (mining, conversion, enrichment, fabrication, spent fuel storage & transport)			m. ADVERSE EFFECTS ON OTHER POSITIVE OBJECTIVES UNDER THE LICENSEE'S RESPONSIBILITY (e.g., security, materials control, operator response time)		
d. INCREMENTAL DOWNTIME OF THE FACILITY (i.e., downtime that cannot be fully absorbed by regulatory scheduled shutdown for scheduled maintenance or refueling)			n. INCREASED RECORDKEEPING REPORTING COSTS TO THE NRC		
e. A DECREASE IN THE ANNUAL NET MWh OUTPUT OR OTHER PRODUCTIVE OUTPUT OF THE FACILITY OVER ITS REMAINING USEFUL LIFE			o. INCREASED IMPLEMENTATION COSTS TO THE NRC		
f. A REDUCTION IN THE FACILITIES AVERAGE AVAILABILITY FACTOR AND/OR CAPACITY FACTOR OVER ITS REMAINING USEFUL LIFE			p. ADVERSE INTERACTIONS WITH OTHER NRC INITIATIVES AND PROGRAMS		
g. A REDUCTION IN THE FACILITIES ANTICIPATED REMAINING USEFUL LIFE			q. INCREASED COSTS TO OTHER FEDERAL ENTITIES		
r. ADVERSE IMPACT ON THE ENVIRONMENT 1) AT THE TIME CHANGE IS INITIALLY MADE AND 2) DURING FACILITIES SUBSEQUENT OPERATION			r. INCREASED COSTS TO STATE AND LOCAL GOVERNMENT ENTITIES		
s. ADVERSE SOCIO-ECONOMIC (REGIONAL) IMPACTS 1) AT TIME CHANGE IS INITIALLY MADE AND 2) DURING FACILITIES SUBSEQUENT OPERATION			s. ADVERSE IMPACTS ON SMALL BUSINESSES		
t. INCREASED RADIOLOGICAL EXPOSURE TO 1) WORKERS OR 2) GENERAL PUBLIC			t. ANTI-COMPETITIVE CONSEQUENCES (impact on viability of existing firms to compete)		
			u. OTHER (Specify and briefly explain below)		

FORMS MANAGEMENT DATA					6/84
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET <input type="checkbox"/> CARD PC/____ (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:CAG	CAG Charter  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	2-84

NRC Form 436 (10-83) (Rev. 10) OSHA No. 101F (Rev. Jan. 1979)		U.S. NUCLEAR REGULATORY COMMISSION	
<b>SUPERVISOR'S SUPPLEMENTARY REPORT OF FEDERAL OCCUPATIONAL INJURIES AND ILLNESSES</b>			
SEE INSTRUCTIONS ON REVERSE			
1 TO: SAFETY AND HEALTH STAFF -		CASE FILE NO. (Leave blank)	
<input type="checkbox"/> HEADQUARTERS		<input type="checkbox"/> REGION _____	
2 NAME OF INJURED EMPLOYEE (Last, first, and middle)		3 JOB TITLE	
4 HOME ADDRESS (Number and Street)		5 DUTY STATION	
CITY _____ STATE _____ ZIP CODE _____			
<b>ACCIDENT, INJURY OR ILLNESS DATA</b>			
6a. LOCATION OF ACCIDENT OR ILLNESS ON NRC PREMISES		6b. LOCATION OF ACCIDENT OR ILLNESS OFF NRC PREMISES	
BUILDING _____		STREET ADDRESS _____	
LOCATION WITHIN BUILDING (Room, lobby, stairwell, etc.) _____		CITY _____ STATE _____	
7 WHAT THE EMPLOYEE WAS DOING WHEN INJURED			
8 DESCRIPTION OF ACCIDENT'S OCCURRENCE			
9 NATURE OF INJURY OR ILLNESS			
10 NAME OF OBJECT OR SUBSTANCE DIRECTLY RESPONSIBLE FOR EMPLOYEE'S INJURY			
11a. DATE OF INJURY OR INITIAL DIAGNOSIS OF OCCUPATIONAL ILLNESS		12 INJURY RESULTED IN DAYS OFF FROM WORK OR RESTRICTED ACTIVITY	
MONTH _____ DAY _____ YEAR _____	HOUR OF INCIDENT _____ a.m. _____ p.m.	11b. Did the employee die? YES <input type="checkbox"/> NO <input type="checkbox"/>	
13 SPECIFICS REGARDING DAYS OFF FROM WORK AND/OR RESTRICTED ACTIVITY		YES (if yes complete item 13 below) <input type="checkbox"/> NO <input type="checkbox"/>	
a. Date and time first lost or restricted workday began		TOTAL DAYS OF RESTRICTED ACTIVITY _____	
MONTH _____ DAY _____ YEAR _____	HOUR BEGAN _____ a.m. _____ p.m.		
c. TOTAL DAYS AWAY FROM WORK _____		d. DID INJURY OR ILLNESS RESULT IN PERMANENT TRANSFER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TERMINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
14 RECOMMENDATIONS			
15 SIGNATURE - REPORT PREPARER (Supervisor)		OFFICIAL TITLE	REPORT DATE

NRC FORM 436  
(10-83)

DISCARD OSHA FORM 101F (Rev. Jan 1979) IMMEDIATELY.

FORMS MANAGEMENT DATA				6/84					
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE				
<input checked="" type="checkbox"/> SHEET, h to h	ADM:PS:OSH	NRCM 0507		Sheet	10-83				
<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)									
		<b>STATUS OF EXISTING STOCK</b>							
		<input type="checkbox"/> USE FIRST DESTROY: <table style="display: inline-table; vertical-align: top; margin-left: 10px;"> <tr> <td style="width: 50px;">IMMEDIATELY</td> <td style="width: 50px;">OTHER (SPECIFY)</td> </tr> <tr> <td>WHEN NEW STOCK IS AVAILABLE</td> <td></td> </tr> </table>		IMMEDIATELY	OTHER (SPECIFY)	WHEN NEW STOCK IS AVAILABLE			
IMMEDIATELY	OTHER (SPECIFY)								
WHEN NEW STOCK IS AVAILABLE									
		<b>STOCKING POINT</b>							
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS							
		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)							



INSTRUCTIONS FOR COMPLETING NRC FORM 436,  
SUPERVISOR'S SUPPLEMENTARY REPORT OF  
FEDERAL OCCUPATIONAL INJURIES AND ILLNESSES

- Item 5.** Enter division, office, board, panel, etc. in which the injured person is regularly employed, although the employee may be temporarily working in another duty station at the time of injury.
- Item 6a.** If accident or exposure occurred on NRC premises, give address of building or establishment in which it occurred. *Do not indicate department or division within the building or establishment.*
- Item 6b.** If accident or exposure occurred off NRC's premises at an identifiable address give that address. If it occurred on a public highway or any other place which cannot be identified by number and street, please provide landmark references locating the place of injury as accurately as possible.
- Item 7.** Provide specific statement. If tools, equipment or handling materials were being used, name them and tell what was being done with them.
- Item 8.** Give full details on all factors that led or contributed to the accident. (Use separate sheet for continuation, if needed).
- (a) Describe fully the events that resulted in the injury or occupational illness.
  - (b) Explain what happened and how it happened. Use specific descriptive terms, e.g.: *Struck* (against, by flying objects or moving objects); *Fell* (on same or to a different level); *Contacted* (temperature extremes or electric current); *Caught* (in, on or between); *Slip* (not a fall); *Over-exertion* (strain, hernia, etc.); *Inhalation*; *Absorption*; *Ingestion*; *Poisoning*; *Miscellaneous*.
  - (c) List any objects or substances involved and tell how they were involved.
- Item 9.** State in detail and indicate the affected body part, e.g.: amputation of right index finger at second joint; fracture of ribs; lead poisoning; dermatitis of left hand; etc.
- Item 10.** Name the machine or item that was struck against or which struck the employee; the vapor or poison inhaled or swallowed; the chemical or radiation that irritated the skin; or in cases of strains, hernias, etc., the item that was being lifted, pulled, etc.
- Item 14.** Provide recommendations you feel will help prevent this kind of accident from happening again. (Use separate sheet for continuation, if needed).

FOR DEFINITIONS OF TERMS FOR USE IN RECORDING FEDERAL OCCUPATIONAL INJURIES AND ILLNESSES, SEE NRCM APPENDIX 0507, PART VII [Exhibit 3 (Cont.)].

NRC FORMS FACSIMILE HANDBOOK

NRC FORM 438

NRC FORM 438 (12-83)		U.S. NUCLEAR REGULATORY COMMISSION		1. CONTRACTOR			
<b>NRC TRANSLATIONS SERVICE WORK ORDER</b>							
2. STANDARD SPECIFICATION		3. NRC TRANSLATION NO.		4. CLASSIFICATION	5. DATE ENGLISH TRANSLATION DUE		
a. Translate into English							
b. Type space and one-half							
c. Type Standard Cover Form							
d. Staple English translation							
e. Return all materials		6. LANGUAGE			7. NO. OF PAGES (foreign report)		
f. Paper size: 8 1/2 x 11"							
8. ENGLISH TITLE							
9. SPECIAL INSTRUCTIONS							
10. PERSON TO CONTACT REGARDING WORK ORDER			11. OFFICE LOCATION		12. PHONE NUMBER		
13. COST DATA (Based on price per English line)							
A. NUMBER OF PAGES	B. LINES PER PAGE	C. TOTAL LINES	D. LANGUAGE	E. @ \$ PER LINE	F. NUMBER OF DAYS	G. SUBTOTAL	H. GRAND TOTAL

FORMS MANAGEMENT DATA					6/84		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE		STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET	ADM:TIID:PPM		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)			US/3	12-83
<input type="checkbox"/> CARD							
PD/____ (Pad/Sheet per Pad)							
<input checked="" type="checkbox"/> US/ 3 (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)							

OP-17 (OCT. 83) FAR (48 CFR 53.214(g))

**IMPORTANT NOTICE TO BIDDER**

On the envelope submitting your bid, it is imperative

1. That your name and address appear in the UPPER left corner.
2. That the bottom portion of this label be filled in and pasted on the LOWER left corner.

5017-103

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S E A L E D	INVITATION NO.	B I D
	DATE OF OPENING	
	TIME OF OPENING	
	A. M. P. M.	
	BID FOR	

FORMS MANAGEMENT DATA				6/84	
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, red ink, 3 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 (Spec/fy)	ADM:DC	FAR (48 CFR) 53.214(g) 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)		Label	10-83









NRC FORMS FACSIMILE HANDBOOK

SF 18, FACE

<b>REQUEST FOR QUOTATIONS</b> <i>(THIS IS NOT AN ORDER)</i>		The Notice of Small Business Small Purchase Set Aside on the reverse of this form <input type="checkbox"/> is <input type="checkbox"/> is not applicable.		PAGE OF PAGES	
1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BOSA REG. 2 AND/OR DMS REG. 1	RATING	
5A. ISSUED BY			6. DELIVER BY (Date)		
5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls)			7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE			9. DESTINATION (Consignee and address, including ZIP Code)		
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date)		11. BUSINESS CLASSIFICATION (Check appropriate boxes) <input type="checkbox"/> SMALL <input type="checkbox"/> OTHER THAN SMALL <input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED			
<p><b>IMPORTANT:</b> This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.</p>					
12. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
13. DISCOUNT FOR PROMPT PAYMENT		10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %
NOTE: Reverse must also be completed by the quoter.					
14. NAME AND ADDRESS OF QUOTER (Street, city, county, State and ZIP Code)			15. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	16. DATE OF QUOTATION	
			17. NAME AND TITLE OF SIGNER (Type or print)	18. TELEPHONE NO. (Include area code)	
NSN 7540-01-152-8084 PREVIOUS EDITION NOT USABLE		18-118		STANDARD FORM 18 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.215-1(a)	

FORMS MANAGEMENT DATA				6/84	
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)	ADM:DC	FAR (48 CFR) 53.215-1(a) 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) STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	10-83

## REPRESENTATIONS, CERTIFICATIONS, AND PROVISIONS

The following representation applies when the contract is to be performed inside the United States, its territories or possessions, Puerto Rico, the Trust Territory of the Pacific Islands, or the District of Columbia.

## 52.219-1 SMALL BUSINESS CONCERN REPRESENTATION (Apr 84)

The quoter represents and certifies as part of its quotation that it  is,  is not a small business concern and that  all,  not all supplies to be furnished will be manufactured or produced by a small business concern in the United States, its possessions, or Puerto Rico. "Small business concern," as used in this provision, means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding on Government contracts, and qualified as a small business under the criteria and size standards in 13 CFR 121.

The following provision is applicable if required on the face of the form:

## 52.219-2 Notice of Small Business Small Purchase Set-Aside (Apr 84)

Quotations under this acquisition are solicited from small business concerns only. Any acquisition resulting from this solicitation will be from a small business concern. Quotations received from concerns that are not small businesses shall not be considered and shall be rejected.

<b>BID BOND</b> <i>(See instructions on reverse)</i>				DATE BOND EXECUTED <i>(Must be same or later than bid opening date)</i>	
PRINCIPAL <i>(Legal name and business address)</i>				TYPE OF ORGANIZATION <i>(X one)</i>	
				<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION	
SURETY(IES) <i>(Name and business address)</i>				STATE OF INCORPORATION	
PENAL SUM OF BOND AMOUNT NOT TO EXCEED				BID DATE	
	MILLION(S)	THOUSAND(S)	HUNDRED(S)		
				FOR <i>(Construction, Supplies or Services)</i>	
OBLIGATION					
<p>We, the Principal and Surety(ies) are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.</p>					
CONDITIONS					
The Principal has submitted the bid identified above.					
THEREFORE					
<p>The above obligation is void if the Principal - (a) upon acceptance by the Government of the bid identified above, within the period specified therein for acceptance (sixty (60) days if no period is specified), executes the further contractual documents and gives the bond(s) required by the terms of the bid as accepted within the time specified (ten (10) days if no period is specified) after receipt of the forms by the principal; or (b) in the event of failure so to execute such further contractual documents and give such bonds, pays the Government for any cost of procuring the work which exceeds the amount of the bid.</p>					
<p>Each Surety executing this instrument agrees that its obligation is not impaired by any extension(s) of the time for acceptance of the bid that the Principal may grant to the Government. Notice to the surety(ies) of extension(s) are waived. However, waiver of the notice applies only to extensions aggregating not more than sixty (60) calendar days in addition to the period originally allowed for acceptance of the bid.</p>					
WITNESS					
The Principal and Surety(ies) executed this bid bond and affixed their seals on the above date.					
<b>PRINCIPAL</b>					
Signature(s)	1.	2.			
		(Seal)	(Seal)	<i>Corporate Seal</i>	
Name(s) & Title(s) <i>(Typed)</i>	1.	2.			
<b>INDIVIDUAL SURETIES</b>					
Signature(s)	1.	2.			
		(Seal)	(Seal)		
Name(s) <i>(Typed)</i>	1.	2.			
<b>CORPORATE SURETY(IES)</b>					
SURETY A	Name & Address	STATE OF INC.		LIABILITY LIMIT	
	Signature(s)	1.	2.		
			(Seal)	<i>Corporate Seal</i>	
Name(s) & Title(s) <i>(Typed)</i>	1.	2.			
NSN 7540-01-132-8059		24-104		STANDARD FORM 24 (REV. 10-83)	
PREVIOUS EDITION USABLE				Prescribed by GSA FAR (48 CFR 53.228(a))	

FORMS MANAGEMENT DATA

6/84

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, h to h	ADM:DC	FAR (48 CFR) 53.228(a)		Sheet	10-83
<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 <i>(Specify)</i>					
		<b>STATUSES OF EXISTING STOCK</b>			
		<input type="checkbox"/> USE FIRST DESTROY:	OTHER <i>(SPECIFY)</i>		
		<input type="checkbox"/> IMMEDIATELY			
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		<b>STOCKING POINT</b>			
		<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS		
		<input checked="" type="checkbox"/> PROMULGATING OFFICE <i>(ONLY)</i>			

CORPORATE SURETY(IES) (Continued)					
SURETY B	Name & Address			STATE OF INC.	LIABILITY LIMIT \$
	Signature(s)	1.	2.		
	Name(s) & Title(s) (Typed)	1.	2.		
<i>Corporate Seal</i>					
SURETY C	Name & Address			STATE OF INC.	LIABILITY LIMIT \$
	Signature(s)	1.	2.		
	Name(s) & Title(s) (Typed)	1.	2.		
<i>Corporate Seal</i>					
SURETY D	Name & Address			STATE OF INC.	LIABILITY LIMIT \$
	Signature(s)	1.	2.		
	Name(s) & Title(s) (Typed)	1.	2.		
<i>Corporate Seal</i>					
SURETY E	Name & Address			STATE OF INC.	LIABILITY LIMIT \$
	Signature(s)	1.	2.		
	Name(s) & Title(s) (Typed)	1.	2.		
<i>Corporate Seal</i>					
SURETY F	Name & Address			STATE OF INC.	LIABILITY LIMIT \$
	Signature(s)	1.	2.		
	Name(s) & Title(s) (Typed)	1.	2.		
<i>Corporate Seal</i>					
SURETY G	Name & Address			STATE OF INC.	LIABILITY LIMIT \$
	Signature(s)	1.	2.		
	Name(s) & Title(s) (Typed)	1.	2.		
<i>Corporate Seal</i>					

INSTRUCTIONS

1. This form is authorized for use when a bid guaranty is required. Any deviation from this form will require the written approval of the Administrator of General Services.

2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.

3. The bond may express penal sum as a percentage of the bid price. In these cases, the bond may state a maximum dollar limitation (e.g., 20% of the bid price but the amount not to exceed \_\_\_\_\_ dollars).

4. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitation listed herein. Where more than one corporate surety is involved, their names and addresses shall appear

in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)". In the space designated "SURETY(IES)" on the face of the form, insert only the letter identification of the sureties.

(b) Where individual sureties are involved, two or more responsible persons shall execute the bond. A completed Affidavit of Individual Surety (Standard Form 28), for each individual surety, shall accompany the bond. The Government may require these sureties to furnish additional substantiating information concerning their financial capability.

5. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the word "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.

6. Type the name and title of each person signing this bond in the space provided.

7. In its application to negotiated contracts, the terms "bid" and "bidder" shall include "proposal" and "offeror".

<b>PERFORMANCE BOND</b> <i>(See instructions on reverse)</i>	DATE BOND EXECUTED (Must be same or later than date of contract)
PRINCIPAL (Legal name and business address)	TYPE OF ORGANIZATION (Check one) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION STATE OF INCORPORATION: _____
SURETY(IES) (Name(s) and business address(es))	PENAL SUM OF BOND MILLION(S)    THOUSAND(S)    HUNDRED(S)    CENTS _____
	CONTRACT DATE    CONTRACT NO. _____
<b>OBLIGATION:</b> We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.	
<b>CONDITIONS:</b> The Principal has entered into the contract identified above.	
<b>THHEREFORE:</b> The above obligation is void if the Principal -	
(a)(1) Performs and fulfills all the undertakings, covenants, terms, conditions, and agreements of the contract during the original term of the contract and any extensions thereof that are granted by the Government, with or without notice to the Surety(ies), and during the life of any guaranty required under the contract, and (2) perform and fulfills all the undertakings, covenants, terms conditions, and agreements of any and all duly authorized modifications of the contract that hereafter are made. Notice of those modifications to the Surety(ies) are waived.	
(b) Pays to the Government the full amount of the taxes imposed by the Government, if the said contract is subject to the Miller Act, (40 U.S.C. 270a-270e), which are collected, deducted, or withheld from wages paid by the Principal in carrying out the construction contract with respect to which this bond is furnished.	
<b>WITNESS:</b> The Principal and Surety(ies) executed this performance bond and affixed their seals on the above date.	
<b>PRINCIPAL</b>	
Signature(s)	1. _____ (Seal)                      2. _____ (Seal)
Name(s) & Title(s) (Typed)	1. _____                      2. _____
	Corporate Seal
<b>INDIVIDUAL SURETY(IES)</b>	
Signature(s)	1. _____ (Seal)                      2. _____ (Seal)
Name(s) (Typed)	1. _____                      2. _____
<b>CORPORATE SURETY(IES)</b>	
Name & Address	TYPE OF INC.    LIABILITY LIMIT _____                      \$ _____
Signature(s)	1. _____                      2. _____
Name(s) & Title(s) (Typed)	1. _____                      2. _____
	Corporate Seal
NSN 7540-01-152-8960                      25-106                      STANDARD FORM 25 (REV. 10-53) PREVIOUS EDITION USABLE                      Prescribed by GSA                      FAR (48 CFR 53.228 (b))	

FORMS MANAGEMENT DATA				6/84	EDITION DATE
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:DC	FAR (48 CFR) 53.228(b) 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	10-83



CORPORATE SURETY (IES) (Continued)				
SURETY B	Name & Address		STATE OF INC.	LIABILITY LIMIT
	Signature(s)	1.	2.	\$
	Name(s) & Title(s) (Typed)	1.	2.	
<i>Corporate Seal</i>				
SURETY C	Name & Address		STATE OF INC.	LIABILITY LIMIT
	Signature(s)	1.	2.	\$
	Name(s) & Title(s) (Typed)	1.	2.	
<i>Corporate Seal</i>				
SURETY D	Name & Address		STATE OF INC.	LIABILITY LIMIT
	Signature(s)	1.	2.	\$
	Name(s) & Title(s) (Typed)	1.	2.	
<i>Corporate Seal</i>				
SURETY E	Name & Address		STATE OF INC.	LIABILITY LIMIT
	Signature(s)	1.	2.	\$
	Name(s) & Title(s) (Typed)	1.	2.	
<i>Corporate Seal</i>				
SURETY F	Name & Address		STATE OF INC.	LIABILITY LIMIT
	Signature(s)	1.	2.	\$
	Name(s) & Title(s) (Typed)	1.	2.	
<i>Corporate Seal</i>				
SURETY G	Name & Address		STATE OF INC.	LIABILITY LIMIT
	Signature(s)	1.	2.	\$
	Name(s) & Title(s) (Typed)	1.	2.	
<i>Corporate Seal</i>				

BOND PREMIUM	▶	RATE PER THOUSAND	TOTAL
		\$	\$

INSTRUCTIONS

1. This form is authorized for use in connection with Government contracts. Any deviation from this form will require the written approval of the Administrator of General Services.
2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorization person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.
3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitation listed therein. Where more than one corporate surety is involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE

SURETY(IES)". In the space designated "SURETY(IES)" on the face of the form insert only the letter identification of the sureties.

(b) Where individual sureties are involved, two or more responsible persons shall execute the bond. A completed Affidavit of Individual Surety (Standard Form 28), for each individual surety, shall accompany the bond. The Government may require these sureties to furnish additional substantiating information concerning their financial capability.

4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the word "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.

5. Type the name and title of each person signing this bond in the space provided.



PAYMENT BOND <small>(See instructions on reverse)</small>		DATE BOND EXECUTED <small>(Must be same or later than date of contract)</small>	
PRINCIPAL <small>(Legal name and business address)</small>		TYPE OF ORGANIZATION <small>(Check one)</small> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION STATE OF INCORPORATION: _____	
SURETY(IES) <small>(Name(s) and business address(es))</small>		PENAL SUM OF BOND MILLION(S)    THOUSAND(S)    HUNDRED(S)    CENTS _____    _____    _____    _____ CONTRACT DATE    CONTRACT NO. _____    _____	
<p><b>OBLIGATION:</b></p> <p>We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.</p> <p><b>CONDITIONS:</b></p> <p>The above obligation is void if the Principal promptly makes payment to all persons having a direct relationship with the Principal or a sub-contractor of the Principal for furnishing labor, material or both in the prosecution of the work provided for in the contract identified above, and any authorized modifications of the contract that subsequently are made. Notice of these modifications to the Surety(ies) are waived.</p> <p><b>WITNESS:</b></p> <p>The Principal and Surety(ies) executed this payment bond and affixed their seals on the above date.</p>			
<b>PRINCIPAL</b>			
Signature(s)	1. _____	2. _____	Corporate Seal
Name(s) & Title(s) <small>(Typed)</small>	1. _____ <small>(Seal)</small>	2. _____ <small>(Seal)</small>	
<b>INDIVIDUAL SURETY(IES)</b>			
Signature(s)	1. _____	2. _____	Corporate Seal
Name(s) & Title(s) <small>(Typed)</small>	1. _____ <small>(Seal)</small>	2. _____ <small>(Seal)</small>	
<b>CORPORATE SURETY(IES)</b>			
SURETY A	Name & Address	STATE OF INC.	LIABILITY LIMIT
	Signature(s)	1. _____	2. _____
Name(s) & Title(s) <small>(Typed)</small>	1. _____	2. _____	Corporate Seal
NSN 7540-01-152-8041 PREVIOUS EDITION USABLE		25-204	STANDARD FORM 25-A (REV. 10-83) Prescribed by GSA FAR (48 CFR 53.228(c))

FORMS MANAGEMENT DATA				6/84	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCH'ING 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 <i>(Specify)</i>	ADM:DC	FAR (48 CFR) 53,228(c) STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST                      OTHER <i>(SPECIFY)</i> 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 <i>(ONLY)</i>		Sheet	10-83

CORPORATE SURETY(IES) (Continued)						
SURETY B	Name & Address			STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	Signature(s)	1.	2.			
	Name(s) & Title(s) (Typed)	1.	2.			
SURETY C	Name & Address			STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	Signature(s)	1.	2.			
	Name(s) & Title(s) (Typed)	1.	2.			
SURETY D	Name & Address			STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	Signature(s)	1.	2.			
	Name(s) & Title(s) (Typed)	1.	2.			
SURETY E	Name & Address			STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	Signature(s)	1.	2.			
	Name(s) & Title(s) (Typed)	1.	2.			
SURETY F	Name & Address			STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	Signature(s)	1.	2.			
	Name(s) & Title(s) (Typed)	1.	2.			
SURETY G	Name & Address			STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	Signature(s)	1.	2.			
	Name(s) & Title(s) (Typed)	1.	2.			

INSTRUCTIONS

1. This form, for the protection of persons supplying labor and material, is used when a payment bond is required under the Act of August 24, 1935, 49 Stat. 793 (40 U.S.C. 270a-270e). Any deviation from this form will require the written approval of the Administrator of General Services.

2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.

3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitation listed therein. Where more than one corporate surety is involved, their names and addresses shall appear

in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)". In the space designated "SURETY(IES)" on the face of the form, insert only the letter identification of the sureties.

(b) Where individual sureties are involved, two or more responsible persons shall execute the bond. A completed Affidavit of Individual Surety (Standard Form 28), for each individual surety, shall accompany the bond. The Government may require these sureties to furnish additional substantiating information concerning their financial capability.

4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the word "Corporate Seal"; and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction regarding adhesive seals.

5. Type the name and title of each person signing this bond in the space provided.

CONTINUATION SHEET <small>(For Standard Forms 24, 28 and 25-A)</small>			
NAME OF PRINCIPAL (Legal name and business address)		TYPE OF BOND	
		<input type="checkbox"/> BID <input type="checkbox"/> PERFORMANCE <input type="checkbox"/> PAYMENT	
		FURNISHED IN CONNECTION WITH - <input type="checkbox"/> BID <input type="checkbox"/> CONTRACT DATED -	
CORPORATE SURETY(IES)			
SURETY I	Name & Address	STATE OF INC.	LIABILITY LIMIT \$
	Signature(s)	1. _____ 2. _____	Corporate Seal
Names & Titles (Typed)	1. _____ 2. _____		
SURETY J	Name & Address	STATE OF INC.	LIABILITY LIMIT \$
	Signature(s)	1. _____ 2. _____	Corporate Seal
Names & Titles (Typed)	1. _____ 2. _____		
SURETY K	Name & Address	STATE OF INC.	LIABILITY LIMIT \$
	Signature(s)	1. _____ 2. _____	Corporate Seal
Names & Titles (Typed)	1. _____ 2. _____		
SURETY L	Name & Address	STATE OF INC.	LIABILITY LIMIT \$
	Signature(s)	1. _____ 2. _____	Corporate Seal
Names & Titles (Typed)	1. _____ 2. _____		
SURETY M	Name & Address	STATE OF INC.	LIABILITY LIMIT \$
	Signature(s)	1. _____ 2. _____	Corporate Seal
Names & Titles (Typed)	1. _____ 2. _____		
SURETY N	Name & Address	STATE OF INC.	LIABILITY LIMIT \$
	Signature(s)	1. _____ 2. _____	Corporate Seal
Names & Titles (Typed)	1. _____ 2. _____		
SURETY O	Name & Address	STATE OF INC.	LIABILITY LIMIT \$
	Signature(s)	1. _____ 2. _____	Corporate Seal
Names & Titles (Typed)	1. _____ 2. _____		
NSN 7540-01-152-4062 PREVIOUS EDITION USABLE		25-332	STANDARD FORM 25-B (REV. 10-68) Prescribed by GSA FPMR (41 CFR) 101-11.6

FORMS MANAGEMENT DATA						
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) 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	FAR (48 CFR) 53.228(d) 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)		6/84 Sheet	10-83

NRC FORMS FACSIMILE HANDBOOK

SF 25B, REVERSE

CORPORATE SURETY(IES) (Continued)					
SURETY P	Name & Address		STATE OF INC.	LIABILITY LIMIT	Corporate Seal
	Signature(s)	1. _____	2. _____	\$	
	Name(s) & Title(s) (Typed)	1. _____	2. _____		
SURETY Q	Name & Address		STATE OF INC.	LIABILITY LIMIT	Corporate Seal
	Signature(s)	1. _____	2. _____	\$	
	Name(s) & Title(s) (Typed)	1. _____	2. _____		
SURETY R	Name & Address		STATE OF INC.	LIABILITY LIMIT	Corporate Seal
	Signature(s)	1. _____	2. _____	\$	
	Name(s) & Title(s) (Typed)	1. _____	2. _____		
SURETY S	Name & Address		STATE OF INC.	LIABILITY LIMIT	Corporate Seal
	Signature(s)	1. _____	2. _____	\$	
	Name(s) & Title(s) (Typed)	1. _____	2. _____		
SURETY T	Name & Address		STATE OF INC.	LIABILITY LIMIT	Corporate Seal
	Signature(s)	1. _____	2. _____	\$	
	Name(s) & Title(s) (Typed)	1. _____	2. _____		
SURETY U	Name & Address		STATE OF INC.	LIABILITY LIMIT	Corporate Seal
	Signature(s)	1. _____	2. _____	\$	
	Name(s) & Title(s) (Typed)	1. _____	2. _____		
SURETY V	Name & Address		STATE OF INC.	LIABILITY LIMIT	Corporate Seal
	Signature(s)	1. _____	2. _____	\$	
	Name(s) & Title(s) (Typed)	1. _____	2. _____		
SURETY W	Name & Address		STATE OF INC.	LIABILITY LIMIT	Corporate Seal
	Signature(s)	1. _____	2. _____	\$	
	Name(s) & Title(s) (Typed)	1. _____	2. _____		
SURETY X	Name & Address		STATE OF INC.	LIABILITY LIMIT	Corporate Seal
	Signature(s)	1. _____	2. _____	\$	
	Name(s) & Title(s) (Typed)	1. _____	2. _____		
SURETY Y	Name & Address		STATE OF INC.	LIABILITY LIMIT	Corporate Seal
	Signature(s)	1. _____	2. _____	\$	
	Name(s) & Title(s) (Typed)	1. _____	2. _____		

AWARD/CONTRACT		1. CERTIFIED FOR NATIONAL DEFENSE UNDER BDSA REG. 2 AND/OR DMS REG. 1		RATING	PAGE OF PAGES		
2. CONTRACT (Proc. Inst. Ident.) NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQUEST/PROJECT NO.			
5. ISSUED BY		CODE	6. ADMINISTERED BY (If other than Item 5)		CODE		
7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, country, state and ZIP Code)				8. DELIVERY <input type="checkbox"/> FOB ORIGIN <input type="checkbox"/> OTHER (See below)			
				9. DISCOUNT FOR PROMPT PAYMENT			
10. SUBMIT INVOICES (4 copies unless other wise specified) TO THE ADDRESS SHOWN IN:		CODE	FACILITY CODE		ITEM		
11. SHIP TO/MARK FOR		CODE	12. PAYMENT WILL BE MADE BY		CODE		
13. THIS ACQUISITION WAS: (Check appl. boxes) A. ADVERTISED B. NEGOTIATED PURSUANT TO: <input type="checkbox"/> 10 USC 2304(a)(1) <input type="checkbox"/> 41 USC 252(c)(1)		14. ACCOUNTING AND APPROPRIATION DATA					
15A. ITEM NO.	15B. SUPPLIES/SERVICES	15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT		
15G. TOTAL AMOUNT OF CONTRACT \$							
16. TABLE OF CONTENTS							
WT	SEC.	DESCRIPTION	PAGE(S)	WT	SEC.	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES			
	A	SOLICITATION/CONTRACT FORM			I	CONTRACT CLAUSES	
	B	SUPPLIES OR SERVICES AND PRICES/COSTS		PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
	C	DESCRIPTION/SPECS./WORK STATEMENT			J	LIST OF ATTACHMENTS	
	D	PACKAGING AND MARKING		PART IV - REPRESENTATIONS AND INSTRUCTIONS			
	E	INSPECTION AND ACCEPTANCE			K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
	F	DELIVERIES OR PERFORMANCE			L	INSTRS., CONDS., AND NOTICES TO OFFER	
	G	CONTRACT ADMINISTRATION DATA			M	EVALUATION FACTORS FOR AWARD	
	H	SPECIAL CONTRACT REQUIREMENTS					
CONTRACTING OFFICER WILL COMPLETE ITEM 17 OR 18 AS APPLICABLE							
17. <input type="checkbox"/> CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return _____ copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)				18. <input type="checkbox"/> AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number _____ including the additions or deletions made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets. This award constitutes the contract which consists of the following documents: (a) the Government's solicitation and your offer, and (b) this award/contract. No further contractual document is necessary.			
19A. NAME AND TITLE OF SIGNER (Type or print)				20A. NAME OF CONTRACTING OFFICER			
19B. NAME OF CONTRACTOR		19C. DATE SIGNED		20B. UNITED STATES OF AMERICA		20C. DATE SIGNED	
BY _____ (Signature of person authorized to sign)				BY _____ (Signature of Contracting Officer)			
NSN 7540-01-152-8069 PREVIOUS EDITION UNUSABLE			26-106		STANDARD FORM 26 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.214(b)		

FORMS MANAGEMENT DATA					6/84	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	ADM:DC	FAR (48 CFR) 53.214(a)		Sheet	10-83
<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				
		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)				



AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.	
5. PROJECT NO. (If applicable)		6. ISSUED BY		7. ADMINISTERED BY (If other than Item 6)	
CODE		CODE		CODE	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)				9A. AMENDMENT OF SOLICITATION NO.	
				9B. DATED (SEE ITEM 11)	
				9C. MODIFICATION OF CONTRACT/ORDER NO.	
				9D. DATED (SEE ITEM 13)	
CODE		FACILITY CODE			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended.					
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment. (b) By acknowledging receipt of this amendment on each copy of the offer submitted, or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. ACCOUNTING AND APPROPRIATION DATA (If required)					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14					
<input checked="" type="checkbox"/> A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.					
<input type="checkbox"/> B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).					
<input type="checkbox"/> C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:					
<input type="checkbox"/> D. OTHER (Specify type of modification and authority)					
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by DCF section headings, including solicitation/contract subject matter where feasible)					
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.					
15A. NAME AND TITLE OF SIGNER (Type or print)			16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)		
15B. CONTRACTOR/OFFEROR			15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
_____ (Signature of person authorized to sign)				BY _____	_____ (Signature of Contracting Officer)
NSN 7540-01-152 8070 PREVIOUS EDITION UNUSABLE		30-105		STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243	

FORMS MANAGEMENT DATA				6/84	
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:DC	FAR (48 CFR) 53.243 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	10-83
		STOCKING POINT			
		<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			



INSTRUCTIONS

Instructions for items other than those that are self-explanatory, are as follows:

(a) Item 1 (Contract ID Code). Insert the contract type identification code that appears in the title block of the contract being modified.

(b) Item 3 (Effective date).

- (1) For a solicitation amendment, change order, or administrative change, the effective date shall be the issue date of the amendment, change order, or administrative change.
- (2) For a supplemental agreement, the effective date shall be the date agreed to by the contracting parties.
- (3) For a modification issued as an initial or confirming notice of termination for the convenience of the Government, the effective date and the modification number of the confirming notice shall be the same as the effective date and modification number of the initial notice.
- (4) For a modification converting a termination for default to a termination for the convenience of the Government, the effective date shall be the same as the effective date of the termination for default.
- (5) For a modification confirming the contracting officer's determination of the amount due in settlement of a contract termination, the effective date shall be the same as the effective date of the initial decision.

(c) Item 6 (Issued By). Insert the name and address of the issuing office. If applicable, insert the appropriate issuing office code in the code block.

(d) Item 8 (Name and Address of Contractor). For modifications to a contract or order, enter the contractor's name, address, and code as shown in the original contract or order, unless changed by this or a previous modification.

(e) Items 9, (Amendment of Solicitation No.—Dated), and 10, (Modification of Contract/Order No.—Dated). Check the appropriate box and in the corresponding blanks insert the number and date of the original solicitation, contract, or order.

(f) Item 12 (Accounting and Appropriation Data). When appropriate, indicate the impact of the modification on each affected accounting classification by inserting one of the following entries:

(1) Accounting classification  
 Net increase \$ .....

(2) Accounting classification  
 Net decrease \$ .....

NOTE: If there are changes to multiple accounting classifications that cannot be placed in block 12, insert an asterisk and the words "See continuation sheet".

(g) Item 13. Check the appropriate box to indicate the type of modification. Insert in the corresponding blank the authority under which the modification is issued. Check whether or not contractor must sign this document. (See FAR 43.103.)

(h) Item 14 (Description of Amendment/Modification).

(1) Organize amendments or modifications under the appropriate Uniform Contract Format (UCF) section headings from the applicable solicitation or contract. The UCF table of contents, however, shall not be set forth in this document.

(2) Indicate the impact of the modification on the overall total contract price by inserting one of the following entries:

(i) Total contract price increased by \$ .....

(ii) Total contract price decreased by \$ .....

(iii) Total contract price unchanged.

(3) State reason for modification.

(4) When removing, reinstating, or adding funds, identify the contract items and accounting classifications.

(5) When the SF 30 is used to reflect a determination by the contracting officer of the amount due in settlement of a contract terminated for the convenience of the Government, the entry in Item 14 of the modification may be limited to —

(i) A reference to the letter determination; and

(ii) A statement of the net amount determined to be due in settlement of the contract.

(6) Include subject matter or short title of solicitation/contract where feasible.

(i) Item 16B. The contracting officer's signature is not required on solicitation amendments. The contracting officer's signature is normally affixed last on supplemental agreements.

Standard Form 50-B  
Rev. January 1984  
U.S. Office of Personnel Management  
FPMR Chapter 296

### NOTIFICATION OF PERSONNEL ACTION

1 Name (Last, First, Middle)				2 SSN		3 Position Sensitivity Code		4 Date of Birth	
5 Vacation Preference 1—None 2—5 Pk 3—10 Pk. Disab. 4—10 Pk. Comp. 5—10 Pk. Other 6—10 Pk./30% Comp.				6 Serv. Comp. Date (Leave)		7 Tenure		8 Retiree	
9 REGU				10 FLSA E—Exempt N—Nonexempt		11 Sex		12 Citizenship 1—US 2—Other	
14 Effective Date				15 Annuitant Indicator 1—Benefit Acc. CS 2—NETO 3—NETM 4—NETO & CS 5—Not Applicable		16 Work Schedule F—Fulltime P—Parttime I—Intermittent		17 (Reserved for OPM Use)	
18-A NDAC		18-B Nature of Action		18-A NDAC		18-B Nature of Action			
18-C Auth. Code		18-D Authority		18-C Auth. Code		18-D Authority			
18-E Auth. Code		18-F Authority		18-E Auth. Code		18-F Authority			
20 PROM: Position Title and Number				27 TQ: Position Title and Number					
21 Name and Location of Employing Office				28 Name and Location of Employing Office					
29 Pay Plan & Occupational Code		23 Grade or Level		24 Step or Rate		25 Salary		26 Pay Base	
29 Pay Plan & Occupational Code		30 Grade or Level		31 Step or Rate		32 Salary		33 Pay Base	
34 Duty Station				35 Position Occupied 1—Competitive 2—Exceptional 3—SES General 4—SES Career/Reserved		36 Appropriation Code (Optional)			
37 Remarks									
38 Approval					39 FPMR Data				
A Title of Approving Official			B Date		A Sub- or Nonsub. Ind.		B VEY IND.		C FRO
C Signature/Authentication of Approving Official			F Educational Level		G Year Degree Attained		H Academic Discipline		I Agency Code
40 Employing Department or Agency			J Location Code		K SSN		L		M

Previous Edition Usable  
NSN 7540-01-110-4907

FORMS MANAGEMENT DATA				6/84	
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) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	ADM:O&P	FPM Chapter 296 STATUS OF EXISTING STOCK <input checked="" 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)	*W7540-01-110-4907	BX/500	1-84

## 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 corrected by your agency personnel office, or by the U.S. Office of Personnel Management.

Items 8 and 9 show common types of payroll deductions: "FEGLI" for Federal Employees Group Life Insurance, "CS" for Civil Service Retirement, "FICA" for Social Security, and "FS" for Foreign Service. Additional deductions may be made under the Federal Employees Health Benefits Program, and for income taxes, bonds, 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, persons selected from civil service registers to fill continuing jobs in the competitive service are given career-conditional appointments. Such appointments are secured 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 continuous creditable service.

The first year following a nontemporary competitive appointment generally is a probationary period during which an appointee must demonstrate full competence and fitness for Federal employment. Reinstatements are also subject to a probationary period unless one 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 qualified 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 reached for career-conditional appointment.

**Appointments to positions in the excepted service.** Excepted appointments are made to positions which are excepted from the competitive service by law or other special authority. Generally the employing agency 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 time limitation. A trial period may be required at the discretion of the employing 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 unrestricted 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 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 were 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. Refund 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.

Standard Form 52  
Rev. January 1984  
U.S. Office of Personnel Management  
FPM 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)	

1. 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 enter 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 Symbol Code	4. Date of Birth
5. Vacat. Preference 1—None 2—5 Pr 3—10 Pr (Diab) 4—10 Pr (Comp) 5—10 Pr (Other) 6—10 Pr (30% Comp)	6. Sen. Comp. Code (Last)	7. Tenure	8. Retention
9. FEQU	10. FLSA E—Exempt N—Non-exempt	11. Sex	12. Citizenship 1—US 2—Other
14. Effective Date	15. Annuitant Indicator 1—None; Sen/CS 2—RETO 3—RETM 4—RETO & CS 5—No Annuitant	16. Work Schedule P—Full time 1—Part time 2—Intermittent	17. Planned for OPM List 0—PT Seasonal 1—PT Seasonal 2—PT Seasonal
18-A. NDAC	18-B. Nature of Action	19-A. NDAC	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 Line	24. Step or Rate	25. Salary
26. Pay Basis	29. Pay Plan & Occupational Code	30. Grade or Line	31. Step or Rate
32. Salary	33. Pay Basis	34. Duty Station	
35. Position Occupied 1—Competitive 2—Exempt		36. Appropriation Code (Optional) 1—SES General 2—SES Career Reserved	
37. Remarks			

CONTINUED ON REVERSE SIDE 52-113 Previous Edition Usable  
10/56 7540-01-109-881-4

FORMS MANAGEMENT DATA						6/84
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/____ (Part/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	FPM Chapter 296 STATUS OF EXISTING STOCK <input checked="" 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)	7540-01-109-8814	HD	1-84	



SF 52 (Reverse)

**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 FPMS Data

A. Subj. or Nominee ID	B. VEY ind.	C. PRO	D. Bag Unit Status	E. Functional Class
F. Educational 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 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 Standards
3. Classification			
4. Placement/Employment			
5.			

**Part IV—Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason 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.

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 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.

A. Reason for Resignation/Retirement (NOTE: Please give specific reasons. Avoid generalized ones.)

B. Effective Date of Resignation/Retirement	C. Employee's Signature	D. Date Signed
---	-------------------------	----------------

E. Forwarding Address (Number, Street, City, State, and Zip Code)

**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 Statement on reverse.

1. Name (Last, First, Middle)		2. Present Address (Number, Street, City, State and ZIP Code)		
3. Birthplace (City and State or Foreign Country)		4. Birthdate (Mo., Day, Yr.)		
5. A. Emergency Notification - First Person (Name and Address)		Relationship	5. B. Second Person (Name and Address)	
Telephone Number			Telephone Number	
6. Does the United States Government employ in a civilian capacity or as a member of the Armed Forces, any relative of yours (either by blood or marriage)? <span style="float: right;">Yes No</span>				
7. Yes, for each such relative give full name, address (including ZIP Code), and relationship. (Continue in item 12)				
NAME	PRESENT ADDRESS (including ZIP Code)	RELATIONSHIP	PROVIDE THE FOLLOWING INFORMATION 1. Department or agency in which employed 2. City, State and ZIP Code	
Answer by Placing an "X" in the Proper Column		Yes No	Answer by Placing an "X" in the Proper Column	
7. Are you a citizen of the United States of America? If No, give country of which you are a citizen.		Yes No	11. Have you been employed by the Federal Government before this employment? If No, go to item 13. If Yes, answer the following:	
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. If military pay, include the rank at which you retired.		Yes No	A. Since March 1961 have you had a waiver of basic insurance coverage under the Federal Employees Group Life Insurance Program? If Yes, complete item B. If No, go to item C.	
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 citizenship, 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 \$50.00 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.)		Yes No	B. If you had such a waiver, has it been cancelled? If No, go to item 13.	
10. Since the date you signed your qualifications statement (or application) for this employment, have you: A. Been fired from employment for any reason? B. Quit a job after being informed that your employer intended to fire you for any reason? C. Been discharged from the Armed Service 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.		Yes No	C. Since March 1961 have you ever elected Standard Optional Insurance under the Federal Employees Group Life Insurance Program? If Yes, complete item D. If No, go to item E.	
12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply.)		Yes No	D. If you made such an election, has it been cancelled?	
Item No.			E. Since March 1961 have you ever elected Additional Optional Insurance under the Federal Employees Group Life Insurance Program? If Yes, complete item F. If No, go to item G.	
			F. If you made such an election, how many multiples of salary did you have when you separated or converted? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Cancelled Before Separation	
			G. Since March 1961 have you ever elected Family Optional Insurance under the Federal Employees Group Life Insurance Program? If Yes, complete item H. If No, go to item 13.	
			H. If you had such an election, has it been cancelled?	
<b>CERTIFICATION</b>		13. Signature of Appointee (Sign in ink)		14. Date Signed
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.				
APPOINTING OFFICER: Enter date of appointment or conversion				15. Date Appointed or Converted

Previous Editions Obsolete      SF 506      N74 1540-10-935-0999

FORMS MANAGEMENT DATA				6/84		
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET, h to h	ADM:O&P		W7540-00-935-0999	HD	10-81
<input type="checkbox"/>	CARD					
<input type="checkbox"/>	PD/_____(Part/Sheet per Part)					
<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 (Fiscal 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 checked="" 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)				



**PRIVACY ACT STATEMENT**

Sections 3301 and 3304 of title 5, U.S. Code, provide for the examination of individuals for employment. Executive Order 10450, Security Requirements for Government Employment, requires a suitability for employment determination for all employees, and section 8716 of title 5, U.S. Code, provides for the Office of Personnel Management to regulate enrollment of employees in the Government's Life Insurance program. Thus, solicitation of this information is authorized by these statutes or Executive Order. The information will be used primarily to determine your qualifications and suitability for employment, and your eligibility for insurance coverage. Responses are voluntary, but failure to provide all information may result in a determination that you are not qualified or suitable for employment, or result in incorrect life insurance withholdings being made from your pay.

STANDARD FORM 98 Rev. Feb. 1973 U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION	<b>NOTICE OF INTENTION TO MAKE                  A SERVICE CONTRACT AND RESPONSE TO NOTICE</b> (See Instructions on Reverse)	1. NOTICE NO. <b>A 427902</b>
MAIL TO:  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">                     Administrator                      Wage and Hour Division                      U.S. Department of Labor                      Washington, D.C. 20210                 </div>	2. Estimated solicitation date (see numerals) Month      Day      Year  3. Estimated date bids or proposals to be opened or negotiations begun (see numerals) Month      Day      Year  4. Date contract performance to begin (see numerals) Month      Day      Year	
5. PLACE(S) OF PERFORMANCE	6. SERVICES TO BE PERFORMED (describe)	
7. INFORMATION ABOUT PERFORMANCE A. <input type="checkbox"/> Services now performed by a contractor                    B. <input type="checkbox"/> Services now performed by Federal employees                    C. <input type="checkbox"/> Services not presently being performed		
8. IF BOX A IN ITEM 7 IS MARKED, COMPLETE ITEM 8 AS APPLICABLE a. Name and address of incumbent contractor  b. Number(s) of any wage determination(s) in incumbent's contract		
c. Name(s) of union(s) if services are being performed under collective bargaining agreement(s). Important: Attach copies of current applicable collective bargaining agreements		<b>RESPONSE TO NOTICE</b> (by Department of Labor)  A. <input type="checkbox"/> The attached wage determination(s) listed below apply to procurement.  B. <input type="checkbox"/> As of this date, no wage determination applicable to the specified locality and classes of employees is in effect.  C. <input type="checkbox"/> From information supplied, the Service Contract Act does not apply (see attached explanation).  D. <input type="checkbox"/> Notice returned for additional information (see attached explanation).  Signed: _____ (U.S. Department of Labor)  _____ (Date)
9. OFFICIAL SUBMITTING NOTICE SIGNED: _____ DATE _____  TYPE OR PRINT NAME _____ TELEPHONE NO. _____		
10. TYPE OR PRINT NAME AND TITLE OF PERSON TO WHOM RESPONSE IS TO BE SENT AND NAME AND ADDRESS OF DEPARTMENT OR AGENCY, BUREAU, DIVISION, ETC.		

98-101

FORMS MANAGEMENT DATA				6/84	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET CARD PD/ _____ (Pad/Sheet per Pad) X US/ <u>4</u> (Unit Sets/Number of Parts), h to f MP/ _____ (Mk. tipage/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:DC	FAR (48 CFR) 53.243 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)		US/4	2-73

## GENERAL EXPLANATION

The amended Service Contract Act requires the Secretary of Labor to issue wage determinations applicable to employees engaged in the performance of service contracts in excess of \$2,500. Standard Form 98, Notice of Intention to Make a Service Contract, with Attachment A, provides an orderly procedure for a contracting agency to request such a wage determination and for the Department of Labor to respond. Any questions as to whether a notice is required in a particular procurement situation should be resolved by reference to Title 29, Part 4, Code of Federal Regulations, or by submission of the question to the Department of Labor.

Under normal circumstances the Department of Labor will respond to a notice within 30 days of receipt. If there is urgent need for more expeditious handling, this should be explained when the notice is submitted. In the event the necessary response is not received by the contracting agency on a timely basis, the Department of Labor should be contacted.

In any case where section 4(c) of the Act requires adherence to compensation provisions of a collective bargaining agreement applicable under a predecessor contract and the agency desires to request a hearing on the issue of substantial variance between the wages and fringe benefits provided under such agreement and those prevailing in the locality, the request should be submitted with the notice of intent, in accordance with the provisions of 29 CFR 4.10, and sufficiently far in advance of the need for the wage determination to allow time for appropriate action as provided in that section of the regulations.

The notice is divided along functional lines: (1) that part which must be completed by the contracting agency, Items 2 through 10 of the basic form and Items 11 through 14 of the attachment; and (2) the Response to Notice to be completed by the Department of Labor. The basic form and its attachment are provided in quadruplicate sets with carbon inserts. The original and two copies of the basic form and of each set of attachments used (with snap-out carbons removed and the forms fastened together) are to be sent to the address preprinted on the basic form. One copy of the basic form and one copy of the attachment are to be retained by the agency.

## INSTRUCTIONS—AGENCY PORTION OF NOTICE

*Entries on Basic Form*

**Item 1**—This number is preprinted on the basic form for identification and control purposes. Refer to this number when contacting the Department of Labor about the notice.

**Item 2**—Enter the estimated solicitation date.

**Item 3**—Enter the date the bids or proposals are expected to be opened or the negotiations started.

**Item 4**—Enter the date contract performance is expected to begin.

**Item 5**—The entry as to place of performance depends on a variety of factors. If the place of performance is fixed, as with a contract for janitorial services at a particular installation, enter the appropriate city, county and State. If performance is to be at several known places, attach a list. If the contract is for transportation services between points, enter the city, county and State of origin and of destination. If the place of performance may be anywhere, depending on who is awarded the contract (as, for example, certain laundry contracts), enter "unknown." If necessary for clarity, attach a brief explanation of the entry in Item 5.

**Item 6**—Describe the services to be performed in such a manner that it will be clear what type or types of services are called for by the contract. In many instances simple entries will suffice: "Janitorial services at Headquarters Building, Fort Sill," "Food service and kitchen police service at Enlisted Mess, Camp A. P. Hill," "Laundry and drycleaning services for Base Hospital, Eglin AFB," "Garbage collection at Ft. Hood." Unusual types of services must be described in more detail.

**Item 7**—Mark the appropriate box.

**Item 8**—It is very important under the amended Service Contract Act that appropriate entries be made in Item 8 if Box A of Item 7 has been marked.

- Enter the name and address of the incumbent contractor.
- Enter the number(s) of any wage determination(s) made part of the incumbent's contract. For example: 71-69 (Rev. 3) and 69-43 (Rev. 4).
- Enter the name(s) of union(s) if any of the services are being performed by the incumbent contractor under collective bargaining agreement(s). If an entry is required in c., a copy of all current applicable collective bargaining agreements must be furnished with the notice. The notice will be returned without action by the Department of Labor if this is not done.

**Item 9**—It is often necessary for the Department of Labor to get in touch with the contracting official who submitted the notice in order to clarify particular points and expedite a response. The name of this official should be printed or typed in the space provided and he should sign his name above. The telephone number, including area code, should be entered. Enter the date the notice is submitted.

**Item 10**—Print or type the entry in the space provided within the brackets. This is used by the Department of Labor to identify the contracting agency and for mailing purposes.

## ENTRIES ON ATTACHMENT A

**Item 11**—Enter the notice number found in Item 1 of the basic form.

**Item 12**—Enter the classes of service employees to be employed in performing the contract. A simple entry may suffice: "Janitor," "Window cleaner," "Automotive mechanic," "Guard," "Stenographer," "Typist," "Warehouseman," "File clerk." Where more complex jobs are involved, it will expedite handling to use a few lines below the entry for a class to describe briefly what the employee will do—a sort of capsule job description. The entries in Item 12 are crucial as they enable the Department of Labor to "match" the job to be performed against existing wage determinations or available wage payment data.

**Item 13**—Enter the number of employees to be employed in each class listed in Item 12. Do not omit this figure even though it may be necessary to use a rough estimate.

**Item 14**—The amended Service Contract Act (section 2(a)(5)) requires the contracting agency to include in the contract, "A statement of the rates that would be paid by the Federal agency to the various classes of service employees if section 5341 of Title 5, United States Code, were applicable to them." The Secretary of Labor is required to give "due consideration" to such rates in making wage and fringe benefit determinations.

For purposes of the entries in Item 14, assume that each class of employees listed in Item 12 is to be Federally employed; that is to be employed directly as "wage board" or "blue collar" employees by the contracting agency and who, if so employed, would receive wages as provided in 5 United States Code 5341. Enter the hourly wage rate that each such listed class would be paid. The agency's personnel office may be of help in determining the appropriate hourly rate entries.

While the "statement" made part of the contract must include both the hourly wage rates and fringe benefits that would be paid to the various classes, it is not necessary to furnish fringe benefit information as part of the notice. In giving "due consideration" to the fringe benefits that would be paid, the Department of Labor will consult the formula previously made available to all contracting agencies for use in preparing the "statement" required to be made part of the contract.

## INSTRUCTIONS—RESPONSE PORTION OF NOTICE

*(Completed by Department of Labor)*

The original copy of the basic form and the original copy of the attachment will be returned to the contracting agency with appropriate entries by the Department of Labor in that portion of the basic form reserved for Response to Notice.

- If this box is marked, the wage determination(s) applicable will be listed by number and attached. The wage rates and fringe benefits reflected in the attached wage determination(s) are applicable to the procurement and must be made part of the contract. (If wage rates and fringe benefits are not provided in the wage determination(s) for particular classes of service employees to be employed on the contract, conforming action must be taken as provided in Title 29, Part 4, section 4.6(b)(2), Code of Federal Regulations.)
- If this box is marked, no wage determination applicable to the specified locality and classes of employees is in effect. However, successor contractors may not pay less than the collectively bargained wage rates and fringe benefits, including any prospective increases, applicable to employees of the predecessor contractor except where, upon a hearing, it is found that such wage rates and fringe benefits are substantially at variance with those that prevail in the locality. In no case may an employee be paid less than the minimum wage under section 6(a)(1) of the Fair Labor Standards Act.
- From time to time the Department of Labor receives a notice with respect to a proposed contract which, on the basis of the information supplied by the contracting agency, is not subject to the Service Contract Act. If box C is marked, an explanation will be attached.
- This box will be marked if the notice must be returned for additional information. An explanation will be attached so that the contracting agency will know what action to take.

## ADDITIONAL WAGE DATA

The Department of Labor welcomes any wage rate and fringe benefits data the contracting agency may submit in connection with a notice, as well as any explanatory information that will assist in understanding the proposed procurement.

NRC FORMS FACSIMILE HANDBOOK

SF 115, FACE

<b>REQUEST FOR RECORDS DISPOSITION AUTHORITY</b> <i>(See Instructions on reverse)</i>		<b>LEAVE BLANK</b>	
TO: GENERAL SERVICES ADMINISTRATION NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408		JOB NO. _____	
1. FROM (Agency or establishment): _____		DATE RECEIVED _____	
2. MAJOR SUBDIVISION _____		NOTIFICATION TO AGENCY	
3. MINOR SUBDIVISION _____		In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10. If no records are proposed for disposal, the signature of the Archivist is not required.	
4. NAME OF PERSON WITH WHOM TO CONFER _____			
5. TELEPHONE EXT. _____		DATE _____	ARCHIVIST OF THE UNITED STATES _____
<p><b>6. CERTIFICATE OF AGENCY REPRESENTATIVE</b></p> <p>I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of _____ page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified; and that written concurrence from the General Accounting Office, if required under the provisions of Title B of the GAO Manual for Guidance of Federal Agencies, is attached.</p> <p>A. GAO concurrence: <input type="checkbox"/> is attached; or <input type="checkbox"/> is unnecessary.</p>			
B. DATE _____	C. SIGNATURE OF AGENCY REPRESENTATIVE _____		D. TITLE _____
7. ITEM NO.	8. DESCRIPTION OF ITEM <i>(With Inclusive Dates or Retention Periods)</i>	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN <i>(NARS USE ONLY)</i>
115-108		NSN 7540-00-634-4064	
STANDARD FORM 115 (REV. 8-83) Prescribed by GSA FPMR (41 CFR) 101-11.4			

FORMS MANAGEMENT DATA				6/84	
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), h to h MP/ _____ (Multi-page/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	FPMR (41 CFR) 101-11.4 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	8-83

## INSTRUCTIONS

## GENERAL

Use Standard Form 115 (available from supply depots of the Federal Supply Service, General Services Administration) and the continuation sheet Standard Form 115-A (available from the Records Disposition Division, Office of Federal Records Centers, National Archives and Records Service, Washington, DC 20408) to obtain authority to dispose of records or to request the scheduling of records for permanent retention. Detach the fifth copy from the set and keep it as your reference copy. Submit the first four copies of the set to the National Archives and Records Service (NARS). NARS will later return one copy to the agency as notification of the items authorized for disposal or scheduled for permanent retention. This copy will also indicate any items withdrawn or disapproved for disposition. Written approval from GAO must accompany each SF 115 requiring Comptroller General concurrence.

Offer nonrecurring series of records eligible for immediate transfer to the National Archives by submitting a Standard Form 258, Request to Transfer, Approval, and Receipt of Records to National Archives of the United States. Do not submit an SF 115 to offer such records.

## SPECIFIC

Entries 1, 2, and 3 should show what agency has custody of the records identified on the form and should contain the name of the department or independent agency and its major and minor subdivisions.

Entries 4 and 5 should help identify and locate the person to whom inquiries regarding the records should be directed.

Entry 6 must be signed and dated on the four copies submitted by the agency official authorized to certify that the proposed retention periods reflect agency needs. Unsigned SF 115s will be returned to the agency without action. The number of pages involved in the request should be indicated.

One box under Entry 6A, GAO concurrence, must be checked. If neither box is checked, the form will be returned to the agency without action.

Entry 7 should contain the numbers of the items of records identified on the form in sequence, i.e., 1, 2, 3, 4, etc. Subcomponents of items may be numbered consecutively as 1a, 1b, 1c, etc.

Entry 8 should describe the records to be scheduled. Follow these steps in describing the records:

(1) Include centered headings for appropriate groups of items to indicate the office of origin if all records described on the form are not those of the same office or if they are records created by another office or agency as, for example, records inherited from a defunct agency.

(2) Identify any nontextual records, such as photographic records, sound recordings, maps, architectural drawings, or machine-readable tapes or disks, as separate and distinct items.

(3) Describe completely and accurately each series of records proposed for disposal or scheduled transfer to the National Archives. See 41 CFR 101-11.4 for more detailed requirements. Failure to comply with the provisions of that regulation will result in the return of the SF 115 for corrective action.

(4) Provide clear disposition instructions for each item and subitem. These instructions should include file breaks; the time after which records are to be retired to Federal records centers, if applicable; for temporary records, the time after which they may be destroyed; and for permanent records, the time after which they will be transferred to the legal custody of the National Archives.

(5) If immediate disposal is requested for past accumulations of records, indicate the volume and inclusive dates of the records, and the Federal records center accession and box numbers, if applicable.

(6) If future or continuing disposal authority is requested for records that have accumulated or will continue to accumulate, express the retention period in terms of years, months, etc., or in terms of future actions or events. Ensure that any future action or event that must precede disposal is objective and definite. Instructions for scheduled transfer of permanent records to the National Archives must also follow these guidelines.

(7) If records are to be destroyed after microcopying or conversion to machine-readable media, schedule both the original paper copy and film or machine-readable file. If records are filmed, include on the SF 115 the certifications required by 41 CFR 101-11.5. Failure to do so will result in the return of the SF 115 without action.

Entry 9 must include the previous NARS job and item numbers; General Records Schedule and item numbers, if applicable; and agency directive or manual and item numbers, if applicable, as required by 41 CFR 101-11.4. Leave column 9 blank only if the items are being scheduled for the first time. For all other items, it is mandatory to provide information on superseded schedules or GRS cross-references. If such information is missing from column 9, the SF 115 will be returned without action.

Entry 10 is for NARS use only and should be left blank.



<b>STATEMENT OF CONTINGENT OR OTHER FEES</b> <i>(FOR SOLICITING OR OBTAINING, OR RESULTING FROM AWARD OF A CONTRACT.)</i>		FORM APPROVED GMS NO. <b>3090-0017</b>
1. SOLICITATION NO. (If any)	2. CONTRACT NO. (or other identification)	3. GOVERNMENT CONTRACTING OFFICE
<p>The following information is furnished by the undersigned offeror concerning any company or person employed or retained to solicit or obtain the above identified contract, or concerning any company or person to whom the offeror has paid or agreed to pay any, commission, percentage, brokerage, or other fee, contingent upon or resulting from the award of that contract.</p>		
<p>4. FULL NAME AND BUSINESS ADDRESS OF SUCH COMPANY OR PERSON (If more than one, identify all) AND INDICATE WHETHER CORPORATION, PARTNERSHIP, INDIVIDUAL, ETC. (Include ZIP Codes)</p>		
<p>5A. DESCRIBE RELATIONSHIP TO OFFEROR OF THE COMPANY OR PERSON LISTED IN ITEM 4. (For example, is the company or person a sales agent or representative? A purchasing agent or representative? A broker? An employee? A corporate officer or principal?)</p>		
<p>5B. IF THERE IS A WRITTEN CONTRACT OR AGREEMENT COVERING SUCH RELATIONSHIP, ATTACH A COPY. IF NOT, STATE IN DETAIL THE TERMS OF SUCH ARRANGEMENT. (Include the amount and method of computation of compensation and expenses.)</p>		
<p><i>(IF ADDITIONAL SPACE IS NECESSARY, USE ITEM 11 OR ATTACH A SEPARATE SHEET WHICH ALSO MUST BE SIGNED.)</i></p>		
NSN 7540-01-132-8071 PREVIOUS EDITION USABLE	119-105	STANDARD FORM 119 (REV. 10-83) Prescribed by GSA, FAR (48 CFR) 53.203(a) FPMR (41 CFR) 101-45.313-5

FORMS MANAGEMENT DATA				6/84	
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/____ (Part/Sheet per Part) 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	FAR (48 CFR) 53.203(a) 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 STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	10-83



NOTE: Complete items 8A through 6D only if person listed in item 4 is an employee.

8A. DURATION OF EMPLOYMENT (Dates)		8B. IS THE PERSON ON THE OFFEROR'S PAYROLL FOR PURPOSES OF SOCIAL SECURITY AND FEDERAL INCOME TAX WITHHOLDING?	
FROM	TO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8C. IS THE PERSON EMPLOYED BY ANY OTHER CONCERN?		NAME AND ADDRESS OF OTHER CONCERN	
<input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" complete)			
8D. DOES THE PERSON REPRESENT ANY OTHER CONCERN?		NAME AND ADDRESS OF OTHER CONCERN	
<input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" complete)			

7. DOES THE COMPANY OR PERSON, LISTED IN ITEM 4 REPRESENT THE OFFEROR ON:		YES (Y)	NO (N)	E. IF ITEM 7B CHECKED "YES," SPECIFY OFFICES
A. BOTH COMMERCIAL AND GOVERNMENT BUSINESS?				
B. ONLY GOVERNMENT BUSINESS?				
C. ONLY THIS CONTRACT?				
D. CONTRACTS OF PARTICULAR GOVERNMENT ACQUISITION OR SALES OFFICES?				
8. REGARDING THE CONTRACT, ARE THE DUTIES OF THE COMPANY OR PERSON LISTED IN ITEM 4 CONFINED TO SOLICITING, OBTAINING OR ASSISTING IN OBTAINING THE CONTRACT?				
<input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO," describe other services included in the company or person's duties)				

9. IS IT THE OFFEROR'S REGULAR PRACTICE TO HAVE AN ARRANGEMENT OF THE TYPE SPECIFIED IN ITEM 8?	10. HOW LONG HAS THE COMPANY OR PERSON SPECIFIED IN ITEM 4:	
	A. SEEN ENGAGED IN THIS TYPE OF WORK (i.e., Sales or Purchasing representative, etc.)	B. PERFORMED THIS TYPE OF WORK FOR THE OFFEROR?
<input type="checkbox"/> YES <input type="checkbox"/> NO		

11. ADDITIONAL COMMENTS (Key comments to item numbers)

<p><b>IMPORTANT</b></p> <p>U.S. Code, Title 18 (Crimes and Criminal Procedure) Section 1001 makes it a criminal offense to make willfully false statements or representations on this form or any attachment to it.</p>	12A. OFFEROR (To be signed only by authorized principal, such as corporate officer of offeror, i.e., may not be signed by sales or purchasing agent, etc.)	
	BY	
	12B. TITLE	12C. DATE
12D. ADDRESS OF OFFEROR (Include ZIP code)		

<b>TRANSFER ORDER SURPLUS PERSONAL PROPERTY</b>		1. ORDER NUMBER(S) a. _____ b. _____ c. _____		FORM APPROVED OMB NUMBER <b>3090-0014</b>	PAGE 1 OF _____ PAGES		
2. TYPE OF ORDER <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> DOD(ISA) <input type="checkbox"/> FAA		3. SURPLUS RELEASE DATE	4. SET ASIDE DATE	5. <input type="checkbox"/> NON-REPORTABLE <input type="checkbox"/> REPORTABLE	6. TOTAL ACQUISITION COST		
7. TO: <b>GENERAL SERVICES ADMINISTRATION (FPMR) *</b>				8. LOCATION OF PROPERTY			
9. HOLDING AGENCY (Name and address) *				10. FOR GSA USE ONLY			
				SOURCE CODE <input type="checkbox"/>			
				STATE <input type="checkbox"/> <input type="checkbox"/> CITY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
				TYPE OF DONATION <input type="checkbox"/> <input type="checkbox"/>			
				ADJUSTED ALLOCATION CODE <input type="checkbox"/> <input type="checkbox"/>			
11. PICKUP OR SHIPPING INSTRUCTIONS *							
<b>12. SURPLUS PROPERTY LIST</b>							
L/I NO.	IDENTIFICATION NUMBER(S)	DESCRIPTION	DEMIL CODE	CONJ CODE	QUANTITY AND UNIT	ACQUISITION COST	
						UNIT	TOTAL
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
13. TRANSFEREE ACTION		a. TRANSFEREE (Name and address of State Agency, SEA, or public airport) *	b. SIGNATURE AND TITLE OF STATE AGENCY OR DOWNEE REPRESENTATIVE		c. DATE		
Transferor certifies and agrees that transfers and donations are made in accordance with 41 CFR 101-44, and to the terms, conditions, and assurances as specified on this document.			d. SIGNATURE OF PLAD OF THE SEA (School or National Headquarters)		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 are in accordance with 41 CFR 101-44 and as specified on this document 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.    123-107    STANDARD FORM 123 (REV. 6-82)  
NSN 7540-00-965-2415    Prescribed by GSA  
Previous Editions not usable    FPMR (41 CFR) 101-44.110

FORMS MANAGEMENT DATA					6/84		
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>10</u> (Unit Sets/Number of Parts) MP/ _____ (Multi-page/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)		ADM:FOS:PS	FPMR 101-44.110	7540-00-965-2415	HD	6-82	
			STATUS OF EXISTING STOCK				
			<input checked="" 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					
			PROMULGATING OFFICE (ONLY)				

CERTIFICATIONS, AGREEMENTS, AND ASSURANCES

The transferee specified in block 13a on the obverse of this transfer order, in consideration of and for the purpose of obtaining any or all property for donation covered by such transfer order, recognizes and agrees that any such transfer will be made by the United States in reliance on the following certifications, agreements, and assurances:

**1. OFFICIAL SIGNING IN BLOCK 13a AS REPRESENTATIVE OF:**

**a. STATE AGENCY.** (1) As a condition of the allocation of property listed in block 12, the State agency, for itself, and, with respect to any such property to be distributed to an adjacent State, pursuant to an approved Interstate Distribution Agreement as agent for an authorized representative of the adjacent State, hereby certifies:

(a) It is the agency of the State designated under State law and as such has legal authority within the meaning of section 203(j) of the Federal Property and Administrative Services Act of 1949, 63 Stat. 386, as amended (hereinafter referred to as the Act), and the regulations of the General Services Administration to receive surplus property for distribution within the State to eligible donees within the meaning of the Act and regulations.

(b) The property listed on this document or attachments hereto is usable and needed by a public agency for one or more public purposes, such as conservation, economic development, education, parks and recreation, public health, public safety, and programs for older individuals, by an eligible nonprofit organization or institution which is exempt from taxation in the State under section 501 of the Internal Revenue Code of 1954 for the purpose of education or public health (including research for any such purpose), or by an eligible nonprofit tax-exempt activity for programs for older individuals.

(c) 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 accountability, warehousing, proper maintenance, and distribution of the property.

(d) When the property is distributed by a State agency to a donee, or when delivery is made direct from a holding agency to a donee, that 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.

(2) With respect to donable property picked up by or shipped to a State agency, the State agency agrees to the following:

(a) The right to possession only is granted and the State agrees to make prompt statewide distribution of the same, on a fair and equitable basis, to donees eligible to acquire property, under section 203(j) of the Act and regulations of the General Services Administration, after such eligible donees have properly executed the appropriate certifications and agreements established by the State agency and/or the General Services Administration.

(b) Title to such property shall remain in the United States of America although the State shall have taken possession thereof. Conditional 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.

(c) 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 bailee for mutual benefit, for such property from the time it is released to the State agency or to the transportation agent designated by the State agency, and that in the event of any loss of or damage to any or all of the property, it will file such claim and/or institute and prosecute to conclusion such proceedings as may be necessary to recover for the account of the United States of America the fair value of any such property lost or damaged.

(d) No 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.

(3) Where an applicant State agency is acting under an interstate distribution agreement approved by the General Services Administration as an agent and authorized representative of an adjacent State with which it shares a common boundary, the certifications and agreements required above shall also be made by the applicant State agency respecting the donees in such adjacent State to which distribution will be made and the property to be distributed in the adjacent State, and such certifications and agreements shall constitute the certifications and agreements of the adjacent State on whose behalf and as its authorized representative the applicant State agency is acting.

**b. SERVICE EDUCATIONAL ACTIVITY.** Pursuant to section 203(j) of the Act and regulations promulgated thereunder, and a designation of this organization by the Secretary of Defense as an educational activity of special interest to the armed services, donation of the surplus personal property

listed in block 12 is requested. It is hereby certified that (1) the signer is appropriately authorized; (2) the property is usable and necessary to carry out the educational purposes of the transferee, is required for use to fill an existing need, and will be used for such purposes within 1 year after it is obtained; and (3) funds are available and will be paid, when requested, to cover cost of care and handling incident to the donation, including packing, preparation for shipment, loading, and transporting such property.

**c. PUBLIC AIRPORT.** Pursuant to the Act and section 13(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 (1) funds are available to pay the costs of care and handling incident to donation, including packing, preparation for shipping, loading, and transporting such property; and (2) if such property is donated to the transferee it will (a) not be used, sold, salvaged, or disposed of for other than airport purposes without the consent of the Federal Aviation Administration; (b) be kept in good repair; (c) be used for airport purposes; (d) be appropriately marked as Federal surplus property and will be made available for inspection upon request; and (e) at the option of the United States, revert to the United States, in its then existing condition, if all the aforesaid conditions are not met, observed, or complied with.

**d. STATE AGENCY, SERVICE EDUCATIONAL ACTIVITY, PUBLIC AIRPORT, OR DONEE.**

(1) Assurance of Compliance with GSA regulations under Title VI of the Civil Rights Act of 1964, section 606 of Title VI of the Federal Property and Administrative Services Act of 1949, as amended, section 504 of the Rehabilitation Act of 1973, as amended, Title IX of the Education Amendments of 1972, as amended, and section 303 of the Age Discrimination Act of 1975.

The transferee agrees that (a) the program, for or in connection with 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 pursuant to the regulations of the General Services Administration (41 CFR 101-6.2 or 101-8) issued under the provisions of Title VI of the Civil Rights Act of 1964, section 606 of Title VI of the Federal Property and Administrative Services Act of 1949, as amended, section 504 of the Rehabilitation Act of 1973, as amended, Title IX of the Education Amendments of 1972, as amended, and section 303 of the Age Discrimination Act of 1975, to the end that no person in the United States shall, on the ground of race, color, national origin, sex, or age, 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 for which the transferee receives Federal assistance from the General Services Administration; (b) this agreement shall be subject in all respects to the provisions of said regulations; (c) this agreement shall obligate the transferee and 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, for the period during which it retains ownership or possession of any such property; (d) the transferee will promptly take, and continue to take, such action as may be necessary to effectuate this agreement; (e) the United States shall have the right to seek judicial enforcement of this agreement; and (f) this agreement shall be binding upon any successor in interest of the transferee and the word "transferee" as used herein includes any such successor in interest.

(2) The transferee agrees that the Government assumes no liability for any damages to the property of the State or donee, any person, or public property, or for the personal injuries, illness, disabilities or death to employees of the State or donee, any other person subject to their control or any other person including members of the general public, arising from or incident to the property use, processing, disposition, or any subsequent operation performed upon, exposure to or contact with any component, part, constituent or ingredient of this item, or substance, or material whether intentional or accidental. The State and/or donee agrees to hold harmless and indemnify the Government for any and all costs, judgment, action, debt, liability costs and attorney's fees or any other request for monies or any type of relief arising from or incident to the transfer, donation, use, processing, disposition, or any subsequent operation performed upon, exposure to or contact with any component, part, constituent or ingredient of this item, material or substance, whether intentional or accidental.

STATEMENT OF ADMINISTRATIVE ACTIONS

**2. OFFICIAL SIGNING IN BLOCK 14b AS REPRESENTATIVE OF:**

**a. DEPARTMENT OF DEFENSE.** The Department of Defense (DLA or Sponsoring Military Service) has determined that the personal property listed in block 12 is authorized and approved for donation to the service educational activity in block 13a (subject to any interim request by a Federal agency).

**b. FEDERAL AVIATION ADMINISTRATION.** The Administrator of the Federal Aviation Administration has determined that the surplus personal property listed in block 12 is essential, suitable, or desirable for the development, improvement, operation, or maintenance of a public airport, or reasonably necessary to fulfill the immediate and/or foreseeable future

requirements of the grantee for the development, improvement, operation, or maintenance of a public airport.

**3. OFFICIAL SIGNING IN BLOCK 14a AS REPRESENTATIVE OF GENERAL SERVICES ADMINISTRATION:**

The surplus personal property listed in block 12, except any disapproved items, is approved for transfer for donation purposes. Property listed herein requested for transfer by a State agency is hereby allocated to that State. Such property will be held by the holding agency for a period not to exceed 42 calendar days from the surplus release date pending receipt of pickup or shipping instructions, whereupon it will be released to the donee.

SOLICITATION MAILING LIST APPLICATION		1. TYPE OF APPLICATION <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION	2. DATE	FORM APPROVED OMB NO. 3090-0005
NOTE—Please complete all items on this form. Insert N/A in items not applicable. See reverse for instructions.				
3. NAME AND ADDRESS OF FEDERAL AGENCY TO WHICH FORM IS SUBMITTED (Include ZIP code)		4. NAME AND ADDRESS OF APPLICANT (Include county and ZIP code)		
5. TYPE OF ORGANIZATION (Check one) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> NON-PROFIT ORGANIZATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION, INCORPORATED UNDER THE LAWS OF THE STATE OF		6. ADDRESS TO WHICH SOLICITATIONS ARE TO BE MAILED (If different than item 4)		
7. NAMES OF OFFICERS, OWNERS, OR PARTNERS				
A. PRESIDENT		B. VICE PRESIDENT		C. SECRETARY
D. TREASURER		E. OWNERS OR PARTNERS		
8. AFFILIATES OF APPLICANT (Names, locations and nature of affiliation. See definition on reverse.)				
9. PERSONS AUTHORIZED TO SIGN OFFERS AND CONTRACTS IN YOUR NAME (Indicate if agent)				
NAME		OFFICIAL CAPACITY		TELE. NO. (Include area code)
10. IDENTIFY EQUIPMENT, SUPPLIES, AND/OR SERVICES ON WHICH YOU DESIRE TO MAKE AN OFFER (See attached Federal agency's supplemental listing and instructions, if any.)				
11A. SIZE OF BUSINESS (See definitions on reverse) <input type="checkbox"/> SMALL BUSINESS (If checked, complete items 11B and 11C) <input type="checkbox"/> OTHER THAN SMALL BUSINESS		11B. AVERAGE NUMBER OF EMPLOYEES (Including affiliates) FOR FOUR PRECEDING CALENDAR QUARTERS		11C. AVERAGE ANNUAL SALES OR RECEIPTS FOR PRECEDING THREE FISCAL YEARS
12. TYPE OF OWNERSHIP (See definitions on reverse) (Not applicable for other than small business) <input type="checkbox"/> DISADVANTAGED BUSINESS <input type="checkbox"/> WOMAN-OWNED BUSINESS		13. TYPE OF BUSINESS (See definitions on reverse) <input type="checkbox"/> MANUFACTURER OR PRODUCER <input type="checkbox"/> SERVICE ESTABLISHMENT <input type="checkbox"/> REGULAR DEALER (Type 1) <input type="checkbox"/> REGULAR DEALER (Type 2) <input type="checkbox"/> CONSTRUCTION CONCERN <input type="checkbox"/> RESEARCH AND DEVELOPMENT <input type="checkbox"/> SURPLUS DEALER		
14. DUNS NO. (If available)				
15. HOW LONG IN PRESENT BUSINESS?				
16. FLOOR SPACE (Square feet)				
A. MANUFACTURING		B. WAREHOUSE		17. NET WORTH
				A. DATE B. AMOUNT
				\$
18. SECURITY CLEARANCE (If applicable, check highest clearance authorized)				
FOR		C. NAMES OF AGENCIES WHICH GRANTED SECURITY CLEARANCES (Include dates)		
A. KEY PERSONNEL				
B. PLANT ONLY				
CERTIFICATION — I certify that information supplied herein (including all forms attached) is correct and that neither the applicant nor any person (or persons) in any connection with the applicant as a principal or officer, so far as is known, is now detained or otherwise declared ineligible by any agency of the Federal Government from making offers for furnishing materials, supplies, or services to the Government or any agency thereof.				
19. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN (Type or print)		20. SIGNATURE		21. DATE SIGNED
NSN 7540-01-152-8086 PREVIOUS EDITIONS UNUSABLE		129-106		STANDARD FORM 129 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.214(c)

FORMS MANAGEMENT DATA								
CONSTRUCTION OF FORM			PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/>	SHEET, h to h		ADM:DC	FAR (48 CFR) 53.214(c)	W7540-01-152-8086	HD	10-83	
<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 checked="" 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)			PROMULGATING OFFICE (ONLY)				
<input type="checkbox"/>	ENVL							
<input type="checkbox"/>	OTHER (Specify)							

## 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 Solicitation 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 10 the equipment, supplies and/or services on which you desire to bid. (Provide Federal Supply Class or Standard Industrial Classification Codes if available.) 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, your 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 solicitations will be understood by the agency to indicate lack of interest and concurrence in the removal of your name from the purchasing activity's solicitation mailing list for the items concerned.

#### SIZE OF BUSINESS DEFINITIONS (See Item 11A.)

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 competing for 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 8 and 11A.)

c. Number of employees—(Item 11B) 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.

#### TYPE OF OWNERSHIP DEFINITIONS (See Item 12.)

a. "Disadvantaged business concern"—means any business concern (1) which is at least 51 percent owned by one or more socially and economically disadvantaged individuals; or, in the case of any publicly owned business, at least 51 percent of the stock of which is

owned by one or more socially and economically disadvantaged individuals, and (2) whose management and daily business operations are controlled by one or more of such individuals.

b. "Women-owned business"—means a business that is at least 51 percent owned by a woman or women who are U.S. citizens and who also control and operate the business.

#### TYPE OF BUSINESS DEFINITIONS (See Item 13.)

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 10, or in the Federal Agency's Supplemental Commodity List, if attached.

b. 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.

c. 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 10, 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.

d. 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 and used ADPE), Regular dealer means a person (or concern) satisfying the requirements of the regulations (Code of Federal Regulations, Title 41, 50-201.101(a)(2)) 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).

● **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.



**REPORT ON BUDGET EXECUTION**

Standard Form 133  
Revised July 1974  
Office of Management and Budget  
Circular No. A-34

Sheet \_\_\_\_\_ of \_\_\_\_\_  
Period ended: \_\_\_\_\_

AGENCY: \_\_\_\_\_ APPROPRIATION OR FUND TITLE AND SYMBOL: \_\_\_\_\_

BUDGET:

Description			
<b>BUDGETARY RESOURCES</b>			
1. Budget authority:			
A. Appropriations realized			
B. Appropriations anticipated (indefinite)			
C. Other new authority ( )			
D. Net transfers (+ or -)			
2. Unobligated balance:			
A. Brought forward (October 1)			
B. Net transfers (+ or -)			
3. Refundings and other income:			
A. Earned (\$ )			
B. Change in unfilled customers' orders (+ or -)			
C. Anticipated for rest of year			
4. Recoveries of prior year obligations:			
A. Actual (\$ )			
B. Anticipated for rest of year			
5. Portion not available pursuant to P.L. ( )			
6. Restorations (+) and write-offs (-) (\$ )			
7. TOTAL BUDGETARY RESOURCES			
<b>STATUS OF BUDGETARY RESOURCES</b>			
8. Obligations incurred (\$ )			
9. Unobligated balances available:			
A. Apportioned, category A			
B. Apportioned, category B			
C. Other balances available			
10. Unobligated balances not available:			
A. Apportioned for subsequent periods*			
B. Withheld pending revision*			
C. Deferred*			
D. Unapportioned balance of revolving fund*			
E. Other balances not available			
11. TOTAL BUDGETARY RESOURCES			
<b>RELATION OF OBLIGATIONS TO OUTLAYS AND ACCRUED EXPENDITURES</b>			
12. Obligations incurred, net (8 - 3A - 3B - 4A)			
13. Not unpaid obligations:			
A. Obligated balance, as of October 1			
B. Obligated balance transferred, net (+ or -)			
C. Obligated balance, end of period			
14. Outlays (12 + 13A + 13B - 13C) (\$ )			
15. Change in accounts payable, net:			
A. Accounts payable, net, as of October 1			
B. Accounts payable transferred, net (+ or -)			
C. Accounts payable, net, end of period			
16. Accrued expenditures (14 - 15A - 15B + 15C) (\$ )			

\*From SF 132 133-107

(Authorized only) (1614)

**FORMS MANAGEMENT DATA** 6/84

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 OTHER (Specify)	RM:A	OMB Circular A-34 <hr/> 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 <hr/> STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="checked" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	7-76



<b>RECORDS TRANSMITTAL AND RECEIPT</b>		PAGE <b>1</b> OF <b>1</b>	PAGES
Complete and send original and two copies of this form to the appropriate Federal Records Center for approval prior to shipment of records. See specific instructions on reverse.			
5. FROM (Enter the name and complete mailing address of the office returning the records. The signed receipt copy of this form will be sent to this address.)			
Federal Archives and Records Center General Services Administration			
(Complete the address for the appropriate records center serving your area)			
1. TO			
As shown in FPMR 101-11.4D-1			
2. AGENCY TRANSFER AUTHORIZATION		DATE	
3. AGENCY CONTACT		DATE	
4. RECORDS CENTER RECEIPT		DATE	
5. RECORDS DATA		COMPLETED BY RECORDS CENTER	
ACCESSION NUMBER		DISPOSAL DATE (1)	
RG (a)		DISPOSAL AUTHORITY (Schedule and item number) (A)	
FY (b)		RESTRICTION (D)	
VOLUME (c, E, I)		SERIES DESCRIPTION (With inclusive dates of records) (F)	
AGENCY BOX NUMBERS (e)		LOCATION (J)	
		CONT. TIME (K) (L) (M)	
		SHEET PLAN (N)	

Standard Form 135 (Rev. 6-76)  
Prescribed by GSA  
FPMR (41 CFR) 101-11.4

FORMS MANAGEMENT DATA				6/84	
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:TIDC:DM	FPMR (41 CFR) 101-11.4 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	6-76

## INSTRUCTIONS FOR COMPLETION OF STANDARD FORM 135

### FOR COMPLETION BY THE TRANSFERRING AGENCY

Items 1, 2, 3 and 5 are self-explanatory. Specific instructions for item 6 are as follows:

*Col.*

*Accession Number.* A separate accession number is required for each series of records listed on the form. A series consists of records having the same disposal authority and disposal date, that are transferred together to the records center. The accession number is entered in three parts, consisting of:

- (a) The NARS record group number assigned to the records of the agency making the transfer;
- (b) The last two digits of the current fiscal year; and
- (c) A four digit sequential number obtained in advance from the records center. (Arrangements may be made with the center to have these numbers assigned by the agency records officer or other official.)
- (d) *Volume.* Enter the volume in cubic feet of each series of records being transferred.
- (e) *Agency Box Numbers.* Show the inclusive box numbers for each series of records being transferred. The agency shall number each carton sequentially as follows: 1 of 25, 2 of 25, 3 of 25, etc. (Each new series of records should begin with carton number 1.) To facilitate control of the records and future reference service, the agency also shall mark each container with the assigned accession number prior to shipment.
- (f) *Series Description.* Describe the records in sufficient detail to allow the records center to check for proper application of the disposal schedule. Inclusive dates of the records should be indicated. Show the organizational component that created the records when it is other than that shown in item 5.
- (g) *Restriction.* Enter one of the following codes to show a restriction on use of the records. Restrictions other than (or in addition to) security classifications, such as limiting access to certain agency officials, are to be specified by a statement in the Series Description column (f).

<i>Code</i>	<i>Restrictions</i>
Q	Q security classification
T	Top Secret security classification
S	Secret security classification
C	Confidential security classification
R	Restricted use/witnessed disposal <i>not required</i> (specify in column (f))
W	Restricted use/witnessed disposal <i>required</i> (specify in column (f))
N	No restrictions

- (h) *Disposal Authority.* For each series of records, cite the agency schedule and specific item number authorizing disposal. Cite the NARS disposal job and item number if it has not been incorporated into an updated agency schedule.
- (i) *Disposal Date.* Applying the disposal authority previously cited in column (h), enter the month and year in which the records may be destroyed.

### FOR COMPLETION BY THE RECORDS CENTER

Item 4 is self-explanatory. Specific instructions for item 6 are as follows:

*Col.*

- (j) *Location.* The records center annotates the shelf location of the first carton for each series of records
- (k) *Shelving Plan.* The records center enters the appropriate code from Chap. 7-10e, HB, Records Center Operations (NAR P 1864.1A), to reflect the shelving system.
- (l) *Container Type.* The records center enters the appropriate code from Chap. 7-10h, NAR P 1864.1A, to reflect the type of container in which the records are retired.
- (m) *Automatic Disposal.* The records center enters either Y (yes) to indicate automatic disposal applies or N (no) indicating that the agency wishes to receive disposal concurrence notice prior to destruction of the records. Automatic disposal is applied only when previously agreed upon by the agency.

Use Standard Form 135-A, Records Transmittal and Receipt Continuation, when additional space is required for listing records data.

Standard Form 135 Back (Rev. 6-76)

RECORDS TRANSMITTAL AND RECEIPT (Continuation)	ACCESSION NUMBER		AGENCY BOX NUMBERS (e)	SERIES DESCRIPTION (With inclusive dates of records) (f)	RESTRICTION (g)	DISPOSAL AUTHORITY (Substate and item number) (h)	DISPOSAL DATE (i)	COMPLETED BY	RECORDS CENTER LOCATION (j)	PAGE OF	PAGES
	REG. NO. (a)	BY NUMBER (b)									
<p>This form is to continue listing of Records Data when space on SF 135 is not adequate. Instructions for completion of SF 135 apply.</p>											
<p>TRANSFERRING AGENCY'S NAME</p>											

STANDARD FORM 135-A (Rev. 6-76)  
Prescribed by GSA  
FPMR (41 CFR) 101-11.4

FORMS MANAGEMENT DATA						6/84
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	FPMR (41 CFR) 101-11.4 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	6-76	

STANDARD FORM 144 (Rev. 9/79)  
Office of Personnel Management  
FPM Supplement 296-31

Statement of Prior Federal Civilian and Military Service

Privacy Act Statement: Section 552 of 5 U.S.C. "Annual leave, accrual" authorizes collection of information to determine and record service that may be creditable for accrual of annual leave. Part 351.503, 5 C.F.R. "Length of service," authorizes collection of data to determine and record service that may be creditable for reduction in force retention purposes.

Information about prior Federal civilian and military service is collected and maintained in your Official Personnel Folder (OPF). Information furnished may be disclosed to other Federal agencies or Congressional

or Judicial Offices in order to obtain such verification or in connection with your application for a job, license, grant, or other benefit. It may also be disclosed to a national, State, or local law enforcement agency where there is indication of a violation or potential violation of civil or criminal law or regulation, or to another Federal agency or court when the Government is party to a suit.

Furnishing this information is voluntary; however, failure to do so may result in your not receiving credit for prior creditable Federal service.

PART I—TO BE COMPLETED BY EMPLOYEE

1. Name (Last, first, middle initial) 2. Birthdate (Mo., Day, Year)

3. Civilian service in the Federal or District of Columbia Governments. List below any periods of Federal or D.C. Government service which you have not listed on your application for the position to which you are being appointed. If any of this service was part time, intermittent, or on a WAE basis, note this under "Type of Appointment."

Name and Location of Agency	From			To			Type of Appointment (if known)
	Year	Month	Day	Year	Month	Day	

4. During periods of employment shown in item 3, did you have a total of more than 6 months' absence without pay during any one calendar year?  No  Yes—List the following information:

Type if known (L.F.O.P., Furlough, Suspension, or A.W.O.L.)	From			To			Total		
	Year	Month	Day	Year	Month	Day	Years	Months	Days

5. Uniformed Service—Active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or of the National Oceanic and Atmospheric Administration. (Also list Merchant Marine service if it interrupted civilian service listed above in item 3.)

Branch	From			To			Discharge (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	

6. Do you claim any type of veteran preference which has not been verified?  No  Yes—Check one of the statements if it applies to you:  
I claim preference as the:  
 Wife of a disabled veteran.  
 Mother of a deceased or disabled veteran.  
 Unmarried widow of a veteran.

7. To be executed before a Notary Public or any other person authorized to administer oaths.

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ at \_\_\_\_\_ (City and State)

SEAL: \_\_\_\_\_ Signature: \_\_\_\_\_ Expiration date of Commission if the oath is taken by a Notary Public: \_\_\_\_\_

NSN 7540-00-034-4101 Previous edition usable.

44-110

FORMS MANAGEMENT DATA

6/84

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET	ADM:O&P	FPM Supplement 296-31		Sheet	9-79	
<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)		<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)						

Standard Form 144 Back (Rev. 9/79)

TO BE COMPLETED BY THE PERSONNEL OFFICE

**PART II—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES—**(See FPM Chapter 630 and Supplement 296-31, Appendix B.) NOTE: For year below, show only last two numbers; for months show numerical equivalent.

CREDITABLE SERVICE <i>(List only periods that are creditable for leave purposes.)</i>	(a) Appointment Date			(b) Separation Date			NONCREDITABLE SERVICE <i>(List service included in dates to left which cannot be credited, such as "lost time" during military service.)</i>
	Year	Month	Day	Year	Month	Day	
	Entrance on duty date						
Total noncreditable service							
Total	(a)			(b)			
Service Computation Date (a)-(b)							

**PART III—DETERMINATION OF CREDITABLE SERVICE AND SERVICE DATE FOR REDUCTION-IN-FORCE PURPOSES.** (Complete only in cases where the amount of creditable service for reduction-in-force purposes differs from the amount creditable for leave purposes.) (See FPM Chapter 351 and Supplement 296-31, Appendix B.)

CREDITABLE SERVICE	(a) Appointment Date			(b) Separation Date			NONCREDITABLE SERVICE <i>(List service included in dates to left which cannot be credited, such as "lost time" during military service.)</i>
	Year	Month	Day	Year	Month	Day	
	Service Computation Date (from Part II) Additional service creditable for RIF only						
Total noncreditable service							
Total	(a)			(b)			
Service Date (a)-(b)*							

\*Enter as the "Service Date" on Standard Form 7, "Service Record."

Remarks

<b>SIGNATURE/DESIGNATION CARD FOR CERTIFYING OFFICER</b>		AGENCY LOCATION CODE (For Nuclear Activity only)
2 DEPARTMENT, ESTABLISHMENT OR AGENCY	3 BUREAU OR OFFICE	
4 TYPED NAME AND MANUAL OFFICIAL SIGNATURE OF CERTIFYING OFFICER (USE <b>BLACK INK</b> ONLY)		
5 CERTIFICATION AUTHORITY (check ONE box only - 4 separate SF 210's required for each category)		
<input type="checkbox"/> SF 1156 - Voucher and Schedule of Payments for other approved items LOCATION OF DISBURSE OFFICE: _____		<input type="checkbox"/> SF 1152, 1153A - Letter of Credit and / OR - Authorized Signature Card for Payment Vouchers or Letter of Credit
6 I certify that the signature in item 4 is the official signature of the above named person who is designated (in writing) as a certifying officer to certify vouchers or letters of credit as indicated above.		
SIGNATURE AND TITLE OF HEAD OF AGENCY OR DESIGNEE		DATE
Please Contact for Guide 210-156		NEN 7540-00-834-4711 STANDARD FORM 210 (Rev. 7-81) Department of the Treasury FORM 4-2000 & 6-2000

FORMS MANAGEMENT DATA					6/84	
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 3" PD/____ (Pad/Sheet per Pad) US/____ (Unit Sets/Number of Parts) MP/____ (Multi-page/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	RM:A	1 TFRM 4-2000 & 6-2000 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)		Card	7-81	



Standard Form 211 (2-82)  
Department of the Treasury  
1 TFRM 4-3000  
211-103

REQUEST FOR CHANGE OR ESTABLISHMENT OF IMPREST FUND

SECTION I - IDENTIFICATION OF DISBURSING OFFICER AND CASHIER

NAME AND LOCATION OF DISBURSING OFFICER

NAME OF CASHIER

AGENCY

ADDRESS

PHONE NO.

SECTION II - ACTION REQUESTED

EFFECTIVE DATE

- Designation  Change to Alternate  Increase Advance  Liquidation   
 Revocation  Change to Principal  Decrease Advance  Address Change   
 Class Change  Other (Explain)

SECTION III - DESIGNATION INFORMATION

Class and Type of Cashier (If Alternate, show name of Principal)

SECTION IV - INCREASE OR NEW ADVANCE

Current Balance \$ \_\_\_\_\_  
 Increase or New Advance Requested \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_  
 Number and Denomination of Checks Requested \_\_\_\_\_

SECTION V - DECREASE OR LIQUIDATION OF FUNDS

Current Balance \$ \_\_\_\_\_  
 Apply the following:  
 Reimbursement Voucher Nos. \_\_\_\_\_  
 Uncashed Treasury Check Nos. \$ \_\_\_\_\_  
 Deposit Ticket Nos. \$ \_\_\_\_\_  
 Net Balance for Which Cashier is Accountable \$ \_\_\_\_\_

Fund Transferred from:

Date

Signature (Head of Agency or Designer)

Title

SECTION VI - DESIGNATION (to be completed by Disbursing Officer)

In accordance with the provisions of paragraph 2 of section 4 of Executive Order 6166 of June 10, 1933, as amended, the function of disbursing in connection with the operations of the agency named is hereby delegated to the above-named employee effective on the date indicated below. Class D Cashiers may use their funds for change making only. Class B and C cashiers may make payments in cash in accordance with the Treasury Fiscal Requirements Manual (1 TFRM 4-3000), and such other payments as may be listed on the attached schedule.

(Effective Date of Designation)

(Disbursing Officer or Designer)

(Date - month, day, and year)

SECTION VII - CHECK ISSUANCE AUTHORIZATION (to be completed by Disbursing Officer)

DRAW CHECKS AS INDICATED ABOVE

DATE CHECKS \_\_\_\_\_

(Disbursing Officer or Designer)

CHECK NOS \_\_\_\_\_ TO \_\_\_\_\_

(Date - month, day, and year)

PREVIOUS EDITIONS NOT USABLE

NSN7540-00-082-2551

FORMS MANAGEMENT DATA

6/84

CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input type="checkbox"/> SHEET	PD/_____(Pad/Sheet per Pad) US/5_____(Unit Sets/Number of Parts), reverse MP/_____(Multipage/Number of Parts) print, h LABEL to h PC (Postal Card) TC (Tab Card) TP/_____(Tab Paper/Number of Parts) ENVL OTHER (Specify)	RM:A	1 TFRM 4-3000		US/5	2-82
<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/5_____(Unit Sets/Number of Parts), reverse			DESTROY:			
<input type="checkbox"/> MP/_____(Multipage/Number of Parts) print, h			<input type="checkbox"/> IMMEDIATELY			
<input type="checkbox"/> LABEL to h			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
<input type="checkbox"/> PC (Postal Card)			STOCKING POINT			
<input type="checkbox"/> TC (Tab Card)			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)						

**INSTRUCTIONS:**

- Section I –** All items must be completed.
- Section II –** Effective date requested must be completed. Applicable block(s) should be checked. *Important note:* More than one block may be checked for changes affecting only one cashier, e.g. combined designation and increase, combined revocation and liquidation. Separate SF-211 must be submitted for changes affecting more than one cashier, e.g. revocation of one cashier and designation of another.
- Section III –** Must be Completed  
Examples:  
1. Class A – Principal  
2. Class B – Alternate  
(John Doe Principal)
- Section IV –** Must be completed if Designation, Change to Principal, and/or the Increase Advance block(s) was checked in Section II

**Samples:**

**1. Designation of New Cashier and Establishment of New Fund**

Current Balance	\$ -0-
Increase or New Advance Requested	\$ 3,000.00
Total	\$ 3,000.00
Number and Denomination of Checks Requested	
5 at 300.00	
10 at 150.00	
Fund Transferred from:	
N/A	

**2. Designation of New Principal Cashier**

Current Balance	\$ 3,000.00
Increase or New Advance Requested	\$ -0-
Total	\$ 3,000.00
Number and Denomination of Checks Requested	
N/A	
Fund Transferred from: Jane Doe	
(SF-211 requesting "Revocation" or "Change to Alternate" for Jane Doe should accompany this SF-211. SF-1129 showing final accountability for Jane Doe and transfer to new principal cashier should be sent to Disbursing Center immediately after approved SF-211 is received and transfer has been made.)	

**3. Request for Increase:**

Current Balance	\$ 1,500.00
Increase or New Advance Requested	\$ 1,500.00
Total	\$ 3,000.00
Number and Denomination of Checks Requested	
10 at \$ 150.00	
Fund Transferred from:	
N/A	

**4. Designation of New Cashier and Request for Increase**

Current Balance	\$ 1,500.00
Increase or New Advance Requested	\$ 1,500.00
Total	\$ 3,000.00
Number and Denomination of Checks Requested	
10 at \$ 150.00	
Fund Transferred from: Jane Doe	
(SF-211 requesting "Revocation" or "Change to Alternate" for Jane Doe should accompany this SF-211. SF-1129 showing final accountability for Jane Doe and transfer to new principal cashier should be sent to Disbursing Center immediately after approved SF-211 is received and transfer has been made.)	

**Section V –** Decrease or Liquidation of Funds

This section must be completed if the Decrease Advance or Liquidation block was checked in Section II. Reimbursement Vouchers, Uncashed Treasury checks, and copies of Deposit Tickets indicated in this section should accompany this form.

**Samples:**

**1. Decrease**

Current Balance	\$ 3,000.00
Reimbursement Voucher Nos	
79-280, 79-281	\$ 500.00
Treasury Check Nos	
1,103,789, 1,103,790	\$ 500.00
Deposit Ticket Nos	
178036, 178037	\$ 500.00
Net Balance for which Cashier is Accountable	\$ 1,500.00

**2. Liquidation**

Current Balance	\$ 3,000.00
Reimbursement Voucher Nos	
79-282, 79-283	\$ 1,000.00
Uncashed Treasury Check Nos	
1,103,791, 1,103,792	\$ 1,000.00
Deposit Ticket Nos	
178038, 178039	\$ 1,000.00
Net Balance for which Cashier is Accountable	\$ -0-

**Signature Requirements**

Address Changes and Decreases may be signed by the head of the Cashier's local office. All other actions require the signature of an agency official who has been delegated the authority to request cashier designations.

**Sections VI and VII**

These sections will be completed by the Disbursing Officer or designee(s).

STANDARD FORM 215 (REV. 5-78) PRESCRIBED BY DEPT. OF TREASURY 1 TFRM 5-3000				DEPOSIT TICKET		DEPARTMENT OF THE TREASURY BUREAU OF GOVERNMENT FINANCIAL OPERATIONS	
DEPOSIT NUMBER (1) <input type="text"/>	DATE PRESENTED OR MAILED TO BANK (2) M M D D Y Y	8-DIGIT OR 4-DIGIT AGENCY LOCATION CODE (ALC) (3) <input type="text"/>	AMOUNT (4) <input type="text"/>	<small>BRIDGE SPACE ALL ENTRIES ON THIS LINE USE NORMAL PUNCTUATION—DON'T SIGN</small>			
(5) AGENCY USE				(7) NAME AND ADDRESS OF DEPOSITARY			
(6) DEPOSITORS TITLE, DEPARTMENT OR AGENCY AND ADDRESS				(8) CONFIRM THAT THE ABOVE AMOUNT HAS BEEN RECEIVED FOR CREDIT IN THE ACCOUNT OF THE U.S. TREASURY ON THE DATE BY BANK SUBJECT TO AGREEMENT OF UNCOLLECTIBLE ITEMS INCURRED THEREIN.		M M D D Y Y	
DEPOSITARY FORWARD TO: DOCUMENT WITH STATEMENT OR TRANSCRIPT OF THE U.S. TREASURY ACCOUNT OF THE SAME DATE				AUTHORIZED SIGNATURE		CONFIRMED DATE	
				ORIGINAL			

STANDARD FORM 215 (REV. 5-78) PRESCRIBED BY DEPT. OF TREASURY 1 TFRM 5-3000				DEPOSIT TICKET		DEPARTMENT OF THE TREASURY BUREAU OF GOVERNMENT FINANCIAL OPERATIONS	
DEPOSIT NUMBER (1) <input type="text"/>	DATE PRESENTED OR MAILED TO BANK (2) M M D D Y Y	8-DIGIT OR 4-DIGIT AGENCY LOCATION CODE (ALC) (3) <input type="text"/>	AMOUNT (4) <input type="text"/>	DATE CONFIRMED (5) M M D D Y Y			
(6) AGENCY USE				(7) NAME AND ADDRESS OF DEPOSITARY			
(6) DEPOSITORS TITLE, DEPARTMENT OR AGENCY AND ADDRESS				(8) CONFIRM THAT THE ABOVE AMOUNT HAS BEEN RECEIVED FOR CREDIT IN THE ACCOUNT OF THE U.S. TREASURY ON THE DATE BY BANK SUBJECT TO AGREEMENT OF UNCOLLECTIBLE ITEMS INCURRED THEREIN.			
DEPOSITARY RETAIN THIS COPY WHEN MAKING DEPOSIT. AFTER RECEIVING CONFIRMED COPY FROM BANK INSERT THE CONFIRMED DATE IN BLOCK NO. (5) ABOVE ON THIS COPY, AND SUBMIT THIS COPY WITH YOUR MONTHLY REPORT TO THE DEPARTMENT OF THE TREASURY.				MEMORANDUM COPY			

STANDARD FORM 215 (REV. 5-78) PRESCRIBED BY DEPT. OF TREASURY 1 TFRM 5-3000				DEPOSIT TICKET		DEPARTMENT OF THE TREASURY BUREAU OF GOVERNMENT FINANCIAL OPERATIONS	
DEPOSIT NUMBER (1) <input type="text"/>	DATE PRESENTED OR MAILED TO BANK (2) M M D D Y Y	8-DIGIT OR 4-DIGIT AGENCY LOCATION CODE (ALC) (3) <input type="text"/>	AMOUNT (4) <input type="text"/>				
(6) AGENCY USE				(7) NAME AND ADDRESS OF DEPOSITARY			
(6) DEPOSITORS TITLE, DEPARTMENT OR AGENCY AND ADDRESS				(8) CONFIRM THAT THE ABOVE AMOUNT HAS BEEN RECEIVED FOR CREDIT IN THE ACCOUNT OF THE U.S. TREASURY ON THE DATE BY BANK SUBJECT TO AGREEMENT OF UNCOLLECTIBLE ITEMS INCURRED THEREIN.			
DEPOSITARY RETAIN THIS COPY.				DEPOSITARY COPY			

FORMS MANAGEMENT DATA					6/84
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/5____ (Unit Sets/Number of Parts), reverse <input type="checkbox"/> MP/____ (Multipage/Number of Parts) print <input type="checkbox"/> LABEL Part 5 <input type="checkbox"/> PC (Pr. al 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	1 TFRM 5-3000 STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK <input type="checkbox"/> IS AVAILABLE OTHER (SPECIFY) STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		US/5	5-78

STANDARD FORM 215 (REV. 5-78) PRESCRIBED BY DEPT. OF TREASURY 1 TFRM 5-3000		<b>DEPOSIT TICKET</b>		DEPARTMENT OF THE TREASURY BUREAU OF GOVERNMENT FINANCIAL OPERATIONS	
DEPOSIT NUMBER	DATE PRESENTED OR MAILED TO BANK	8-DIGIT OR 4-DIGIT AGENCY LOCATION CODE (ALC)	AMOUNT		
(1)	(2) M M D D Y Y	(3)	(4)		
(6) AGENCY USE					
(8) DEPOSITORS TITLE, DEPARTMENT OR AGENCY AND ADDRESS				(7) NAME AND ADDRESS OF DEPOSITARY	
DEPOSITOR RETAIN THIS COPY FOR INTERNAL USE. DO NOT SUBMIT THIS COPY TO DEPOSITARY.				THIS COPY CANNOT BE CONFIRMED	
				AGENCY COPY	

STANDARD FORM 215 (REV. 5-78) PRESCRIBED BY DEPT. OF TREASURY 1 TFRM 5-3000		<b>DEPOSIT TICKET</b>		DEPARTMENT OF THE TREASURY BUREAU OF GOVERNMENT FINANCIAL OPERATIONS	
DEPOSIT NUMBER	DATE PRESENTED OR MAILED TO BANK	8-DIGIT OR 4-DIGIT AGENCY LOCATION CODE (ALC)	AMOUNT		
(1)	(2) M M D D Y Y	(3)	(4)		
(6) AGENCY USE					
(8) DEPOSITORS TITLE, DEPARTMENT OR AGENCY AND ADDRESS				(7) NAME AND ADDRESS OF DEPOSITARY	
DEPOSITARY DATE, SIGN, AND RETURN THIS COPY TO DEPOSITOR.				(9) CERTIFY THAT THE ABOVE AMOUNT HAS BEEN RECEIVED FOR CREDIT IN THE ACCOUNT OF THE U.S. TREASURY ON THE DATE SHOWN, SUBJECT TO ADJUSTMENT OF UNCOLLECTIBLE ITEMS INCLUDED THEREIN. _____ M M D D Y Y AUTHORIZED SIGNATURE CONFIRMED DATE	
				CONFIRMED COPY	

**INSTRUCTIONS**

**I. DEPOSITORS TYPING:**

1. Please use an Optical Character Recognition-A font, approved by the American National Standards Institute (ANSI) when completing this form. OCR-A is 10-pitch (ten characters to the inch).
2. All entries in blocks two through five will be single spaced horizontally regardless of the type font used. Use normal punctuation for money amounts. Omit dollar sign.
3. If ANSI, OCR-A is not available, PCA, 10-pitch should be used.
4. An underrisable but acceptable type font is ELITE, 12-pitch.
5. Specialty types such as adjutant, advocate, courier, delegate, gothic, italic, scribe, script, etc., are not acceptable.
6. Corrections cannot be made to errors in blocks two through five.
7. Begin typing each entry in the far left field which is shown as a separate area in each block, that is, the area divided by the broken line.
8. Hyphenate digits representing date in block 2; e.g., 07-04-76.
9. Hyphenate 8-digit Agency Location Code (ALC) in block 3; e.g., 20-18-1200. Do not hyphenate 4-digit ALC.

**COPIES AND ROUTING:**

1. Retain the "Memorandum Copy" and "Agency Copy" when forwarding a remittance for deposit.
2. The "Confirmed Copy" returned to you from the depository is used to support your accounting records.
3. Transcribe the confirmed date from block eight of the "Confirmed Copy" to block five of the "Memorandum Copy."
4. Forward the "Memorandum Copy" to the Department of the Treasury, Bureau of Government Financial Operations, in support of your Monthly Report.
5. The "Agency Copy" is for internal use by the depositing agency and must not be submitted to the depository.

**II. DEPOSITARY:**

**CONFIRMATION:**

1. Place the authorized signature and date of confirmation in block eight of all copies received.
2. The date should be in month, day, year order.

**DOCUMENT ROUTING:**

1. Transmit the original of each deposit ticket to the Federal Reserve Bank at the close of business on the day it is received under cover of the TFS Form 5176, Statement of Account of the United States Treasury.
2. Retain the "Depository Copy" for your records.
3. Return the "Confirmed Copy" to the depositor.
4. See Treasury Department publication "Manual of Procedures for General Depositors" for detailed instructions.

Standard Form 224  
Revised 5-82  
Department of the Treasury  
TFRM 2-3300

### STATEMENT OF TRANSACTIONS

(Classified According to Appropriation, Fund and Receipt Account, and Related Control Totals)

DEPARTMENT OR AGENCY	LOCATION—MAIL ADDRESS OF REPORTING OFFICE	AGENCY LOCATION CODE (AIC)
BUREAU OR OFFICE		ACCOUNTING PERIOD ENDS

**Section I—Classification of Disbursements and Collections by Appropriation, Fund and Receipt Account**

APPROPRIATION FUND OR RECEIPT ACCOUNT <small>(1)</small>	RECEIPTS AND REVOLVING FUND REQUIREMENTS <small>(2)</small>	NET DISBURSEMENTS <small>(3)</small>
<b>COLUMNAR TOTALS</b>		
<b>NET TOTAL, SECTION I (Column 3 minus column 2)</b>		

**Section II—Control Totals of Disbursements and Collections Classified in Section I**

1. Add: Payment Transactions (Net) Classified in Section I, Accomplished by Disbursing Office in:

THIS MONTH	PREVIOUS MONTH OF	PREVIOUS MONTH OF
\$	\$	\$

2. DEDUCT: Collections Received This Month (Net) and Classified in Section I

3. NET TOTAL SECTION II (MUST AGREE WITH NET TOTAL OF SECTION I)

**Section III—Status of Collections**

1. Balance of Undeposited Collections, Close of Preceding Month

2. Add: Collections Received This Month (Same as Section II, Item 2)

3. DEDUCT: Deposits Presented or Mailed to Bank in:

THIS MONTH	PREVIOUS MONTH OF	PREVIOUS MONTH OF
\$	\$	\$

4. NET TOTAL SECTION III—Balance of Undeposited Collections, Close of Month

DATE: \_\_\_\_\_ NOTE: Required to be mailed not later than the third working day following the close of the reporting month. SIGNATURE AND TITLE: \_\_\_\_\_

FORM 7500-08-750-000 PREVIOUS EDITIONS ARE OBSOLETE 224-104

FORMS MANAGEMENT DATA					6/84
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 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	1 TFRM 2-3300 <b>STATUS OF EXISTING STOCK</b> <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)		Sheet	5-82
		<b>STOCKING POINT</b> <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			



STANDARD FORM 238  
APRIL 1975  
G TREASURY FORM 5000  
238-101

### SIBAC ADJUSTMENT VOUCHER FOR CHARGE-BACKS

FROM: (Department, Bureau-Location) Customer Agency		Voucher No.		
		Date		
TO: (Department, Bureau-Location) SIBAC Agency		SIBAC Agency's (6 Digit) Station Symbol		
Charge Shown on Paid Billing Statement for SIBAC Transactions, Treasury TFS FORM 7306		Adjustment was made on Statement of Transactions, SF 224, by Customer Agency		
Bill No.	Total Amount	Agency Station (8-Digit) Symbol	SIBAC Agency's Clearing Account Symbol	Amount of Erroneous Charge
Payment Date	\$	Accounting Period Ended		\$
Telephone contact was made with your SIBAC representative			Tel. No.	
EXPLANATION:				
Signature		Title		Telephone No.
For SIBAC Agency Use Only:				
Forward original and one copy of this form to the SIBAC Agency				

FORMS MANAGEMENT DATA					6/84
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) <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	6 TFRM 5000 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/4	4-75



OMB No. 3090-0095

FPDS-INDIVIDUAL CONTRACT ACTION REPORT (OVER \$10,000)

INTERAGENCY REPORT  
CONT.PUL. NO. 2266-00A-001

1. REPORTING AGENCY <i>(FPDS Organization Designation Code Manual)</i>		2. CONTRACT NUMBER <i>(Left zerofill)</i>		3. MODIFICATION NUMBER		14. NAME OF REPORTING AGENCY	
4. CONTRACTING OFFICE ORDER NUMBER		5. PURCHASING OR CONTRACTING OFFICE <i>(FPDS Purchase Office Code Manual)</i>		6a. NAME			
8. DATE OF THIS ACTION		7. TYPE OF DATA ENTRY		Items Being Changed			
9. REPORT PERIOD		9a. U.S. CONTRACTOR ESTABLISHMENT CODE		9b. ESTABLISHMENT AND COMPLETE ADDRESS			
10. PRINCIPAL PLACE OF PERFORMANCE STATE OR U.S. OUTLYING AREA OR COUNTRY--FIPS 5-U-NES I.C. (2047); (CITY OR PLACE IN 50 STATES ONLY--FIPS 1)		10a. NAME OF PRINCIPAL PLACE OF PERFORMANCE					
11. TOTAL DOLLARS OBLIGATED OR DEOBLIGATED <i>(Round to nearest whole dollar; right-zerofill per 1000/100)</i>		11a. TYPE OF OBLIGATION		12. SUBJECT TO STATUTORY REQUIREMENTS			
13. For Agency Use		14. KIND OF CONTRACT ACTION					
15. MULTI-YEAR CONTRACT		16. LABOR SURPLUS AREA (LSA) PREFERENCE					
17. CONSULTANT TYPE AWARD		18. PRINCIPAL PRODUCT OR SERVICE <i>(FPI/Prod/Service Code Manual)</i>		18a. DESCRIPTION			
19. METHOD OF CONTRACTING		20. EXTENT OF COMPETITION IN NEGOTIATION		22. TYPE OF CONTRACT OR MODIFICATION			
21. NEGOTIATION EXCEPTION AUTHORITY		23. TYPE OF BUSINESS		24. ROMAN OWNED BUSINESS			
25. For Agency Use		26. For Agency Use		27. FOREIGN TRADE DATA			
CONTRACTING OFFICER OR REPRESENTATIVE <i>(Type Name and Signature)</i>		TELEPHONE NO.		DATE SUBMITTED			

NSN 7540-01-074-7031      PREVIOUS EDITION NOT USABLE      279-103      STANDARD FORM 279 (REV. 10-82)  
Prescribed by GSA (41 CFR 1-1.341)  
FAR (48 CFR 53.204-2(a))

FORMS MANAGEMENT DATA			6/84		
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:DC	FAR (48 CFR) 53.204-2(a) STATUS OF EXISTING STOCK USE FIRST DESTROY: IMMEDIATELY WHEN NEW STOCK IS AVAILABLE OTHER (SPECIFY) STOCKING POINT WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input type="checkbox"/> <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	10-82

NRC FORMS FACSIMILE HANDBOOK

SF 281

<b>FPDS—SUMMARY OF CONTRACT ACTIONS OF \$10,000 OR LESS</b>		INTERAGENCY REPORT CONTROL NUMBER <b>0208-GSA-QU</b>	REPORT PERIOD FY: _____ Qtr: _____	OMB No. 309D-0094		
REPORTING AGENCY (FPDS Organization Designation Code Manual) Code: _____ Name: _____		PURCHASING OR CONTRACTING OFFICE (Do not use for reporting to FPDS) Code: _____ Name: _____				
<b>PART I — TOTAL PRIME CONTRACT ACTIONS OF \$10,000 OR LESS</b>						
METHODS OF CONTRACTING (a)	NUMBER OF ACTIONS (b)	NET DOLLAR AMOUNT (Round to nearest thousand)				
		TOTAL (c)	SMALL BUSINESS CONCERNS (d)	LARGE BUSINESS CONCERNS (e)	EDUCATIONAL AND NON-PROFIT INSTITUTIONS (f)	OUTSIDE U.S./ OUTLYING AREAS (g)
1. TOTAL (2 + 7 + 8)						
2. Subtotal (2 + 4 + 5 + 6)						
3. Formally Advertised (Including 2 Step)						
4. Negotiated Competitive						
5. Negotiated Non-Competitive						
6. Procurement Under Another Agency's Contracts						
6a. GSA Schedules						
6b. Another Agency's Contracts						
7. Directed Contracts for Foreign Governments						
8. Tariff or Regulated Acquisitions						
<b>PART II — STATISTICS ON SELECTED TYPES OF ACQUISITION (Breakdown of contract actions reported in Part I)</b>						
TYPE OF ACQUISITION (a)	NUMBER OF ACTIONS (b)	NET DOLLAR AMOUNT (Round to nearest thousand) (c)				
9. Small Business Total Set-Asides						
10. Small Business Partial Set-Asides						
11. Total Labor Surplus Area Set-Asides						
12. Total Labor Surplus Area/Small Business Set-Asides						
13. Acquisitions from Minority and Disadvantaged Business Enterprises (13(a) + 13(b))						
13a. Direct to Large or Small Minority Business Enterprises						
13b. Small Business—Disadvantaged B(a)						
14. Woman-Owned Business						
REMARKS						
DATE SUBMITTED		CONTRACTING OFFICER OR REPRESENTATIVE (Typed name and signature)			TELEPHONE NUMBER	
NSN 7540-01-091-9674		PREVIOUS EDITION NOT USABLE		281-103		STANDARD FORM 281 (REV. 10-82) Prescribed by GSA (41 CFR 1-1.341) FAR (48 CFR 53.204-2(D))

<b>FORMS MANAGEMENT DATA</b>				6/84	
<b>CONSTRUCTION OF FORM</b>	<b>PROMULGATING OFFICE</b>	<b>PRESCRIBING DIRECTIVE</b>	<b>STOCK NUMBER</b>	<b>UNIT OF ISSUE</b>	<b>EDITION DATE</b>
<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	FAR (48 CFR) 53.204-2(b) 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	10-82

NRC FORMS FACSIMILE HANDBOOK

SF 294, FACE

SUBCONTRACTING REPORT FOR INDIVIDUAL CONTRACTS <i>(Report to be submitted semi-annually. See back of form for instructions)</i>				FORM APPROVED OMB NO.  3090-0052	
1. REPORTING PERIOD FROM (Date) _____ TO (Date) _____		3. REPORT NO. _____	3. TYPE OF CONTRACT <input type="checkbox"/> PRIME CONTRACT <input type="checkbox"/> SUBCONTRACT		4. DATE SUBMITTED _____
GENERAL INFORMATION					
5. AGENCY/CONTRACTOR AWARDING CONTRACT (Name & Address)			7. REPORTING CONTRACTOR (Name and Address)		
6. PRIME CONTRACT NO. (And Subcontract No., if applicable)			8. BUSINESS CLASS. CODE	9. DUNS NO. (if applicable)	
10. ADMINISTERING AGENCY			11. DATE OF LAST GOVERNMENT REVIEW	12. REVIEWING AGENCY	
13. DOLLAR VALUE OF PRIME OR SUBCONTRACT.	14. ESTIMATED DOLLAR VALUE OF COMMITMENTS AS IN PLAN.	15. GOALS		DOLLARS	PERCENT
		a. SMALL BUSINESS CONCERNS			
		b. SMALL DISAD. BUSINESS CONCERNS			
SUBCONTRACT AND PURCHASE COMMITMENTS					
COMMITMENTS		THIS REPORTING PERIOD		CUMULATIVE	
		DOLLARS	PERCENT	DOLLARS	PERCENT
16. TOTAL DIRECT SUBCONTRACT COMMITMENTS (Sum of a & b)			100		100
a. TOTAL SMALL BUSINESS CONCERNS					
(1) SMALL DISADVANTAGED BUSINESS CONCERNS (% of 16)					
(2) OTHER SMALL BUSINESS CONCERNS (% of 16)					
b. LARGE BUSINESS CONCERNS (% of 16)					
17. TOTAL INDIRECT COMMITMENTS (Sum of a & b)					
a. TOTAL SMALL BUSINESS CONCERNS					
(1) SMALL DISADVANTAGED BUSINESS CONCERNS (% of 17)					
(2) OTHER SMALL BUSINESS CONCERNS (% of 17)					
b. LARGE BUSINESS CONCERNS (% of 17)					
18. REMARKS:					
19. TYPE THE NAME AND TITLE OF THE INDIVIDUAL ADMINISTERING CONTRACT			SIGNATURE	TELEPHONE NO. (and Area Code)	
20. TYPE THE NAME AND TITLE OF THE APPROVING OFFICER			SIGNATURE		
NSN 7540-01-152-8078 PREVIOUS EDITION USABLE		294-102		STANDARD FORM 294 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.219(a)	

FORMS MANAGEMENT DATA				6/84	
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:DC	FAR (48 CFR) 53.219(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 STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	10-83

**INSTRUCTIONS**

**GENERAL INSTRUCTIONS**

1. This reporting form is prescribed for use in the collection of subcontract data from all Federal contractors and subcontractors which, pursuant to the Small Business Act of 1958, as amended by Public Law 95-507, are required to establish plans for subcontracting with small and small disadvantaged business concerns. Reports shall be submitted to the contracting officer semiannually as of March 31 and September 30, as well as at contract completion. This report is due by the 25th day of the month following the close of the reporting periods, in accordance with instructions contained in the contract or subcontract, or as directed by the contracting officer.
2. This report is not required to be submitted by small business concerns.
3. This report is not required for commercial products for which a company-wide annual plan has been approved. The Summary Subcontract Report is required for commercial products in accordance with the instructions on that form.
4. Only subcontract and purchase commitments involving performance within the U.S., its possessions, Puerto Rico, and the Trust Territory of the Pacific Islands will be included in this report.

**SPECIFIC INSTRUCTIONS**

- ITEM 1 - Specify the period covered by this report (e.g., April 1, 1981 - September 30, 1981).
- ITEM 2 - Specify the sequential report covering this contract. The initial report shall be identified as Report Number 1. Add "Final Report" for the last report being made.
- ITEM 3 - Specify whether this report covers either a Prime Contract awarded by a Federal Department or Agency or a Subcontract awarded by a Federal prime contractor or subcontractor.
- ITEM 5 - Enter the name and address of the Federal Department or Agency or Prime Contractor awarding the Prime or Subcontract.
- ITEM 6 - Enter the prime contract number. If this report covers a subcontract, enter both the prime contract and subcontract numbers.
- ITEM 7 - Enter the name and address of the Prime Contractor or Subcontractor submitting the report.
- ITEM 8 - Enter the Business Classification Code as follows:
 

Code	Definition
LB	Large Business
NP	Non-Profit Organization (including Educational Institutions).
- ITEM 9 - Enter Dun and Bradstreet Universal Numbering System (DUNS) number (if available).
- ITEM 10 - Identify Federal agency administering the contract. For Department of Defense, identify appropriate military department; i.e., Army, Navy, Air Force, or Defense Logistics Agency. Civilian agencies should be identified as noted in the contract award document; i.e., NASA, DOE, GSA, HHS, SBA, etc.
- ITEM 11 & 12 - Enter the date of the last formal surveillance review conducted by the cognizant Department or Agency Small and Disadvantaged Business Specialist or other review personnel. For DOD, also identify the military department or Defense Contract Administration Service, as appropriate, that conducted the review. In those cases where the Small Business Administration conducts its own review, show the date and "SBA".
- ITEM 13 - Specify the face value of the Prime or Subcontract covered by this report. If the value changes, the face value shall be adjusted accordingly.
- ITEM 14 - Enter the estimated dollar value of subcontract and purchase commitments as set forth in the Subcontract Plan.
- ITEM 15 - Specify in the appropriate blocks the dollar amount and percent of the reporting contractor's total subcontract awards contractually agreed upon as goals for subcontracting with Small Business and Small Disadvantaged Business concerns. NOTE: Should the original goals agreed upon at contract awards be either increased or decreased as a result of a contract modification, the amount of the revised goals shall be indicated.

- ITEM 16 - Specify in the appropriate block the total amount or all direct subcontract commitments and the dollar amount and percentage of the total placed with the subcontractor classification indicated in a and b, both for this period and cumulative. Do not include in this report purchase commitments made in support of commercial business being performed by reporting contractor.
- ITEM 17 - Complete Item 17 only if indirect contract commitments were included in establishing the small and small disadvantaged business goals for the contract being reported. Specify in the appropriate block the total allocable dollar amount of indirect commitments and the dollar amount and percentage of the total placed with the subcontractor classifications indicated in a(1), a(2), and b, both for this period and cumulative.
- ITEM 18 - Enter any remarks. If the goals were not met, explain why on the final report.
- ITEM 19 - Enter name and title of company individual responsible for administering contract.
- ITEM 20 - The approving officer shall be the senior official of the company, division, or subdivision (plant or profit center) responsible for contract performance.

**DEFINITIONS**

1. A Small Business Concern is a concern that meets the pertinent criteria established by the Small Business Administration.
  2. (a) A Small Disadvantaged Business means any small business concern:
    - (1) which is at least 51 per centum owned by one or more socially and economically disadvantaged individuals; or, in the case of any publicly-owned business, at least 51 per centum of the stock of which is owned by one or more socially and economically disadvantaged individuals; and
    - (2) whose management and daily business operations are controlled by one or more of such individuals.
      - (b) The contractor shall presume that socially and economically disadvantaged individuals include Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, and other minorities, or any other individual found to be disadvantaged by the Small Business Administration pursuant to Section 8(a) of the Small Business Act. "Native Americans" include American Indians, Eskimos, Aleuts, and native Hawaiians. "Asian-Pacific Americans" include U.S. citizens whose origins are from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the Trust Territory of the Pacific Islands, Northern Marianas, Laos, Cambodia, and Taiwan.
      - (c) Contractors acting in good faith may rely on written representations by their subcontractors certifying their status as either a small business concern or a small business concern owned and controlled by socially and economically disadvantaged individuals.
      - (d) The Office of Minority Small Business and Capital Ownership Development in the Small Business Administration will answer inquiries from prime contractors and others relative to the class of eligibles and has final authority to determine the eligibility of a concern to be designated as a small disadvantaged business.
3. Commercial Products means products sold in substantial quantities to the general public and/or industry at established catalog or market prices.
4. Commitments as used herein is defined as a contract, purchase order, amendment, or other legal obligation executed by the reporting corporation, company, or subdivision for goods and services to be received by the reporting corporation, company, or subdivision.
5. Direct Commitments are those which are identified with the performance of a specific government contract, including allocable parts of awards for material which is to be incorporated into products under more than one Government contract.
6. Indirect Commitments are those which, because of incurrence for common or joint purposes, are not identified with specific Government contracts; these awards are related to Government contract performance but remain for allocation after direct awards have been determined and identified to specific Government contracts.

Department of Defense  
 OR  
 Civilian Agency

USE LOGS AND FOLLOW INSTRUCTIONS SET FORTH IN  
 AR 36.38, NAVSUPINST 449.228, AFM 71.18, NED PMSB, INC, DEAR 408.15, Appendix 3  
 FPMR (41 CFR) 101-40.7 or FPMR (41 CFR) 101-38.8 WHEN REPORTING TO USA or DOD

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### DISCREPANCY IN SHIPMENT REPORT

(SHORT TITLE "DISREP")

1. DATE		2. FILE REFERENCE	
3. TO		4. REPORTING ACTIVITY	
5. CONSIGNEE		6. CONSIGNEE	
7. SHIPPER (if other than consignee)		8. POINT OF ORIGIN (City & State)	
9. IDENTIFICATION (Consignment No. and CARRIER ROUTING)		10. DESTINATION (City & State)	

#### 11. DOCUMENTATION DATA

A. CARRIER'S PROFREIGHT BILL NO.		B. BILL OF LADING NO.		C. TYPE OF SHIPMENT (GOVERNMENT, COMMERCIAL, OCEAN)	
D. EXCEPTION NOTED ON CARRIER'S DELIVERY RECEIPT		E. TYPE OF SHIPMENT CLEAR		F. DOCUMENTS ATTACHED	
G. DATE CARRIER SIGNED FOR SHIPMENT		H. DATE CONSIGNEE RECEIVED SHIPMENT		I. DATE DISCREPANCY DISCOVERED	
J. THIS IS A SURVEY DOCUMENT		K. SEALING AND CONDITION		L. DISPOSITION DATA	
M. INSPECTION DATA		N. REPAIRED AT GOVT EXPENSE (see attached)		O. OTHER (Specify in Item 12)	

#### 12. DISCREPANCY DATA (Continue in Item 17, if necessary)

ACQUISITION DOCUMENT AND/OR TRANSPORTATION CONTROL NO.	COMMODITY DESCRIPTION AND/OR NATIONAL STOCK NO. (NSN)	TYPE OF PACK	QUANTITY (ORDER-PART RELEASE)	TYPE AND CLASS USER	UNIT OF STOCK	ISSUE DATA		DISCREPANCY	VALUE OR COST OF REPAIRS
						UNITS BILLED SHIPPED	UNITS		

13. REMARKS (Continue in Item 17, if necessary)

14. RESPONSIBILITY

15. DISTRIBUTION OF COPIES (Copies of this report will NOT be furnished to carrier)

16. PREPARED BY

17. SIGNATURE

NON-PAGE 00 365 2403  
 PREVIOUS EDITION UNUSABLE  
 STANDARD FORM 361 (REV. 11-79)  
 PRESCRIBED BY GENERAL SERVICES ADMINISTRATION  
 FPMR (41 CFR) 101-40.702

FORMS MANAGEMENT DATA				6/84	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDIT-ON DATE
<input type="checkbox"/> SHEET <input type="checkbox"/> CARD <input checked="" type="checkbox"/> PD/ <u>100</u> (Pad/Sheet per Pad), h to h <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	FPMR (41 CFR) 101-40.702 STATUS OF EXISTING STOCK 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)	W7540-00-965-2403	PD	11-79



**17. DISCREPANCY DATA (Continuation of Item 12)**

ACQUISITION DOCUMENT AND/OR TRANSPORTATION CONTROL NO.	QUANTITY DESCRIPTION AND/OR NATIONAL STOCK NO. VIA	TYPE OR PACK	QUANTITY DISCREPANT (PRICE)	TYPE AND CAUSE CODE	ISSUE DATA				VALUE OR COST OF REPAIRS	
					UNIT OF ISSUE	UNITS BILLED SHIPPED	DISCREPANT			
							UNITS	WEIGHT		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	

18. REMARKS (Continuation of Item 12)

**19. ACTION BY REVIEWING OFFICIALS**

a. ABOVE ITEMS HAVE BEEN <input type="checkbox"/> EXPENDED <input type="checkbox"/> RECEIVED			b. INVENTORY ACCOUNT		c. CHARGE TRANSFER TO	
d. ACCOUNTING CLASSIFICATION						
e. APPROVING OFFICIAL		f. TYPE NAME AND TITLE			g. SIGNATURE	
h. DATE						

**20. ACTION BY FINANCE CENTER**

i. ACTION BY FINANCE CENTER						
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Standard Form 1034 Revised January 1980 Department of the Treasury FORM 4-2000		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 - 1 NUMBER						
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE COST PER		AMOUNT
(Payee must NOT use the space below)						<b>TOTAL</b>
PAYMENT: <input type="checkbox"/> PROVISIONAL <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		
		BY:		Amount verified, correct for		
		TITLE		(Signature or initials)		
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
		(Authorized Certifying Officer)		(Title)		
ACCOUNTING CLASSIFICATION						
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	PAYEE'S			
	\$					
<small>When stated in foreign currency, insert name of currency.                  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, insert his official title.                  When a voucher is received 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.</small>						PER
						TITLE
1034-117 Previous edition obsolete PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.						

FORMS MANAGEMENT DATA					6/84
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 OTHER (Specify)	RM:A	FRM 2000 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	W7540-00-900-2234	HD	1-80
			STOCKING POINT		
			<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS PROMULGATING OFFICE (ONLY)		

Standard Form 1034-A Revised January 1980 Department of the Treasury 1584-a-2000		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION		DATE VOUCHER PREPARED		SCHEDULE NO.			
<b>PAYEE'S NAME AND ADDRESS</b>		CONTRACT NUMBER AND DATE		<b>PAID BY</b>			
		REQUISITION NUMBER AND DATE					
		DATE INVOICE RECEIVED					
DISCOUNT TERMS		PAYEE'S ACCOUNT NUMBER		GOVERNMENT # NUMBER			
						SHIPPED FROM	
						TO	
WEIGHT	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>		QUAN- TITY	UNIT PRICE COST PER		AMOUNT	
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE						
(Payee must NOT use the space below)						TOTAL	
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE			DIFFERENCES				
MEMORANDUM							
ACCOUNTING CLASSIFICATION							
<b>PAID BY</b>	CHECKS NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON / Name of Bank	
	CASH		DATE				
	\$						
1034-214		NSN 7540-00-634-4207		GPO 1982 O-360-499-132			
<b>PRIVACY ACT STATEMENT</b>							
The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.							

FORMS MANAGEMENT DATA					6/84	
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET, yellow		RM:A	1 TFRM 4-2000	W7540-00-634-4207	HD	1-80
<input type="checkbox"/> CARD						
PD/____ (Pad/Sheet per Pad)						
US/____ (Unit Sets/Number of Parts)						
MP/____ (Multipage/Number of Pages)						
<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: IMMEDIATELY				
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
		STOCKING POINT				
		<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS				
		PROMULGATING OFFICE (ONLY)				

Standard Form 1035 September 1973 4 Treasury FRM 2000 1035-110	<b>PUBLIC VOUCHER FOR PURCHASES AND                  SERVICES OTHER THAN PERSONAL</b>  CONTINUATION SHEET	VOUCHER NO.  SCHEDULE NO.  SHEET NO.				
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT						
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary.)</small>	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	

FORMS MANAGEMENT DATA							
CONSTRUCTION OF FORM			PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	6/84 UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET	ADM:DC	4 Treasury FRM 2000			Sheet	9-73
<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 type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS			
			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				

NRC FORMS FACSIMILE HANDBOOK

SF 1081

STANDARD FORM 1081 Revised September 1982 Department of the Treasury TFRM 2-2500		<b>VOUCHER AND SCHEDULE                  OF WITHDRAWALS AND CREDITS</b>		Transaction Date
CHARGE AND CREDIT WILL BE REPORTED ON CUSTOMER AGENCY STATEMENT OF TRANSACTIONS FOR ACCOUNTING PERIOD ENDING _____				Document No.
<b>CUSTOMER AGENCY</b> Agency Location Code (ALC) _____ Customer Agency Voucher No. _____		<b>BILLING AGENCY</b> Agency Location Code (ALC) _____ Billing Agency Voucher No. _____		
DEPARTMENT _____ BUREAU _____ ADDRESS _____		DEPARTMENT _____ BUREAU _____ ADDRESS _____		
SUMMARY		SUMMARY		
APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT	APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT	
(MUST AGREE WITH BILLING AGENCY TOTAL) TOTAL		(MUST AGREE WITH CUSTOMER AGENCY TOTAL) TOTAL		
Details of charges or reference to attached supporting documents				
BILLING AGENCY CONTACT: PREPARED BY _____ APPROVED BY _____ TELEPHONE NO. _____				
<b>CERTIFICATION OF CUSTOMER OFFICE</b>				
I certify that the items listed herein are correct and proper for payment from and to the appropriation(s) designated.				
_____ (Date)		_____ (As authorized administrative or certifying officer)		
_____ (Telephone No.)				
NRM 7800-00-634-4234 PREVIOUS EDITION NOT USABLE				

FORMS MANAGEMENT DATA					6/84
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) <input type="checkbox"/> MP/____ (Multi-page/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	1 TFRM 2-2500 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)		US/4	9-82

NRC FORMS FACSIMILE HANDBOOK

SF 1094, (BOOK)  
FRONT COVER FACE,  
FORM FACE AND REVERSE

Book No.

UNITED STATES TAX EXEMPTION CERTIFICATES

7540-01-152-8080

(1094-107)

PREVIOUS EDITION USEABLE

**These Are Accountable Forms**

<b>U.S. TAX EXEMPTION CERTIFICATE</b>		Read the instructions on the reverse side.	<b>DEPARTMENT, AGENCY, OR OFFICE</b>		<b>SERIAL NO.</b>	
<b>ITEM PURCHASED FOR EXCLUSIVE USE OF THE U.S. GOVERNMENT (Describe)</b>					<b>QUANTITY</b>	<b>UNIT PRICE</b>
						\$
<b>VENDOR FROM WHICH PURCHASED</b>	<b>NAME</b>	A tax exemption certificate has not previously been issued and the described item(s) has (have) been delivered and invoiced pursuant to			<b>Amount of Tax Excluded</b>	
	<b>ADDRESS (No., Street, City, State, and ZIP Code)</b>				<b>State</b>	\$
I certify that the information on this form is true and correct to the best of my knowledge and belief.		<b>P.O. OR CONTRACT NO.</b>		<b>For Administrative Office</b>		
<b>PURCHASER'S SIGNATURE, OFFICE TITLE, AND ADDRESS</b>		<b>DATE</b>	<b>DATES</b>	<b>O.O. SYMBOL NO.</b>		
Certified correct and just				<b>VOUCHER NO.</b>		
<b>SIGNATURE AND TITLE OF VENDOR'S REPRESENTATIVE</b>		<b>DATE</b>	<b>DATE</b>			

**STANDARD FORM 1094 (REV. 10-83)**  
Prescribed by GSA  
FAR (48 CFR) 53.229

INSTRUCTIONS

- This form will be used to establish the Government's exemption or immunity from State or Local taxes whenever no other evidence is available.
- This form shall NOT be used for:
  - Purchases of quarters or subsistence made by employees in travel status.
  - Expenses incident to use of a privately owned motor vehicle for which a mileage allowance has been authorized, or
  - Merchandise purchased which is subject only to Federal Tax.
- If the spaces provided on the face of this form are inadequate, attach a separate statement containing the required information.
- If both State and Local taxes are involved, use a separate form for each tax. The certificate will be provided to the vendor when the prices exclude State or Local tax.
- The serial number of each certificate prepared will be shown on the payment voucher.

**THE FRAUDULENT USE OF THIS CERTIFICATE FOR THE PURPOSE OF OBTAINING EXEMPTION FROM OR ADJUSTMENT OF TAXES IS PROHIBITED.**

**STANDARD FORM 1094 BACK (REV. 10-83)**

FORMS MANAGEMENT DATA				6/84	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	RM:A	FAR (48 CFR) 53.229	W7540-01-152-8080	PG (10 books per PG)	10-83
CARD					
PD/ (Pad/Sheet per Pad)					
US/ (Unit Sets/Number of Parts)					
X MP/ 25 (Multipage/Number of Parts)					
LABEL					
PC (Postal Card)					
TC (Tab Card)					
TP/ (Tab Paper/Number of Parts)					
ENVL					
OTHER (Specify)					
		<input type="checkbox"/> USE FIRST	<input type="checkbox"/> OTHER (SPECIFY)		
		<input type="checkbox"/> DESTROY: IMMEDIATELY			
		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE			
		<b>STOCKING POINT</b>			
		<input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS			
		<input type="checkbox"/> PROMULGATING OFFICE (ONLY)			

# NRC FORMS FACSIMILE HANDBOOK

SF 1094A\* FACE, REVERSE, AND  
BACK COVER

<b>TAX EXEMPTION CERTIFICATES ACCOUNTABILITY RECORD</b>		To be used for convenience of the issuing agency for maintaining a control record of tax exemption certificates issued.			
<b>TAX EXEMPTION CERTIFICATES IN THIS BOOK NUMBERED</b>		THROUGH	<b>TAX EXEMPTION CERTIFICATES RETURNED UNUSED FOR REISSUE</b>		THROUGH
ISSUED TO			REISSUED TO		
NAME			NAME		
TITLE			TITLE		
OFFICE DESIGNATION			OFFICE DESIGNATION		
ISSUING OFFICER	SIGNATURE	DATE ISSUED	ISSUING OFFICER	SIGNATURE	DATE ISSUED
	TITLE AND OFFICE DESIGNATION			TITLE AND OFFICE DESIGNATION	

STANDARD FORM 1094-A (REV. 10-83)  
Prescribed by GSA  
FAR (48 CFR) 53.229

CERTIFICATE NO.	DATE	VENDOR AND PURCHASE	TAX EXCLUDED (Amount)	S	T	L	O	C	TRANSACTION REFERENCE
		VENDOR NAME AND ADDRESS							Voucher No. _____ Voucher Date _____ PO/Cont. No. _____
		VENDOR NAME AND ADDRESS	\$						Voucher No. _____ Voucher Date _____ PO/Cont. No. _____
		VENDOR NAME AND ADDRESS	\$						Voucher No. _____ Voucher Date _____ PO/Cont. No. _____
		VENDOR NAME AND ADDRESS	\$						Voucher No. _____ Voucher Date _____ PO/Cont. No. _____
		VENDOR NAME AND ADDRESS	\$						Voucher No. _____ Voucher Date _____ PO/Cont. No. _____
		VENDOR NAME AND ADDRESS	\$						Voucher No. _____ Voucher Date _____ PO/Cont. No. _____

STANDARD FORM 1094-A BACK (REV. 10-83)

In case this book of United States Tax Exemption Certificates is lost, finder will please put band or string around cover and mail to:

GENERAL SERVICES ADMINISTRATION  
OFFICE OF PERSONAL PROPERTY  
STANDARD FORMS MANAGEMENT (WYSI-B)  
WASHINGTON, D. C. 20407

\*SF 1094A is a component of SF 1094, and cannot be ordered separately.



STANDARD FORM 1098 Revised July 1980 Department of the Treasury TFRM 4-7000 1098-110		<b>SCHEDULE OF CANCELED OR UNDELIVERED CHECKS</b>			
		CANCELED: <input type="checkbox"/>		UNDELIVERED: <input type="checkbox"/>	
DEPARTMENT OR ESTABLISHMENT			SCHEDULE NUMBER		
BUREAU OR OFFICE			SHEET NUMBER		
LOCATION			D. C. SYMBOL NO.		
ACCOUNTING PERIOD			AGENCY LOCATION CODE (AIC)		
DATE OF ISSUE	CHECK NUMBER	PAYEE	VOUCHER NUMBER APPLICABLE	AMOUNT	SYMBOL OF APPROPRIATION OR FUND TO BE CREDITED
<b>TOTAL</b>					
The amount of the above check(s) was deposited for credit in the account of the U.S. Treasury, on deposit ticket no.		DATE OF DEPOSIT TICKET	FORWARDED (Date)		
DISBURSING OR ACCOUNTABLE OFFICER		DATE	BY (Name)		
			TITLE		

NRC Form 1098-110 (09-80) 4-787 PREVIOUS EDITION NOT USABLE

FORMS MANAGEMENT DATA				6/84	
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)	RM:A	1 TFRM 4-7000 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)		US/3	7-80

STANDARD FORM 1129A  
 REVISED 3-82  
 DEPARTMENT OF THE TREASURY  
 TFRM 4-4000  
 ATTACH SUBVOUCHERS HERE

**CASHIER  
 REIMBURSEMENT VOUCHER AND/OR  
 ACCOUNTABILITY REPORT**

Voucher No. \_\_\_\_\_  
 Schedule No. \_\_\_\_\_

---

U.S. \_\_\_\_\_  
(Department, bureau, or establishment)  
  
 Payee's name \_\_\_\_\_  
  
 Mailing address \_\_\_\_\_

**PAID BY**  
  
  
 \_\_\_\_\_  
 \_\_\_\_\_

---

For payments made on account of official business as per attached subvouchers numbers \_\_\_\_\_  
 to \_\_\_\_\_ inclusive, for the period \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
 and reclaimed subvouchers numbers \_\_\_\_\_

STATUS OF FUND	AMOUNT	
	DOLLARS	CENTS
This Voucher		
Unpaid Reimbursement Voucher Detad		
Unscheduled Subvouchers		
Interim Receipts for Cash		
Cash on Hand		
Advance or Reimbursement Checks on Hand		
Total		

Differences \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Amount verified, correct for \_\_\_\_\_  
 (Signature or initials) \_\_\_\_\_

MEMORANDUM

---

ACCOUNTING CLASSIFICATION

---

Paid by Check(s) No.(s) \_\_\_\_\_  
 \_\_\_\_\_

Paid by cash, \$ \_\_\_\_\_ on \_\_\_\_\_ (Date)  
 Payee \_\_\_\_\_

The Privacy Act information requested is required under the provisions of 31 U.S.C. 825 and 826, for the purpose of disbursing Federal money. The information is requested to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

1129-307
NSN 7540-00-634-4320
PREVIOUS EDITIONS USABLE

FORMS MANAGEMENT DATA				6/84	
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 OTHER (Specify) _____	RM:A	1 TFRM 4-4000 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	2-82

RECORD OF LEAVE DATA

1. Name (Last, First, Middle)			2. Social Security Number			3. (For agency use)										
4. Date and Nature of Separation			5. A. Subject to 5 U.S.C. 6304(B) (45 day leave ceiling) Yes <input type="checkbox"/> No <input type="checkbox"/>			B. Last Date Subject to 5 U.S.C. 6304(B)										
6. Total Service for Leave (as of Date of Separation)			More than 15 Years			Less Than 15 Years (show)										
			Years			Months										
			Days													
<b>SUMMARY OF ANNUAL AND SICK LEAVE</b>						<b>SUMMARY OF HOME LEAVE</b>										
7. Carryover Balance From Prior Leave Year Ending		MO	DAY	YEAR	HOURS			18. Basic Service Period of 24 Months of Continuous Service Abroad		MO	DAY	YEAR				
					Annual	Sick	Restored	Late Started								
								Date Completed								
8. Current Leave Year Accrual Through Pay Period Ending (if 90 day restriction applicable, explain in remarks)								19. Current 12 Months Accrual Period Began on		MO	DAY	YEAR				
9. Total								Hours Absent Without Pay Since That Date								
10. Reduction in Credits, if Any (current year)								20. Current Balance (or accrual) as of		MO	DAY	YEAR				
11. Total Leave Taken, Current Year Through Date of Separation																
12. Balance								Number of Days								
13. Total Hours Paid in Lump Sum (includes _____ hours for holidays)								21. Twelve Months Accrual Date as of Date of Separation								
14. Salary Rate(s) Per Hour								Number of Days								
15. Lump Sum Leave Dates (if part-time four, explain in Remarks)		MO	DAY	YEAR	HOURS			22. Dates Leave Used Prior 24 Months		FROM	TO					
a. Restored								MO	DAY	YEAR	MO	DAY	YEAR			
b. Annual Leave Above Ceiling																
c. Annual Leave Within Ceiling																
<b>ABSENCE WITHOUT PAY</b>																
16. During Leave Year in Which Separated				Hours				23. Military Leave During Current Calendar Year		FROM		TO				
17. A. Date of Last Equivalent Increase				MO	DAY	YEAR	B. Total AWOP Hours Since Last Equivalent Increase (except during military service and while in receipt of OWCP payments)		Hours		A. Regular - Active Duty or Training		MO		DAY	YEAR
											B. Special - Civil Disturbance					
24. Remarks (include shore leave information, if applicable):																
25. Certified Correct By: (Signature)						26. Title, Agency, Address, Telephone Number						27. Date				

1150-113

STANDARD FORM 1150 (REV. 12-77)  
CIVIL SERVICE COMMISSION  
FPM SUPP 296-31 AND 990-2

FORMS MANAGEMENT DATA

6/84

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/2____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVL <input type="checkbox"/> OTHER (Specify)	RM:A	FPM Supp 296-3 & 990-2 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/2	12-77		
						<b>STOCKING POINT</b>	
						<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> SUPPLY ROOMS
						<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)	

## United States Government Transportation Requests

• *These are accountable forms*

### IMPORTANT

For instructions as to use  
See GSA Handbook, How to Prepare and  
Process U.S. Government Transportation Requests.  
Available from Federal Supply Service, NSN 7510-01-038-1389

1169-327

STANDARD FORMS 1169 & 1169-A (REV. 3-77)

### RECORD OF CUSTODY AND USE

**Property Officer:** Upon the initial issue of this book to a traveler, record below the opening serial number of the requests bound herein and show the holder's name on the first line in the "Issued To" column. Upon subsequent reissues, record the new holder's name in the space to the left of the number corresponding to the last digit of the next unused transportation request.

ISSUED TO	TR NO.	FROM	DEPARTURE		TO	ARRIVAL		CLASS. CARRIERS USED, ETC.	AGENT'S VALUE
			DATE	TIME		DATE	TIME		
	1								
	2								
	3								
	4								

1169-327

(Continue on inside back cover)

### FORMS MANAGEMENT DATA

CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input type="checkbox"/> SHEET		RM:A	FPMR (41 CFR) 101-41.2	*W7610-01-038-1389	HD	3-77	
<input type="checkbox"/> CARD			STATUS OF EXISTING STOCK				
PD/____ (Pad/Sheet per Pad)			<input type="checkbox"/> USE FIRST				OTHER (SPECIFY)
<input checked="" type="checkbox"/> US/ 4 (Unit Sets/Number of Parts), Part 1,			<input type="checkbox"/> DESTROY:				
MP/____ (Multipage/Number of Parts) h to h;			<input type="checkbox"/> IMMEDIATELY				
LABEL Parts 2 & 3, SF 1169 B & C;			<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
PC (Postal Card) and Part 4, SF 1169A			STOCKING POINT				
TC (Tab Card)			<input type="checkbox"/> WAREHOUSE				<input type="checkbox"/> SUPPLY ROOMS
TP/____ (Tab Paper/Number of Parts)			<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				
ENVL							
<input type="checkbox"/> OTHER (Specify)							



NRC FORMS FACSIMILE HANDBOOK

SF 1169A\* FACE AND REVERSE  
SF 1169B\* AND SF 1169C\*

**THIS IS AN ACCOUNTABLE FORM**

SEE CHANGES TO Department agency forms after address including ZIP code. FISCAL DATA (Registration authorization only)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SECURE GOVERNMENT OFFICER (Signature and office)

TRAVELER (Type in print) \_\_\_\_\_

OTHER DEPENDENT TRAVELER (Children, names and ages)  SPOUSE SPECIAL ACCOMMODATIONS AND REQUIREMENTS

CARRIER OR AGENT TENDERED TO \_\_\_\_\_

STOP OVER AUTH.	CITY	CARRIER AND CLASS OF SERVICE (For OVER OCEAN TRAVEL ONLY)	EXCESS BAGGAGE AUTHORIZED
FROM			WEIGHT POUNDS
TO			
TO			
TO			
TO			
TO			

TRANSPORTATION AMOUNT (Traveler must separate list of fare, baggage and accommodations - appropriate and record here)

§  
These agents will NOT accept this form as a form of original receipt.

**U. S. GOVERNMENT TRANSPORTATION REQUEST**

STANDARD FORM 1169-A JULY 1977  
REPRODUCED BY GSA, FPMR (41 CFR) 101-11.2

**INSTRUCTIONS TO TRAVELER**

- The 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 complete and complete in all respects when forwarded.
- Record in the space on the right the actual services furnished when same is in excess value that is subject to the requested. Also include reason for the change and sign the statement.

\_\_\_\_\_  
 \_\_\_\_\_

§  
These agents will NOT accept this form as a form of original receipt.

**U. S. GOVERNMENT TRANSPORTATION REQUEST**

STANDARD FORM 1169-B JULY 1977

\*This form is a component part of SF 1169, and is not available separately.

**THIS IS AN ACCOUNTABLE FORM**

SEE CHANGES TO Department agency forms after address including ZIP code. FISCAL DATA (Registration authorization only)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SECURE GOVERNMENT OFFICER (Signature and office)

TRAVELER (Type in print) \_\_\_\_\_

OTHER DEPENDENT TRAVELER (Children, names and ages)  SPOUSE SPECIAL ACCOMMODATIONS AND REQUIREMENTS

CARRIER OR AGENT TENDERED TO \_\_\_\_\_

STOP OVER AUTH.	CITY	CARRIER AND CLASS OF SERVICE (For OVER OCEAN TRAVEL ONLY)	EXCESS BAGGAGE AUTHORIZED
FROM			WEIGHT POUNDS
TO			
TO			
TO			
TO			
TO			

TRANSPORTATION AMOUNT (Traveler must separate list of fare, baggage and accommodations - appropriate and record here)

§  
These agents will NOT accept this form as a form of original receipt.

**U. S. GOVERNMENT TRANSPORTATION REQUEST**

STANDARD FORM 1169-B JULY 1977  
REPRODUCED BY GSA, FPMR (41 CFR) 101-11.2

**THIS IS AN ACCOUNTABLE FORM**

SEE CHANGES TO Department agency forms after address including ZIP code. FISCAL DATA (Registration authorization only)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SECURE GOVERNMENT OFFICER (Signature and office)

TRAVELER (Type in print) \_\_\_\_\_

OTHER DEPENDENT TRAVELER (Children, names and ages)  SPOUSE SPECIAL ACCOMMODATIONS AND REQUIREMENTS

CARRIER OR AGENT TENDERED TO \_\_\_\_\_

STOP OVER AUTH.	CITY	CARRIER AND CLASS OF SERVICE (For OVER OCEAN TRAVEL ONLY)	EXCESS BAGGAGE AUTHORIZED
FROM			WEIGHT POUNDS
TO			
TO			
TO			
TO			
TO			

TRANSPORTATION AMOUNT (Traveler must separate list of fare, baggage and accommodations - appropriate and record here)

§  
These agents will NOT accept this form as a form of original receipt.

**U. S. GOVERNMENT TRANSPORTATION REQUEST**

STANDARD FORM 1169-C JULY 1977  
REPRODUCED BY GSA, FPMR (41 CFR) 101-11.2



BGFO—BUREAU OF GOVERNMENT FINANCIAL OPERATIONS						
Standard Form No. 1184 (Rev. 11-75) Prescribed by Dept. of Treasury 4 TREASURY FRM 7000				UNAVAILABLE CHECK CANCELLATION Request for Stop Payment		C.D. No. (BGFO will supply)
DATE OF REQUEST	VOUCHER NO.	CREDIT D.O. SYMBOL	DATE OF CHECK	CHARGE D.O. SYMBOL	CHECK NO.	AMOUNT
<b>TO BGFO:</b> Place Stoppage of Payment and treat as canceled if check is not paid.  (Signature) _____ (Agency and address) —		PAYEE _____  REASON/REMARKS _____		(Space below reserved for BGFO) STOP RECORDED _____ (Date) _____ Check NOT PAID _____ Check PAID _____		
<input type="checkbox"/> Check on file (Agency should submit Standard Form 1086 to the D.O.) <input type="checkbox"/> Check not on file at Disbursing Activity.  (Signature) _____ D.O. _____		APPROPRIATION OR FUND SYMBOL AND TITLE _____		Cancellation accomplished by _____ Division of Check Claims OCC Branch _____ on _____		
1184-105 <span style="float: right;">Administrative Agency will forward to BGFO through Disbursing Activity</span>						

BGFO—BUREAU OF GOVERNMENT FINANCIAL OPERATIONS						
Standard Form No. 1184a (Rev. 11-75) Prescribed by Dept. of Treasury 4 TREASURY FRM 7000				UNAVAILABLE CHECK CANCELLATION Record of Request for Stop Payment		C.D. No. (BGFO will supply)
DATE OF REQUEST	VOUCHER NO.	CREDIT D.O. SYMBOL	DATE OF CHECK	CHARGE D.O. SYMBOL	CHECK NO.	AMOUNT
<b>TO BGFO:</b> Place Stoppage of Payment and treat as canceled if check is not paid.  (Agency and address) —		PAYEE _____  REASON/REMARKS _____		(Space below reserved for BGFO) STOP RECORDED _____ (Date) _____ Check NOT PAID _____ Check PAID _____		
<input type="checkbox"/> Check on file (Agency should submit Standard Form 1086 to the D.O.) <input type="checkbox"/> Check not on file at Disbursing Activity.		APPROPRIATION OR FUND SYMBOL AND TITLE _____		<input type="checkbox"/> Advice furnished Administrative Agency <input type="checkbox"/> Other		
1184-205 <span style="float: right;">Administrative Agency will forward to BGFO through Disbursing Activity</span>						

FORMS MANAGEMENT DATA					6/84	
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/ 8 _____ (Multipage/Number of Parts) Carbon <input type="checkbox"/> LABEL interleaved, 7 3/8" x 3 1/4" <input type="checkbox"/> PC (Postal Card) <input type="checkbox"/> TC (Tab Card) <input type="checkbox"/> TP/ _____ (Tab Paper/Number of Parts) <input type="checkbox"/> ENVI. <input type="checkbox"/> OTHER (Specify) _____	RM:A	4 TREASURY FRM 7000 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)		MP/8	11-75	

NRC FORMS FACSIMILE HANDBOOK

\*SF 1184b, PART 3; 1184c, PART 4;  
1184d, PART 5

BGFO—BUREAU OF GOVERNMENT FINANCIAL OPERATIONS							
Standard Form No. 1184b (Rev. 11-75) Prescribed by Dept. of Treasury 4 TREASURY FORM 7000					UNAVAILABLE CHECK CANCELLATION Charge Ticket		C.D. No. T.C. 55
DATE OF REQUEST	VOUCHER NO.		DATE OF CHECK	CHARGE D.O. SYMBOL	CHECK NO.	AMOUNT	
<b>TO BGFO:</b> Place Stoppage of Payment and treat as canceled if check is not paid.  (Agency and address)—		PAYEE	(Space below reserved for BGFO)  As the above-described check has not been paid and its proceeds are not due, it is being treated as CANCELED in accordance with the instructions of the Administrative Agency.				
<input type="checkbox"/> Check on file (Agency should submit Standard Form 1088 to the D.O.)  <input type="checkbox"/> Check not on file at Disbursing Activity.		REASON/REMARKS					
		APPROPRIATION OR FUND SYMBOL AND TITLE	Canceled by Division of Check Claims, OCC Branch  (Date of Cancellation and Deposit)				
1184-305 <i>Administrative Agency will forward to BGFO through Disbursing Activity</i>							

BGFO—BUREAU OF GOVERNMENT FINANCIAL OPERATIONS							
Standard Form No. 1184c (Rev. 11-75) Prescribed by Dept. of Treasury 4 TREASURY FORM 7000					UNAVAILABLE CHECK CANCELLATION Certificate of Deposit		C.D. No. T.C. 14
DATE OF REQUEST	VOUCHER NO.	CREDIT D.O. SYMBOL	DATE OF CHECK		CHECK NO.	AMOUNT	
<b>TO BGFO:</b> Place Stoppage of Payment and treat as canceled if check is not paid.  (Agency and address)—		PAYEE	(Space below reserved for BGFO)  As the above-described check has not been paid and its proceeds are not due, it is being treated as CANCELED and the proceeds hereby deposited as authorized by the Administrative Agency.				
<input type="checkbox"/> Check on file (Agency should submit Standard Form 1088 to the D.O.)  <input type="checkbox"/> Check not on file at Disbursing Activity.		REASON/REMARKS					
		APPROPRIATION OR FUND SYMBOL AND TITLE	Canceled by Division of Check Claims, OCC Branch  (Date of Deposit)				
1184-4C <i>Administrative Agency will forward to BGFO through Disbursing Activity</i>							

BGFO—BUREAU OF GOVERNMENT FINANCIAL OPERATIONS							
Standard Form No. 1184d (Rev. 11-75) Prescribed by Dept. of Treasury 4 TREASURY FORM 7000					UNAVAILABLE CHECK CANCELLATION Advice of Action—To Disbursing Activity		C.D. No.
DATE OF REQUEST	VOUCHER NO.	CREDIT D.O. SYMBOL	DATE OF CHECK	CHARGE D.O. SYMBOL	CHECK NO.	AMOUNT	
<b>TO BGFO:</b> Place Stoppage of Payment and treat as canceled if check is not paid.  (Agency and address)—		PAYEE	(Space below reserved for BGFO)  If CD number appears above, the check is NOT paid, and has been treated as canceled by the Division of Check Claims and the amount credited as authorized by the Administrative Agency.				
<input type="checkbox"/> Check on file (Agency should submit Standard Form 1088 to the D.O.)  <input type="checkbox"/> Check not on file at Disbursing Activity.		REASON/REMARKS					
		APPROPRIATION OR FUND SYMBOL AND TITLE	<input type="checkbox"/> Check paid prior to receipt of stoppage request. Appropriate advice is being furnished the Administrative Agency.				
			BGFO  By _____ Date _____				
1184-505 <i>Administrative Agency will forward to BGFO through Disbursing Activity</i>							

\*SF 1184b, c, and d are component parts of SF 1184, and are not available separately.

NRC FORMS FACSIMILE HANDBOOK

\*SF 1184e, PART 6; SF 1184f, PART 7;  
1184g, PART 8

BGFO—BUREAU OF GOVERNMENT FINANCIAL OPERATIONS						
Standard Form No. 1184e (Rev. 11-75) Prescribed by Dept. of Treasury 4 TREASURY FRM 7000		UNAVAILABLE CHECK CANCELLATION Advice of Action—To Administrative Agency			C.D. No. (If cancellation effected)	
DATE OF REQUEST	VOUCHER NO.	CREDIT D.O. SYMBOL	DATE OF CHECK	CHARGE D.O. SYMBOL	CHECK NO.	AMOUNT
<b>TO BGFO:</b> Place Stoppage of Payment and treat as canceled if check is not paid.  (Agency and address)—  <input type="checkbox"/> Check on file (Agency should submit Standard Form 1088 to the D.O.)  <input type="checkbox"/> Check not on file at Disbursing Activity.		PAYEE			(Space below reserved for BGFO)  If CD number appears above, the check is NOT paid, and has been treated as canceled by the Division of Check Claims and the amount credited as authorized by the Administrative Agency. <input type="checkbox"/> Check paid. <input type="checkbox"/> Photocopy attached. <input type="checkbox"/> BGFO will take further action. <input type="checkbox"/> Advise if check appears to have been improperly negotiated.  BGFO  By _____  Date _____	
		REASON/REMARKS				
		APPROPRIATION OR FUND SYMBOL AND TITLE				
1184-605 <span style="float: right;">--Administrative Agency will forward to BGFO through Disbursing Activity</span>						

BGFO—BUREAU OF GOVERNMENT FINANCIAL OPERATIONS						
Standard Form No. 1184f (Rev. 11-75) Prescribed by Dept. of Treasury 4 TREASURY FRM 7000		UNAVAILABLE CHECK CANCELLATION Record of Request—For Disbursing Activity			C.D. No. (If cancellation effected)	
DATE OF REQUEST	VOUCHER NO.	CREDIT D.O. SYMBOL	DATE OF CHECK	CHARGE D.O. SYMBOL	CHECK NO.	AMOUNT
<b>TO BGFO:</b> Place Stoppage of Payment and treat as canceled if check is not paid.  (Agency and address)—  <input type="checkbox"/> Check on file (Agency should submit Standard Form 1088 to the D.O.)  <input type="checkbox"/> Check not on file at Disbursing Activity.		PAYEE			Note.—If the check is returned, do not process it for cancellation; instead, stamp the check "NOT NEGOTIABLE—Previously Treated as Canceled" and forward it, together with a request for removal of stop payment, to BGFO, Division of Check Claims, Washington, D.C. 20227, for filing.	
		REASON/REMARKS				
		APPROPRIATION OR FUND SYMBOL AND TITLE				
1184-705 <span style="float: right;">Disbursing Activity will retain for record</span>						

BGFO—BUREAU OF GOVERNMENT FINANCIAL OPERATIONS						
Standard Form No. 1184g (Rev. 11-75) Prescribed by Dept. of Treasury 4 TREASURY FRM 7000		UNAVAILABLE CHECK CANCELLATION Record of Request—For Administrative Agency			C.D. No. (If cancellation effected)	
DATE OF REQUEST	VOUCHER NO.	CREDIT D.O. SYMBOL	DATE OF CHECK	CHARGE D.O. SYMBOL	CHECK NO.	AMOUNT
<b>TO BGFO:</b> Place Stoppage of Payment and treat as canceled if check is not paid.  (Agency and address)—  <input type="checkbox"/> Check on file (Agency should submit Standard Form 1088 to the D.O.)  <input type="checkbox"/> Check not on file at Disbursing Activity.		PAYEE			Note.—If the check is returned, do not process it for cancellation; instead, stamp the check "NOT NEGOTIABLE—Previously Treated as Canceled" and forward it, together with a request for removal of stop payment, to BGFO, Division of Check Claims, Washington, D.C. 20227, for filing.	
		REASON/REMARKS				
		APPROPRIATION OR FUND SYMBOL AND TITLE				
1184-805 <span style="float: right;">Administrative Agency will retain for record</span>						

STANDARD FORM 1193  
MAY 1973  
6 TREASURY FRM 2000

ISSUING AGENCY	<b>LETTER OF CREDIT</b> <small>Auth: TREASURY DEPARTMENT CIRCULAR No. 1075, Revised</small>	LETTER OF CREDIT NUMBER _____
AGENCY STATION SYMBOL	(FOR AGENCY USE)	AMENDMENT NUMBER _____
TO: The Federal Reserve Bank,		BRANCH BANK AT

In accordance with the authorization of the Fiscal Assistant Secretary, Treasury Department, there is hereby authorized for the account and responsibility of the issuing agency a letter of credit:

IN FAVOR OF	FOR DEPOSIT ONLY TO
	ACCOUNT

AMOUNT AUTHORIZED \$ _____	<input type="checkbox"/> EACH MONTH <input type="checkbox"/> EACH QUARTER <input type="checkbox"/> WITHOUT TIME LIMIT <input type="checkbox"/> _____	PRIOR AUTHORIZATION \$ _____	THIS CHANGE Increase \$ _____ Decrease \$ _____
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The unpaid balance of this letter of credit will remain available until you are advised in writing by the Treasury Department that this letter has been revoked.\*

OR

The unpaid balance of this letter of credit is revoked at the end of each period indicated and the full amount reestablished at the beginning of the following period until you are advised in writing by the Treasury Department that this letter has been revoked.\*

The amount of this letter of credit is hereby certified to be drawn against, upon presentation to you of Form TUS 5401, Payment Voucher on Letter of Credit, by the official(s) of the recipient organization whose signature(s) appear(s) on the Standard Form 1194, Authorized Signature Card for Payment Vouchers on Letter of Credit, attached hereto or previously or subsequently furnished you through the Treasury Department.

The amount of each payment voucher paid by a Federal Reserve Bank or branch to a designated commercial bank for credit to the account of the recipient organization shall constitute payment to the recipient organization by the United States.

I certify to the Treasury Department that the payments authorized herein are correct and proper for payment from the appropriations or funds legally committed and available for the purpose, when paid in accordance with the terms and conditions cited above.

\*This letter of credit is irrevocable to the extent the recipient organization has obligated funds in good faith thereunder in executing the authorized Federal program in accordance with the grant, contract, or other agreement.

DATE CERTIFIED \_\_\_\_\_ AUTHORIZED CERTIFYING OFFICER \_\_\_\_\_

TYPED NAME AND TITLE \_\_\_\_\_

1193-103

FORMS MANAGEMENT DATA					6/84
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	RM:A	FRM 2000 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/4	5-73
CARD					
PD/ _____ (Part/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)					

<p><b>INSTRUCTIONS</b></p> <p>(a) Complete one form for each savings account.                  (b) Employee is to initiate this form.                  (c) Employee is to complete part A in 3 blocks.                  (d) Financial organization is to complete part B in 3 blocks.</p>	<p>(e) Employee is to distribute copies as designated.</p>	
<p><b>REQUEST BY EMPLOYEE FOR ALLOTMENT OF PAY FOR CREDIT TO SAVINGS ACCOUNT WITH A FINANCIAL ORGANIZATION</b></p>		
<p>Standard Form 1198 (Rev. 3-82) Department of the Treasury 1 TFRM 3-9000</p>		
<p><b>TO BE COMPLETED BY EMPLOYEE (A)</b></p>	<p>(1) Name of Employee (As stated on payroll)</p>	
	<p>(2) Social Security Number</p>	
	<p>(3) Home Address</p>	
	<p>(4) Agency (Include title, division, division or other designation of employing organization)</p>	
	<p>(5) Action Requested on Allotment ("X" one and fill in amount)</p> <p> <input type="checkbox"/> Initiate \$ _____                          <input type="checkbox"/> Increase from \$ _____ to \$ _____  <input type="checkbox"/> Cancel \$ _____                          <input type="checkbox"/> Decrease from \$ _____ to \$ _____                 </p> <p>An authorization for a new or decreased allotment must be completed by the financial organization. A request to increase or cancel an allotment should be submitted directly to the employing agency.</p>	
<p>(6) Allotment To Be Sent To (name of financial organization)</p>		
<p>(7) Signature of Employee      (8) Employee's Savings Account No. of Financial Organization      (9) Date Submitted to Agency</p>		
<p><b>TO BE COMPLETED BY FINANCIAL ORGANIZATION (B)</b></p>	<p>(10) We, the above-designated financial organization, hereby agree to act as agent of the above-named Government employee in the capacity indicated in (c) to accept as our expense such service charge at the rate established in regulations of the Department of the Treasury, as set forth (attached) from the amount credited to us. Our complete account number for the savings account to be credited is entered in Block No. (6), so as to be included in the monthly remittance.</p> <p style="text-align: center;">THE FINANCIAL ORGANIZATION WILL CHECK WHICHEVER OF THE FOLLOWING PROVISIONS IS APPLICABLE.</p> <p> <input type="checkbox"/> The address in Block No. (12) is the single point in the financial organization which is to receive remittances for all allotments of pay of Government employees designating the financial organization. Our employer identification number (same as the tax identification number assigned by Internal Revenue Service) is entered in Block No. (11).  <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 office where the savings account is maintained. The relevant branch office for the allotment of pay is identified by the parenthetical prefix inserted with our employer identification number (same as the tax identification number assigned by Internal Revenue Service) in Block No. (11) coordinate with the address shown in Block No. (12).                 </p>	
	<p>(11) Employer Identification No.</p>	
	<p>(12) Address of Financial Organization</p> <p>(a) Street</p>	
	<p>(b) City      (c) State      (d) Zip Code</p>	
	<p>(13) Authorized Signature      (14) Title      (15) Date</p>	
<p><b>ATTENTION EMPLOYEE AND FINANCIAL ORGANIZATION</b></p>	<p>Agency payroll offices and disbursing offices operate within the schedule to assure timely delivery of checks for net pay on the established payday and then will transfer the amount above the amount allotted to the disbursing office. Your salaries or wages will be remitted by the disbursing office, as soon as possible, to the designated recipient. It should be understood that such net pay may be received by the recipient later than the regular payday—possibly 3 or 4 business days later.</p> <p>*****</p> <p>PRIVACY ACT STATEMENT 5 USC 552 permits Federal agencies to collect this information. Executive Order 12817 allows Federal agencies to use the Social Security Number as an individual identifier to avoid confusion caused by employees with the same or similar names. The information furnished on this form is confidential and is required to provide employees with the benefits of the financial arrangement authorized by law at public cost. The information will be used to process the payment data from the Government agency to the recipient. Failure to provide the information requested may affect the allotment to such benefits.</p>	
<p>NSN 7540-00-142-9434      PREVIOUS EDITION USABLE      1198-106</p>		

FORMS MANAGEMENT DATA				6/84	
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/ 3 (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>RM:A</p>	<p>1 TFRM 3-9000</p> <p>STATUS OF EXISTING STOCK</p> <p><input type="checkbox"/> USE FIRST      <input type="checkbox"/> OTHER (SPECIFY)</p> <p>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>	<p>7540-00-142-9434</p>	<p>HD</p>	<p>3-82</p>



Standard Form 1199A (Rev. 1-78)  
Department of Treasury—Fiscal Service  
Treasury Dept. Cir. 1076

AUTHORIZATION FOR DEPOSIT OF FEDERAL RECURRING PAYMENTS

RECIPIENT (PAYEE) TO COMPLETE ITEMS A THROUGH J

I (we) authorize and request the below indicated program agency to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with the program agency until canceled by notice from me (us).

<b>A CLAIM OR FILE NUMBER</b>		<b>B PROGRAM AGENCY</b>	<b>C TYPE OF PAYMENT</b>
PREFIX (for CSC & ARB)	CLAIM NUMBER (for all payments)	SUFFIX OR PAYEE NO. (if applicable)	
<b>D NAME(S) OF RECIPIENT(S) OF FUNDS</b>		<b>E TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED</b>	
		Enter "C" if Checking Account or "S" if Savings Account	
		DEPOSITOR ACCOUNT NUMBER	
<b>F MAILING ADDRESS OF RECIPIENT(S)</b>		<b>G NAME OF PERSON(S) FOR WHOM PAYMENT IS MADE (The person(s) entitled to payment)</b>	
Street Number and Name			
<i>(City, State and Zip Code)</i>		<b>H IF SURVIVOR ANNUITY, GIVE NAME OF DECEASED (if SC only)</b>	
<input type="checkbox"/> Place an "X" in the box if address is different from the address to which your check is currently directed			
<b>J SIGNATURE(S) OF RECIPIENT(S) OR WITNESSES (See instructions on Reverse)</b>		<b>I TELEPHONE NUMBER OF RECIPIENT(S)</b>	
SIGNATURE	SIGNATURE	DATE	

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 310. We understand that our account number shown for the payee(s) named herein will be included on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

<b>ROUTING NUMBER</b>	<b>CHECK ORBIT</b>	<b>NAME AND ADDRESS OF FINANCIAL ORGANIZATION</b>
<input type="text"/>	<input type="text"/>	
<b>TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED</b>		
Enter "C" if Checking Account or "S" if Savings Account		
DEPOSITOR ACCOUNT NUMBER		
<b>DEPOSITOR ACCOUNT TITLE</b>	<b>BRANCH DESIGNATION IF APPLICABLE</b>	
	<b>TELEPHONE NUMBER</b>	
<b>AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER</b>	<b>TITLE</b>	<b>DATE</b>

**NOTARIZATION OPTION** NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT.  
The payee(s) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) (their) freely given act and deed.

Notary Public \_\_\_\_\_ Date \_\_\_\_\_ Seal \_\_\_\_\_

All information on this form, including the Social Security Account Number where necessary, is required under 31 U.S.C. 402, 31 U.S.C. 209 and 31 U.S.C. 310 and 101-4197. The information is confidential and is needed to provide services 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 vice versa. Failure to provide the information requested may affect the entitlement to such benefits.

FINANCIAL ORGANIZATION COPY

1199-202

FORMS MANAGEMENT DATA

6/84

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
SHEET	RM:A	Treasury Department		US/3	1-78	
CARD		Circular 1076				
PD/_____(Pad/Sheet per Pad)		STATUS OF EXISTING STOCK				
<input checked="" type="checkbox"/> US/ 3 _____(Unit Sets/Number of Parts)		<input type="checkbox"/> USE FIRST				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)		WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS				
ENVL		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				
OTHER (Specify)						



**IMPORTANT NOTICE—THIS FORM IS TO BE USED FOR ALL FEDERAL RECURRING PAYMENTS EXCEPT SOCIAL SECURITY. USE SF-1199 FOR SOCIAL SECURITY PAYMENTS.**

If you wish your Federal recurring payments sent to your financial organization for deposit into your savings or checking account, both you and the financial organization must complete this form to authorize this action. The U.S. Government will forward these payments to the point you authorize. The financial organization may be any bank, savings bank, savings and loan association or similar institution, or Federal or state chartered credit union. If you do not have an account in one of these organizations and wish one, contact the financial organization of your choice.

**THIS FORM ONLY AUTHORIZES DEPOSITS INTO YOUR ACCOUNT—IT DOES NOT AUTHORIZE WITHDRAWALS FROM YOUR ACCOUNT.****RECIPIENT (PAYEE) FORM COMPLETION INSTRUCTIONS**

**ITEM A**—Print the claim number or file number that the program agency requires for processing your records. This information can be obtained from the check, award letter, or other correspondence from the program agency.

**ITEM B**—The program agency is the Government agency from which you receive payments. Print the applicable program agency designation as follows:

For Civil Service Commission, print "CSC"  
For Veterans Administration, print "VA"

For Railroad Retirement, print "RRB"  
For Government Employee Salary, print agency name.

**ITEM C**—Print the type of payment which you wish deposited.

1. If Civil Service payments, print "ANNUITY"  
2. If Veterans payments, print "COMP", "PENS",  
or "INSURANCE".

3. If Railroad Retirement, print "ANNUITY"  
4. If Employee Salary, print "SALARY".

**A SEPARATE FORM MUST BE COMPLETED FOR EACH TYPE OF PAYMENT WHICH YOU WISH DEPOSITED IN YOUR ACCOUNT.**

**ITEM D**—Print the name of the person(s) to whom the payment is made.

**ITEM E**—Show the type of account and the account number for the account in which this payment is to be deposited. The account may be either a savings or a checking account. If you do not know the account number, it may be obtained from your financial organization.

**ITEM F**—Print the mailing address of the recipient named in Block D. Provide a complete address including Zip Code.

**ITEM G**—Print the name(s) of the person(s) for whom the payment is made. This is the person(s) entitled to the proceeds of the payment. If you are the recipient(s) of the payment and are entitled to the proceeds, you should print your name(s). If you are a representative payee, print the name of the person(s) for whom you receive payment under this account.

**ITEM H**—THIS BLOCK IS TO BE USED FOR CIVIL SERVICE PAYMENTS ONLY. If you are a Civil Service survivor annuitant, give the name of the deceased Federal Employee on whose service your survivor annuity payments are based.

**ITEM I**—Print the telephone number, including the Area Code, of the recipient(s) named in Item D.

**ITEM J**—Sign and date the form. If both parties of a joint payment desire to have their payment deposited into one account, both parties must sign the form. If only one party of a joint payment desires to have his portion of the payment deposited, only that one party's name in Item D and signature in Item J should appear on the form. If your signature is made by mark, it must be witnessed by two persons who sign the form. If witnesses are required, they should print the word "Witness" above their signatures to the right of your mark.

After completion of the top half of this form, all three (3) copies should be delivered or sent to the designated financial organization. After completion, the original of this form is to be furnished to your program agency. The first copy is to be retained by the financial organization and the last copy is to be retained by you.

**CANCELLATION INSTRUCTIONS**

*When entered in your record with the program agency, this authorization will remain in effect until canceled by notice to the program agency by one or both recipients or the event of death of any recipient or any person for whom this payment is made. The financial organization should also be notified if you cancel this agreement.*

*The financial organization may cancel their agreement by providing you a written notice 30 days in advance of the cancellation date. You must advise the program agency immediately if this authorization is cancelled. The financial organization cannot cancel this authorization by advice to the program agency.*

# Certificate of Appointment

Under authority vested in the undersigned and in conformance with Subpart 1.6 of the Federal Acquisition Regulation

is appointed

## Contracting Officer

for the

## United States of America

Subject to the limitations contained in the Federal Acquisition Regulation and to the following:

Unless sooner terminated, this appointment is effective as long as the appointee is assigned to:

\_\_\_\_\_ (Title) \_\_\_\_\_ (NOA)

\_\_\_\_\_ (Organization) \_\_\_\_\_ (Agency/Department)

\_\_\_\_\_ (Signature and Title)

STANDARD FORM 1402 (10-83)  
Prescribed by GSA  
FAR (48 CFR) 53.201-1

ADMIN-01-102-0612  
1-83-101

FORMS MANAGEMENT DATA

6/84

CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/>	SHEET	ADM:DC	FAR (48 CFR) 53.201-1		Sheet	10-83	
<input type="checkbox"/>	CARD		STATUS OF EXISTING STOCK				
<input type="checkbox"/>	PD/_____(Pad/Sheet per Part)		<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"/> 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

SF 1403, FACE

PREAWARD SURVEY OF PROSPECTIVE CONTRACTOR (GENERAL)		1. SERIAL NO. (For surveying activity use)	FORM APPROVED OMB NO. 3090-0110					
SECTION I - REQUEST (For Completion by Contracting Office)								
2. NAME AND ADDRESS OF SURVEYING ACTIVITY		3. SOLICITATION NO.	4. TOTAL OFFERED PRICE \$					
5A. NAME AND ADDRESS OF SECONDARY SURVEY ACTIVITY (For surveying activity use)		5. TYPE OF CONTRACT						
6A. TELEPHONE NO. (Include autovon, Wats/PPS, if available)		7. NAME AND ADDRESS PROSPECTIVE CONTRACTOR						
8. WILL CONTRACTING OFFICE PARTICIPATE IN SURVEY? <input type="checkbox"/> YES <input type="checkbox"/> NO		12. WALSH-HEALEY CONTRACTS ACT (Check applicable box(es))	A. IS NOT APPLICABLE					
9. DATE OF THIS REQUEST			B. IS APPLICABLE AND PROSPECTIVE CONTRACTOR REPRESENTS HIS CLASSIFICATION AS: <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> REGULAR DEALER <input type="checkbox"/> OTHER (Specify)					
10. DATE REPORT REQUIRED		11. Prospective contractor represents that it <input type="checkbox"/> is, <input type="checkbox"/> is not a small business concern.						
13. NAME AND ADDRESS OF PARENT COMPANY (if applicable)		14. PLANT AND LOCATION (if different from item 7, above)						
15A. NAME OF REQUESTING ACTIVITY CONTRACTING OFFICER		16A. NAME AND ADDRESS OF SECONDARY REQUESTING ACTIVITY (For surveying authority use)						
15B. SIGNATURE		16B. TELEPHONE NO. (Include autovon, Wats/PPS, if available)						
15C. TELEPHONE NO. (Include autovon, Wats/PPS, if available)		17. FIRM'S CONTACT FOR SURVEY						
A. NAME AND TITLE		B. TELEPHONE NO. (Include Area Code)						
SECTION II - DATA (For Completion by Contracting Office)								
18A. ITEM NO.	18B. NATIONAL STOCK NUMBER (NEW) AND NOMENCLATURE	18C. TOTAL QUANTITY	18D. UNIT PRICE	18E. DELIVERY SCHEDULE				
				(a)	(b)	(c)	(d)	(e)
	SOLICITED							
	OFFERED		\$					
	SOLICITED		\$					
	OFFERED		\$					
	SOLICITED		\$					
	OFFERED		\$					
	SOLICITED		\$					
	OFFERED		\$					
	SOLICITED		\$					
	OFFERED		\$					
	SOLICITED		\$					
	OFFERED		\$					
	SOLICITED		\$					
	OFFERED		\$					
	SOLICITED		\$					
	OFFERED		\$					
	SOLICITED		\$					
	OFFERED		\$					

NSN 7540-01-140-9528

1403-101

STANDARD FORM 1403 (10-83)  
Prescribed by GSA  
FAR (48 CFR) 53.209-1(a)

FORMS MANAGEMENT DATA					6/84	
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:DC	FAR (48 CFR) 53.209-1(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 type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	10-83	

SECTION III - FACTORS TO BE INVESTIGATED													
Column (a) is for request. Columns (b) and (c) are for survey results. Provide a narrative explanation substantiating each factor for which Column (b) or (c) is checked.													
19. MAJOR FACTORS				CHK.	SAT.	UN-SAT.	20. OTHER FACTORS <i>(Provide specific requirements in Remarks)</i>				CHK.	SAT.	UN-SAT.
	(a)	(b)	(c)	(a)	(b)	(c)		(a)	(b)	(c)	(a)	(b)	(c)
A. TECHNICAL CAPABILITY							A. GOVERNMENT PROPERTY CONTROL						
B. PRODUCTION CAPABILITY							B. TRANSPORTATION						
C. QUALITY ASSURANCE CAPABILITY							C. PACKAGING						
D. FINANCIAL CAPABILITY							D. SECURITY						
E. ACCOUNTING SYSTEM							E. PLANT SAFETY						
21. IS THIS A SHORT FORM PREAWARD REPORT?							F. ENVIRONMENTAL/ENERGY CONSIDERATIONS						
<input type="checkbox"/> YES <input type="checkbox"/> NO							G. OTHER <i>(Specify)</i>						
22. IS A FINANCIAL ASSISTANCE PAYMENT PROVISION IN THE SOLICITATION?													
<input type="checkbox"/> YES <input type="checkbox"/> NO													
23. REMARKS													
SECTION IV - SURVEYING ACTIVITY RECOMMENDATIONS													
24. RECOMMEND				25A. NAME AND TITLE OF SURVEY APPROVING OFFICIAL						25B. TELEPHONE NO.			
<input type="checkbox"/> A. COMPLETE AWARD													
<input type="checkbox"/> B. PARTIAL AWARD <i>(Quantity _____)</i>													
<input type="checkbox"/> C. NO AWARD													
				25C. SIGNATURE						25D. DATE			

NRC FORMS FACSIMILE HANDBOOK

SF 1404

<b>PREAWARD SURVEY OF PROSPECTIVE CONTRACTOR TECHNICAL</b>	SERIAL NO. (For surveying activity use)	FORM APPROVED OMB NO. <b>3090-0110</b>
PROSPECTIVE CONTRACTOR		
Provide the following information in narrative, or attach continuation on sheets of paper if necessary, concerning key personnel.	4. FIRM HAS AND/OR UNDERSTANDS	
1. Names, qualifications/experience and length of affiliation with prospective contractor.  2. Evaluate technical capabilities with respect to the requirements of the proposed contract or item classification.  3. Description of any technical capabilities which the prospective contractor lacks. <i>(Comment on the prospective contractor's efforts to obtain the needed technical capabilities.)</i>	a. Specifications	YES NO
	b. Exhibits	YES NO
	c. Drawings	YES NO
	d. Technical data requirements	YES NO
	<i>Give explanation for any items marked "NO" in 5. Narrative.</i>	
5. NARRATIVE		
6. SURVEY MADE BY	a. SIGNATURE (Include typed or printed name)	b. OFFICE
		c. TELEPHONE NO. (Include area code)
		d. DATE
NSN 7540-01-142-0138	1404-101	STANDARD FORM 1404 (10-43) Prescribed by GSA, FAR (48 CFR) 53.209-1(b)

FORMS MANAGEMENT DATA				6/84	
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:DC	FAR (48 CFR) 53.209-1(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	10-83



<b>PREAWARD SURVEY OF PROSPECTIVE CONTRACTOR FINANCIAL CAPABILITY</b>		If more space is needed, continue on page 3, back, identify continued items.	SERIAL NO. (For surveying activity use)	FORM APPROVED OMB NO. <b>3090-0110</b>
PROSPECTIVE CONTRACTOR		LOCATION		
<b>SECTION I - BALANCE SHEET/PROFIT AND LOSS STATEMENT</b>				
PART A - LATEST BALANCE SHEET		PART B - LATEST PROFIT AND LOSS STATEMENT		
1. DATE	2. FILED WITH	1. CURRENT PERIOD		2. FILED WITH
		a. FROM	b. TO	
3. FINANCIAL POSITION				
a. Cash	\$	3. NET SALES	a. CURRENT PERIOD	\$
b. Other current assets			b. First prior fiscal year	
c. Working capital			c. Second prior fiscal year	
d. Current liabilities		4. NET PROFITS BEFORE TAXES	a. CURRENT PERIOD	\$
e. Net worth			b. First prior fiscal year	
f. Total liabilities			c. Second prior fiscal year	
4. RATIOS				
a. CURRENT ASSETS TO CURRENT LIABILITIES	b. ACID TEST (Cash, temporary investments held in lieu of cash and current receivables to current liabilities)	c. TOTAL LIABILITIES TO NET WORTH	5. OTHER PERTINENT DATA	
6. FISCAL YEAR ENDS (Date)	7. BALANCE SHEETS AND PROFIT AND LOSS STATEMENTS HAVE BEEN CERTIFIED	a. THROUGH (Date)	b. BY (Signature)	
<b>SECTION II - PROSPECTIVE CONTRACTOR'S FINANCIAL ARRANGEMENTS</b>				
Mark "X" in appropriate column. YES NO				
1. USE OF OWN RESOURCES		4. INDEPENDENT ANALYSIS OF FINANCIAL POSITION SUPPORTS THE STATEMENTS SHOWN IN ITEMS 1, 2, AND 3 <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO," explain)		
2. USE OF BANK CREDITS				
3. OTHER (Specify)				
<b>SECTION III - GOVERNMENT FINANCIAL AID</b>				
1. TO BE REQUESTED IN CONNECTION WITH PERFORMANCE OF PROPOSED CONTRACT		2. EXPLAIN ANY "YES" ANSWERS TO ITEMS 1a, b, AND c		
Mark "X" in appropriate column. YES NO				
a. PROGRESS PAYMENT				
b. GUARANTEED LOAN				
c. ADVANCE PAYMENTS				
3. FINANCIAL AID CURRENTLY OBTAINED FROM THE GOVERNMENT				
Complete items below only if item a. is marked "YES."				
4. PROSPECTIVE CONTRACTOR RECEIVES GOVERNMENT FINANCING AT PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO	5. IS LIQUIDATION CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AMOUNT OF UNLIQUIDATED PROGRESS PAYMENTS OUTSTANDING \$	DOLLAR AMOUNTS	
			a. Guaranteed loans	(a) AUTHORIZED (b) IN USE
			b. Advance payments	\$ \$
4. LIST THE GOVERNMENT AGENCIES INVOLVED			5. SHOW THE APPLICABLE CONTRACT NOS.	
NSN 7540-01-140-5528 <span style="margin-left: 200px;">1407-101</span> <span style="float: right;">STANDARD FORM 1407 (10-63) Prescribed by GSA FAR (48 CFR) 53.209-1(f)</span>				

FORMS MANAGEMENT DATA				6/84	
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/ 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 <input type="checkbox"/> OTHER (Specify)	ADM:DC	FAR (48 CFR) 53.209-1(e) 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)		MP/3	10-83



**SECTION IV - BUSINESS AND FINANCIAL REPUTATION**

1. COMMENTS OF PROSPECTIVE CONTRACTOR'S BANK

2. COMMENTS OF TRADE CREDITORS

3. COMMENTS AND REPORTS OF COMMERCIAL FINANCIAL SERVICES AND CREDIT ORGANIZATIONS (Such as, Dun & Bradstreet, Standard and Poor's, etc.)

4. MOST RECENT  
CREDIT RATING

a. DATE

b. BY

5. OTHER SOURCES (Business and financial reputation and integrity of the prospective contractor, or, if not established, of the principal executives, as determined by other sources.)

6. DOES PRICE APPEAR UNREALISTICALLY LOW?  YES  NO

7. DESCRIBE ANY OUTSTANDING LIENS OR JUDGMENTS

SECTION V - BILLS

CATEGORY	CURRENT DOLLAR BACKLOG OF SALES (a)	ANTICIPATED ADDITIONAL DOLLAR SALES FORECAST FOR NEXT 18 MONTHS (b)
1. Government <i>(Prime and subcontractor)</i>	\$	\$
2. Commercial	\$	\$
3. TOTAL	\$	\$

SECTION VI - RECOMMENDATION

I. RECOMMEND

a. COMPLETE AWARD  b. PARTIAL AWARD (Quantity: \_\_\_\_\_)  c. NO AWARD

2. REMARKS (Use those sections of the report which substantiate the recommendation. Give any other backup information in this space, on the back, or on additional sheets, if necessary.)

If continuation sheets attached - mark here

3. SURVEY MADE BY (Signature and office)

4. TELEPHONE NO. (Include area code)

5. DATE SUBMITTED

NRC FORMS FACSIMILE HANDBOOK

SF 1408

<b>PREAWARD SURVEY OF PROSPECTIVE CONTRACTOR ACCOUNTING SYSTEM</b>	SERIAL NO. (For surveying activity use)	FORM APPROVED OMB NO. <b>3090-0110</b>
PROSPECTIVE CONTRACTOR		
<i>Mark "X" in the appropriate column</i>		
1. Except as stated below, is the accounting system in accord with generally accepted accounting principles applicable in the circumstances?	YES	NO
<b>2. ACCOUNTING SYSTEM PROVIDES FOR:</b>	YES	NO
a. Proper segregation of costs applicable to proposed contract and to other work of the prospective contractor.	YES	NO
b. Determination of costs at interim points to provide data required for contract repricing purposes or for negotiating revised targets.	YES	NO
c. Exclusion from costs charged to proposed contract of amounts which are not allowable under terms of FAR 31, Contract Cost Principles and Procedures, or other contract provisions.	YES	NO
d. Identification of costs by contract line item and by units if required by proposed contract.	YES	NO
e. Segregation of preproduction costs from production costs.	YES	NO
<b>3. ACCOUNTING SYSTEM PROVIDES FINANCIAL INFORMATION:</b>	YES	NO
a. Required by contract clauses concerning limitation of cost (FAR 52.232-40 and 41) or limitation on payments (FAR 52.216-16).	YES	NO
b. Required to support requests for progress payments.	YES	NO
4. Is the accounting system designed, and are the records maintained in such a manner that adequate, reliable data are developed for use in pricing follow-on acquisitions?	YES	NO
<b>5. REMARKS</b> (Clarification of above deficiencies, and other pertinent comments. If additional space is required, continue on the back or on plain sheets of paper.)		
<b>6. SURVEY MADE BY</b> (Signature and office)	<b>7. TELEPHONE NO.</b> (Include area code)	<b>8. DATE SUBMITTED</b>
		If continuation sheets attached - mark here <input type="checkbox"/>
NSN 7540-01-140-5579		1408-101
<b>STANDARD FORM 1408 (10-83)</b> Prescribed by GSA, FAR (48 CFR) 53.209-1(f)		

FORMS MANAGEMENT DATA				6/84	
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:DC	FAR (48 CFR) 53.209-1(f) 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	10-83





NRC FORMS FACSIMILE HANDBOOK

SF 1411

<b>CONTRACT PRICING PROPOSAL COVER SHEET</b>		1. SOLICITATION/CONTRACT/MODIFICATION NO.	FORM APPROVED OMB NO. 3090-0116	
NOTE: This form is used in contract actions if submission of cost or pricing data is required. (See FAR 15.804-6(b))				
2. NAME AND ADDRESS OF OFFEROR (Include ZIP Code)		3A. NAME AND TITLE OF OFFEROR'S POINT OF CONTACT	3B. TELEPHONE NO.	
4. TYPE OF CONTRACT ACTION (Check)				
<input type="checkbox"/> A. NEW CONTRACT		<input type="checkbox"/> D. LETTER CONTRACT		
<input type="checkbox"/> B. CHANGE ORDER		<input type="checkbox"/> E. UNPRICED ORDER		
<input type="checkbox"/> C. PRICE REVISION/REDETERMINATION		<input type="checkbox"/> F. OTHER (Specify)		
5. TYPE OF CONTRACT (Check)		8. PROPOSED COST (A+B+C)		
<input type="checkbox"/> FFP <input type="checkbox"/> CPFF <input type="checkbox"/> CPIF <input type="checkbox"/> CPAF		A. COST	B. PROFIT/FEE	
<input type="checkbox"/> FPI <input type="checkbox"/> OTHER (Specify)		\$	\$	
7. PLACE(S) AND PERIOD(S) OF PERFORMANCE		C. TOTAL		
		\$		
8. List and reference the identification, quantity and total price proposed for each contract line item. A line item cost breakdown supporting this record is required unless otherwise specified by the Contracting Officer. (Continue on reverse, and then on plain paper, if necessary. Use same headings.)				
A. LINE ITEM NO.	B. IDENTIFICATION	C. QUANTITY	D. TOTAL PRICE	E. REF.
9. PROVIDE NAME, ADDRESS, AND TELEPHONE NUMBER FOR THE FOLLOWING (If available)				
A. CONTRACT ADMINISTRATION OFFICE		B. AUDIT OFFICE		
10. WILL YOU REQUIRE THE USE OF ANY GOVERNMENT PROPERTY IN THE PERFORMANCE OF THIS WORK? (If "Yes," identify)		11A. DO YOU REQUIRE GOVERNMENT CONTRACT FINANCING TO PERFORM THIS PROPOSED CONTRACT? (If "Yes," complete Item 11B)		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
12. HAVE YOU BEEN AWARDED ANY CONTRACTS OR SUBCONTRACTS FOR THE SAME OR SIMILAR ITEMS WITHIN THE PAST 3 YEARS? (If "Yes," identify item(s), customer(s) and contract number(s))		11B. TYPE OF FINANCING (if one)		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ADVANCE PAYMENTS <input type="checkbox"/> PROGRESS PAYMENTS		
		<input type="checkbox"/> GUARANTEED LOANS		
		13. IS THIS PROPOSAL CONSISTENT WITH YOUR ESTABLISHED ESTIMATING AND ACCOUNTING PRACTICES AND PROCEDURES AND FAR PART 31 COST PRINCIPLES? (If "No," explain)		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
14. COST ACCOUNTING STANDARDS BOARD (CASB) DATA (Public Law 91-379 as amended and FAR PART 30)				
A. WILL THIS CONTRACT ACTION BE SUBJECT TO CASB REGULATIONS? (If "No," explain in proposal)		B. HAVE YOU SUBMITTED A CASB DISCLOSURE STATEMENT (CASB DS-1 or 2)? (If "Yes," specify in proposal the office to which submitted and if determined to be adequate)		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
C. HAVE YOU BEEN NOTIFIED THAT YOU ARE OR MAY BE IN NON-COMPLIANCE WITH YOUR DISCLOSURE STATEMENT OR COST ACCOUNTING STANDARDS? (If "Yes," explain in proposal)		D. IS ANY ASPECT OF THIS PROPOSAL INCONSISTENT WITH YOUR DISCLOSED PRACTICES OR APPLICABLE COST ACCOUNTING STANDARDS? (If "Yes," explain in proposal)		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
This proposal is submitted in response to the RFP, contract, modification, etc. in Item 1 and reflects our best estimates and/or actual costs as of this date.				
15. NAME AND TITLE (Type)		16. NAME OF FIRM		
17. SIGNATURE		18. DATE OF SUBMISSION		

NSN 7540-01-142-9845

1411-101

STANDARD FORM 1411 (10-83)  
Prescribed by GSA  
FAR (48 CFR) 53.215-1(c)

FORMS MANAGEMENT DATA

6/84

CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/> SHEET	ADM:DC	FAR (48 CFR) 53.215-2(c)		Sheet	10-83
<input type="checkbox"/> CARD					
<input type="checkbox"/> PD/____ (Pad/Sheet per Part)					
<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		
		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)			



<b>CLAIM FOR EXEMPTION FROM SUBMISSION OF CERTIFIED COST OR PRICING DATA</b>		FORM APPROVED GMB NO. <b>3090-0118</b>	
1. OFFEROR (Name, address, ZIP Code)		3. SOLICITATION NO.	
		4. ITEM OF SUPPLIES AND/OR SERVICES TO BE FURNISHED	
5. DIVISION(S) AND LOCATION(S) WHERE WORK IS TO BE PERFORMED	8. QUANTITY	6. TOTAL AMOUNT PROPOSED FOR ITEM \$	
<p>By submission of this form the offeror claims exemption from requirements for submitting certified cost or pricing data on the basis that the price offered is based on an established catalog or market price of a commercial item sold in substantial quantities to the general public or is a price set by law or regulation (see FAR 19.204-3). Complete Section I, II, or III below as applicable.</p>			
<b>SECTION I - CATALOG PRICE (See instructions for items 7 thru 11 on reverse.)</b>			
7. CATALOG IDENTIFICATION AND DATE		8. SALES PERIOD COVERED	
		FROM _____ TO _____	
9. CATEGORIES OF SALES	TOTAL UNITS SOLD *	10. REMARKS	
a. U.S. Government sales			
b. Sale at catalog price to general public			
c. Other sales to general public			
<p>* If your accounting system does not provide precise information, insert your best estimate and explain the basis for it in Item 10, REMARKS. Continue on a separate sheet, if necessary.</p>			
<b>11. LIST THREE SALES OF THE ITEM OFFERED</b>			
SALES CATEGORY	DATE	NO. OF UNITS SOLD	PRICE/UNIT
a. <input type="checkbox"/> B <input type="checkbox"/> C			\$
b. <input type="checkbox"/> B <input type="checkbox"/> C			\$
c. <input type="checkbox"/> B <input type="checkbox"/> C			\$
<b>SECTION II - MARKET PRICE (See instructions for item 12 on reverse.)</b>			
12. SET FORTH THE SOURCE AND DATE OR PERIOD OF THE MARKET QUOTATION OR OTHER BASE FOR MARKET PRICE, THE BASE AMOUNT, AND APPLICABLE DISCOUNTS.			
<b>SECTION III - LAW OR REGULATION (See instructions for item 13 on reverse.)</b>			
13. IDENTIFY THE LAW OR REGULATION ESTABLISHING THE PRICE OFFERED			
<b>REPRESENTATION (See instructions for item 14 on reverse.)</b>			
<p>The offeror represents that all statements made above and on attachments submitted are accurate and are submitted for the purpose of claiming exemption from requirements for submitting certified cost or pricing data. The offeror also represents that, except as stated in an attachment, a like claim for exemption involving the same or a substantially similar item has not been denied by a Government Contracting Officer within the last 2 years. Pending consideration of the proposal supported by this submission and, if this proposal or a modification of it is accepted by the Government, until the expiration of 3 years from the date of final payment under a contract resulting from this proposal, the Contracting Officer or any other authorized employee of the United States Government is granted access to books, records, documents, and other supporting data that will permit verification of the claim.</p>			
14. TYPED NAME, TITLE, AND FIRM	15. SIGNATURE	16. DATE OF SUBMISSION	
NSN 7540-01-142-9848 1412-101		STANDARD FORM 1412 (10-83) Prescribed by GSA FAR (48 CFR) 53.215-2(b)	

FORMS MANAGEMENT DATA				6/84		
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:DC	FAR (48 CFR) 53.215-2(b)		Sheet	10-83	
		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 type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				

INSTRUCTIONS TO OFFERORS SUBMITTING  
CLAIM FOR EXEMPTION FROM SUBMISSION  
OF CERTIFIED COST OR PRICING DATA

Item 7. Attach a copy of the catalog, or the appropriate pages covering price and published discounts, or a statement that the catalog is on file in the buying office to which this proposal is being made. Catalog price, is a price that is included in a catalog, price list, schedule, or other form that is regularly maintained by the manufacturer or vendor, is either published or otherwise available for inspection by customers, and states prices at which sales are currently, or were last, made to a significant number of buyers constituting the general public. To justify a catalog price exemption for the Government item, the catalog item must be identical or must be so similar in material and design that any price difference or its absence can be evaluated solely by price analysis (see FAR 15.805-2). In the latter case, a statement must be attached identifying the specific differences and explaining, by price analysis of the differences, how the proposed price is derived from the catalog price.

Item 8. This period should include the most recent regular monthly, quarterly, or other period for which sales data are reasonably available and should extend back only far enough to provide a total period representative of average sales. You may also attach sales data for a prior representative period if for any reason recent sales are abnormal and the prior period is sufficiently recent (not more than 2 years preceding) to support the proposed price for the Government item. In the latter case, you must explain, by price analysis only, how the proposed price is derived from the catalog sales for the prior period.

Item 9. (a) Include in Category A all sales of the catalog item (a) directly to the U.S. Government and its instrumentalities and (b) for U.S. Government use (sales directly to U.S. Government prime contractors, or their subcontractors or suppliers at any tier, for use as an end item, or as part of an end item, by the U.S. Government).

(b) Include in Category B all sales of the catalog item made strictly at the catalog price, less only published discounts, to the general public (i.e., catalog price sales other than those (i) to affiliates of the offeror or (ii) included in Category A (Instruction 9(a)).

(c) Include in Category C all sales to the general public that were not made strictly at the catalog price or that were made at special discounts or discount rates not published in the catalog.

Item 11. On line a, insert information on the lowest price at which Category B or C sales of the offered item was made during the period, regardless of quantity.

On lines b. and c. insert sales information in the following manner.

a. Give the lowest price Category C sales of comparable quantities. If there were no sales of comparable quantities, then give

b. The lowest price Category C sales of quantities most nearly the quantity being offered. If there were no sales of Category C, then give

c. The lowest price Category B sales of comparable quantities. If there were no sales of comparable quantities, then give

d. The lowest price Category B sales of quantities most nearly the quantity being offered.

Attach a complete explanation (i) if you, during the period covered, offered special discounts not included in the catalog, or (ii) if the price proposed is not the lowest price at which a sale was made to any customer during that period for like items and comparable quantities.

Item 12. Market price is a current price, established in the usual and ordinary course of trade between buyers and sellers free to bargain, that can be substantiated from sources independent of the manufacturer or vendor. There must be a sufficient number of commercial buyers so that their purchases establish an ascertainable current market price for the item or service. The nature of this market should be described. To justify a market-price exemption, the item or service being purchased must be identical to the commercial item or service or must be so similar in material and design (for supplies) or in work and facilities (for services) that any price difference or its absence can be evaluated solely by price analysis (see FAR 15.805-2). In the latter case, a statement must be attached identifying the specific differences and explaining, by price analysis of the differences, how the proposed price is derived from the market price.

Item 13. Identify the law or regulation establishing the price offered. If the price is controlled under law by periodic rulings, reviews or similar actions of a governmental body, attach a copy of the controlling document, unless it was previously submitted to the contracting office.

Item 14. Insert the name, title, and firm of the person authorized by the offeror to sign this form.

STATEMENT AND ACKNOWLEDGMENT		FORM APPROVED OMB NO. 3090-0119										
<b>PART I - STATEMENT OF PRIME CONTRACTOR</b>												
1. PRIME CONTRACT NO.	2. DATE SUBCONTRACT AWARDED	3. SUBCONTRACT NUMBER										
4. PRIME CONTRACTOR (Name, address and ZIP code)		5. SUBCONTRACTOR (Name, address and ZIP code)										
<p>6. The prime contractor states that under the contract shown in item 1, a subcontract was awarded on date shown in item 2 by (Name of Awarding Firm) _____</p> <p>to the subcontractor identified in item 5, for the following work:</p>   												
7. PROJECT		8. LOCATION										
9. NAME AND TITLE OF PERSON SIGNING	10. BY (Signature)	11. DATE SIGNED										
<b>PART II - ACKNOWLEDGMENT OF SUBCONTRACTOR</b>												
<p>12. The subcontractor acknowledges that the following clauses of the contract shown in item 1 are included in this subcontract:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Contract Work Hours and Safety Standards Act - Overtime</td> <td style="width: 50%;">Davis-Bacon Act</td> </tr> <tr> <td>Compensation - Construction Payrolls and Basic Records</td> <td>Apprentices and Trainees</td> </tr> <tr> <td>Withholding of Funds</td> <td>Compliance with Copeland Regulations</td> </tr> <tr> <td></td> <td>Subcontracts</td> </tr> <tr> <td></td> <td>Contract Termination-Debarment</td> </tr> </table>			Contract Work Hours and Safety Standards Act - Overtime	Davis-Bacon Act	Compensation - Construction Payrolls and Basic Records	Apprentices and Trainees	Withholding of Funds	Compliance with Copeland Regulations		Subcontracts		Contract Termination-Debarment
Contract Work Hours and Safety Standards Act - Overtime	Davis-Bacon Act											
Compensation - Construction Payrolls and Basic Records	Apprentices and Trainees											
Withholding of Funds	Compliance with Copeland Regulations											
	Subcontracts											
	Contract Termination-Debarment											
13. NAME(S) OF ANY INTERMEDIATE SUBCONTRACTORS, IF ANY												
14. NAME AND TITLE OF PERSON SIGNING		15. DATE SIGNED										
16. BY (Signature)		17. DATE SIGNED										
NSN 7540-01-151-4297 1413-101		STANDARD FORM 1413 (10-83) Prescribed by GSA FAR (48 CFR) 53.222(e)										

FORMS MANAGEMENT DATA					6/84
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/ _____ (Multi-page/Number of Parts) LABEL PC (Postal Card) TC (Tab Card) TP/ _____ (Tab Paper/Number of Parts) ENVL OTHER (Specify)	ADM:DC	FAR (48 CFR) 53.222(e) 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	10-83

<b>INVENTORY VERIFICATION SURVEY</b> <small>(See FAR 48.206-3)</small>		DATE	FORM APPROVED OMB NO. <b>3090-0120</b>
<b>SECTION I - GENERAL</b>			
1. FROM: <i>(Include ZIP Code)</i>		2. CONTRACT NUMBER	
3. TO: <i>(Include ZIP Code)</i>		4. CONTRACTOR/SUBCONTRACTOR	
5. SCHEDULES OF INVENTORY TO BE INSPECTED AND VERIFIED			
SF 1426 pages _____ through _____ \$ _____		SF 1432 pages _____ through _____ \$ _____	
SF 1428 pages _____ through _____ \$ _____		SF 1434 pages _____ through _____ \$ _____	
SF 1430 pages _____ through _____ \$ _____			
<b>SECTION II - TECHNICAL VERIFICATION</b>			
		YES	NO
6. Is property listed on the inventory schedules on hand and in the quantities indicated?		<input type="checkbox"/>	<input type="checkbox"/>
7. Is the property correctly described on the inventory schedules?		<input type="checkbox"/>	<input type="checkbox"/>
8. Is the property segregated or adequately protected?		<input type="checkbox"/>	<input type="checkbox"/>
9. Is the property properly protected?		<input type="checkbox"/>	<input type="checkbox"/>
10. Are the condition codes accurate?		<input type="checkbox"/>	<input type="checkbox"/>
11. Are the items listed on SF 1432 correctly categorized as special tooling or special test equipment?		<input type="checkbox"/>	<input type="checkbox"/>
		YES	NO
12. Are the weights of the items recommended as scrap approximately correct? <small>- If weights are not shown, give estimate of weight by basic material content.</small>		<input type="checkbox"/>	<input type="checkbox"/>
13. Do the items appear to have commercial value other than scrap?		<input type="checkbox"/>	<input type="checkbox"/>
14. Are the items Agency-peculiar?		<input type="checkbox"/>	<input type="checkbox"/>
15. Do any items require special processing <i>(Fire arms, drugs, etc.)</i> ?		<input type="checkbox"/>	<input type="checkbox"/>
16. Are common items included on the inventory Schedule?		<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION III - TERMINATION INVENTORY</b>			
COMPLETION OF THIS SECTION <input type="checkbox"/> IS <input type="checkbox"/> IS NOT REQUIRED <i>(Requestor, check one)</i>			
		YES	NO
17. Did work stop promptly upon receipt of the termination notice? <small>Date of Notice:</small>		<input type="checkbox"/>	<input type="checkbox"/>
18. Do the quantities of material exceed the amounts that would have been required to complete the terminated portion of the contract? <small>Can any items of termination inventory be used on the continuing portion of the contract?</small>		<input type="checkbox"/>	<input type="checkbox"/>
19. Are all items and quantities allocable to the termination portion of this contract or order?		<input type="checkbox"/>	<input type="checkbox"/>
		YES	NO
20. Does the inventory include rejects? If yes, explain specific line item entries. Obtain from contractor estimated cost of reworking rejects on specific line item basis.		<input type="checkbox"/>	<input type="checkbox"/>
21a. Have completed articles been inspected as to quality and conformance to specifications?		<input type="checkbox"/>	<input type="checkbox"/>
b. Do the completed items inspected conform to contract specifications?		<input type="checkbox"/>	<input type="checkbox"/>
c. Do other than completed items conform with technical requirements of the contract or order?		<input type="checkbox"/>	<input type="checkbox"/>
22. REQUESTING OFFICE REMARKS <i>(Where the answer to any question is placed in a block containing an asterisk (*) detailed comments of the Quality Assurance Representative shall be included on the reverse of this form and identified by section and item number.)</i>			
23. SIGNATURE OF REQUESTOR			
<b>INVENTORY VERIFICATION CERTIFICATION</b>			
The above information is based on a physical Verification of Inventory listed under Item 5			
24. NAME AND TITLE		25. SIGNATURE OF VERIFIER	26. DATE
NSN 7540-01-142-9847 1423-101			
STANDARD FORM 1423 (10-83) Prescribed by GSA FAR (48 CFR) 53.245(c)			

FORMS MANAGEMENT DATA				6/84	
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 <i>(Specify)</i>	ADM:DC	FAR (48 CFR) 53.245(c) 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 <i>(ONLY)</i>		Sheet	10-83

NRC FORMS FACSIMILE HANDBOOK

SF 1424

<b>INVENTORY DISPOSAL REPORT</b> <small>(See FAR 48.615)</small>		FORM APPROVED OMB NO. <b>3090-0120</b>	PLANT CLEARANCE CASE NUMBER
TO: <small>(Include ZIP Code)</small>		FROM: <small>(Include ZIP Code)</small>	
1. DATE PLANT CLEARANCE CASE OPENED	2. DATE PLANT CLEARANCE CASE CLOSED	3. NUMBER OF DAYS BETWEEN OPENING AND CLOSING	
4. NAME AND ADDRESS OF CONTRACTOR/SUBCONTRACTOR <small>(Include ZIP Code)</small>		5. IF SUBCONTRACTOR STATE NAME AND ADDRESS OF PRIME CONTRACTOR <small>(Include ZIP Code)</small>	
6. LOCATION OF PROPERTY <small>(City and State)</small>	7. CONTRACT NUMBER	8. DOCKET NUMBER <small>(Termination only)</small>	
	9. SUBCONTRACT NUMBER	10. CONTRACTOR REFERENCE NUMBER	
DISPOSITION OF PROPERTY			
ITEM DESCRIPTION	LINE ITEMS	ACQUISITION COST	PROCEEDS
11. TOTAL INVENTORY AS SUBMITTED			
12. ADJUSTMENTS <small>(Pricing errors, shortages, etc.)</small>			
13. ADJUSTED INVENTORY <small>(Line 11 + Line 12)</small>			
14. PURCHASE OR RETENTION AT COST			
15. RETURN TO SUPPLIERS <small>(Net Proceeds)</small>			
16. REDISTRIBUTIONS			
A. WITHIN OWNING AGENCY			
B. OTHER AGENCIES			
TOTAL			
17. DONATIONS			
18. SALES			
19. SALES - PROCEEDS TO OVERHEAD			
20.			
21.			
22. TOTAL PROCEEDS CREDITS <small>(Total Lines 14, 15, and 18)</small>			
23. DESTROYED OR ABANDONED			
24. OTHER <small>(Explain in Item 26, Remarks)</small>			
25. TOTAL DISPOSITIONS			
26. REMARKS <small>(Identify contract number in which proceeds were applied, or disbursing office where proceeds were deposited)</small>			
To the best of my knowledge, disposition of all property on this case has been effected in accordance with existing regulations, all property has been accounted for and all disposal credits properly applied.			
CONTRACT ADMINISTRATION OFFICE <small>(Authorized signature and title)</small>			DATE
NSN 7540-01-150-0325 1424-101		STANDARD FORM 1424 (10-83) Prescribed by GSA FAR (48 CFR) 53.245(d)	

FORMS MANAGEMENT DATA				6/84	
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/____ (Multi-page/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 <small>(Specify)</small>	ADM:DC	FAR (48 CFR) 53.245(d) STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST <input type="checkbox"/> OTHER <small>(SPECIFY)</small> 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 <small>(ONLY)</small>		Sheet	10-83



<b>INVENTORY SCHEDULE B</b> <small>(Use SF 1428 for Incontract)</small>		FORM APPROVED OMB NO. <b>3080-0120</b>	
TYPE OF INVENTORY <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> TERMINATION <input type="checkbox"/> NONTERMINATION <input type="checkbox"/> RAW MATERIALS (OTHER THAN METALS) <input type="checkbox"/> PURCHASED PARTS <input type="checkbox"/> FINISHED COMPONENTS <input type="checkbox"/> FINISHED PRODUCT <input type="checkbox"/> PLANT EQUIPMENT <input type="checkbox"/> MISCELLANEOUS THIS SCHEDULE APPLIES TO (check one) <input type="checkbox"/> A PRIME CONTRACT WITH THE GOVERNMENT <input type="checkbox"/> SUBCONTRACT OR PURCHASE ORDER <input type="checkbox"/> GOVERNMENT PRIME CONTRACT NO. _____ SUBCONTRACT OR P.O. NO. _____ REFERENCE NO. _____		TYPE OF CONTRACT _____ DATE _____ PROPERTY CLASSIFICATION _____ COMPANY PREPARING THIS SUBMITTING SCHEDULE _____ STREET ADDRESS _____ CITY AND STATE (Include ZIP Code) _____ LOCATION OF MATERIAL _____	
PRODUCT COVERED BY CONTRACT OR ORDER			
NAME _____ ADDRESS (Include ZIP Code) _____			
CONTRACTOR WHO SENT NOTICE OF TERMINATION _____			
CONTRACTOR COVERED BY CONTRACT OR ORDER _____			
DESCRIPTION			
FOR USE OF CONTRACTING AGENCY ONLY	ITEM NO. (a)	ITEM DESCRIPTION (b)	FOR USE OF CONTRACTING AGENCY ONLY
		GOVERNMENT PART OR ORDER NUMBER AND REVISION NUMBER (b1)	
		TYPE OF PACKING (Bulk, bbl., crtns., etc.) (b2)	
	QUAN- TITY (Ltr code)	CONDIT- ION (c)	
	UNIT OF MEASURE (d)		
		COST (For finished product, show contract price instead of cost) UNIT (e)	
		TOTAL (f)	
		CONTRACTORS OFFER (g)	

**INVENTORY SCHEDULE CERTIFICATE**

The undersigned, personally and as representative of the Contractor, certifies that this Inventory Schedule consisting of page numbers \_\_\_\_\_ to \_\_\_\_\_ inclusive, dated \_\_\_\_\_ has been examined, and that in the exercise of the signer's best judgment and to the best of the signer's knowledge, based upon information believed by the signer to be reliable, said Schedule has been prepared in accordance with applicable instructions, that the inventory described is allocable to the designated contract and is located at the places specified, if the property reported is termination inventory, that the quantities and descriptions of the property reported are the responsible quantities and descriptions of the property reported, and that this Schedule does not include any items which are not the property of the Government without the signature of the undersigned.

NAME OF CONTRACTOR \_\_\_\_\_ BY (Signature of Authorized Official) \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF SUPERVISORY ACCOUNTING OFFICIAL \_\_\_\_\_ TITLE \_\_\_\_\_

NSA 7540-01-142-0125  
1428-101

STANDARD FORM 1428 (10-83)  
Prescribed by GSA  
FPMR (48 CFR) 53.245(g)

FORMS MANAGEMENT DATA					6/84
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 per/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	FAR (48 CFR) 53.245(g) 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	10-83



**INVENTORY SCHEDULE B - CONTINUATION SHEET**

FORM APPROVED DATE NO. 3090-0120

TYPE  TERMINATION  NONTERMINATION  
 MISCELLANEOUS PAGE NO. NO. OF PAGES

RAW MATERIALS  PURCHASED PARTS  FINISHED COMPONENTS  FINISHED PRODUCTS  PLANT EQUIPMENT  
 GOVERNMENT PRIME CONTRACT NO. (SUBCONTRACT OR P.O. NO.)  REFERENCE NO.  PROPERTY CLASSIFICATION DATE

FOR USE OF CON-TRACT-ING AGENCY ONLY	ITEM NO. (a)	DESCRIPTION	GOVERNMENT PART OR DRAWING NUMBER AND REV. NUMBER (b)(1)	TYPE OF PACKING (Bulk, bin., crane, etc.) (b)(2)	CONDITION (Use code) (c)	QUAN-TITY (d)	UNIT OF MEASURE (d)(1)	COST (For finished product, show contract price in stead of cost) UNIT TOTAL (f)	CONTRACTOR'S OFFER (g)	FOR USE OF CON-TRACT-ING AGENCY ONLY

STANDARD FORM 1429 (10-83)  
 Prescribed by GSA  
 FAR (48 CFR) 53.245(g)

NSN 7540-01-140-5317  
 1429-101

FORMS MANAGEMENT DATA				6/84	
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	FAR (48 CFR) 53.245(g) STATUS OF EXISTING STOCK <input type="checkbox"/> USE FIRST      OTHER DESTROY:      (SPECIFY) <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE		Sheet	10-83
STOCKING POINT					
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					



INVENTORY SCHEDULE C - CONTINUATION SHEET (WORK-IN-PROCESS)		FORM APPROVED OMB NO. 3090-0120 PAGE NO. NO. OF PAGES	
TYPE <input type="checkbox"/> TERMINATION <input type="checkbox"/> NONTERMINATION	DATE	QUANTITY UNIT OF MEASURE	COST UNIT TOTAL
GOVERNMENT PRIME CONTRACT NO. SUBCONTRACT OR P.O. NO.	REFERENCE NO.	CONDITION (See code)	CONTRACTOR'S OFFER (b)
ITEM NO. (a)	DESCRIPTION ITEM DESCRIPTION (b)	ESTIMATED WEIGHT (b)(1)	FOR USE OF CONTRACTING AGENCY ONLY

STANDARD FORM 1431 (10-83)  
 Prescribed by GSA  
 FAR (48 CFR) 53.245(h)

FORMS MANAGEMENT DATA				6/84	
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:DC	FAR (48 CFR) 53.245(h) 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	10-83

<p><b>INVENTORY SCHEDULE D</b> (SPECIAL TOOLING AND SPECIAL TEST EQUIPMENT) <i>(See SF 1425 for instructions)</i></p> <p><input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL</p> <p>THIS SCHEDULE APPLIES TO (check one):  <input type="checkbox"/> A PRIME CONTRACT WITH THE GOVERNMENT  <input type="checkbox"/> A PRIME CONTRACT NO. SUBCONTRACT OR P.O. NO.  <input type="checkbox"/> TERMINATION  <input type="checkbox"/> NOTICE OF TERMINATION  <input type="checkbox"/> SUBCONTRACT OR PURCHASE ORDER  <input type="checkbox"/> REFERENCE NO.</p> <p>CONTRACTOR WHO SENT NOTICE OF TERMINATION</p>	<p>TYPE OF CONTRACT</p> <p>PROPERTY CLASSIFICATION</p> <p>DATE</p> <p>FORM APPROVED OMB NO. 3090-0120 PAGE NO. NO. OF PAGES</p> <p>COMPANY PREPARING AND SUBMITTING SCHEDULE</p> <p>STREET ADDRESS</p> <p>CITY AND STATE (Include ZIP Code)</p> <p>LOCATION OF MATERIAL</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">FOR USE OF CONTRACTING AGENCY ONLY</th> <th rowspan="2">ITEM NO.</th> <th rowspan="2">ITEM DESCRIPTION</th> <th rowspan="2">CONDITION (line code)</th> <th rowspan="2">QUANTITY (lb)</th> <th rowspan="2">UNIT</th> <th rowspan="2">TOTAL</th> <th colspan="2">COST</th> <th rowspan="2">CONTRACTORS OFFER</th> <th rowspan="2">FOR USE OF CONTRACTING AGENCY ONLY</th> </tr> <tr> <th>APPLICABLE TO THIS CONTRACT</th> <th>TO PORTION NOT TO BE COMPLETED</th> </tr> <tr> <td></td> <td>(a)</td> <td>(b)</td> <td>(c)</td> <td>(d)</td> <td>(e)</td> <td>(f)</td> <td>(f1)</td> <td>(f2)</td> <td>(g)</td> <td>(h)</td> </tr> </table>	FOR USE OF CONTRACTING AGENCY ONLY	ITEM NO.	ITEM DESCRIPTION	CONDITION (line code)	QUANTITY (lb)	UNIT	TOTAL	COST		CONTRACTORS OFFER	FOR USE OF CONTRACTING AGENCY ONLY	APPLICABLE TO THIS CONTRACT	TO PORTION NOT TO BE COMPLETED		(a)	(b)	(c)	(d)	(e)	(f)	(f1)	(f2)	(g)	(h)
FOR USE OF CONTRACTING AGENCY ONLY	ITEM NO.	ITEM DESCRIPTION								CONDITION (line code)	QUANTITY (lb)			UNIT	TOTAL	COST		CONTRACTORS OFFER	FOR USE OF CONTRACTING AGENCY ONLY							
			APPLICABLE TO THIS CONTRACT	TO PORTION NOT TO BE COMPLETED																						
	(a)	(b)	(c)	(d)	(e)	(f)	(f1)	(f2)	(g)	(h)																
<p><b>INVENTORY SCHEDULE CERTIFICATE</b></p> <p>The undersigned, personally and as representative of the Contractor, certifies that this inventory Schedule consisting of page numbers _____ to _____ inclusive, dated _____, has been examined, and that in the exercise of the signer's best judgment and to the best of the signer's knowledge, based upon information believed by the signer to be true and correct, the items described in accordance with applicable instructions have been prepared in accordance with the instructions and procedures specified. If the property recorded is termination inventory, that portion of the inventory is not in excess of the reasonable quantitative requirements of the terminated portion of the contract. This Schedule does not include any items reasonably usable, without loss to the Contractor, on its other work, and that the costs shown on this Schedule are in accordance with the Contractor's records and books of account.</p> <p>The Contractor agrees to inform the Contracting Office of any substantial change in the status of the inventory shown in this Schedule between the date hereof and the final disposition of such inventory.</p> <p>Subject to any authorized prior disposition, title to the inventory listed in this Schedule is hereby tendered to the Government and is warranted to be free and clear of all liens and encumbrances.</p>																										
NAME OF CONTRACTOR						BY (Signature of Authorized Official)																				
NAME OF SUPERVISORY ACCOUNTING OFFICIAL						TITLE																				

NSN 7540-01-140-5319  
1432-101

STANDARD FORM 1432 (10-83)  
Prescribed by GSA  
FPMR (41 CFR) 101-11.645(f)

FORMS MANAGEMENT DATA				6/84	
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:DC	FAR (48 CFR) 53.245(1) 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	10-83

INVENTORY SCHEDULE D -- CONTINUATION SHEET (SPECIAL TOOLING AND SPECIAL TEST EQUIPMENT)		FORM APPROVED OMB NO. 3090-0120
GOVERNMENT PRIME CONTRACT NO. / SUBCONTRACT OR P.O. NO.		PAGE NO. / NO. OF PAGES
TYPE: <input type="checkbox"/> TERMINATION <input type="checkbox"/> NONTERMINATION		DATE
REFERENCE NO.		PROPERTY CLASSIFICATION
FOR USE OF CONTRACTING AGENCY ONLY	ITEM DESCRIPTION (b)	CONTRACTOR'S OFFER (g)
FOR USE OF CONTRACTING AGENCY ONLY	QUANTITY (e)	APPLICABLE TO THIS CONTRACT TO PORTION TO ENTIRE CONTRACT NOT TO BE COMPLETED (f1) (f2)
FOR USE OF CONTRACTING AGENCY ONLY	CONDITION (f) (see code)	COST: UNIT (e), TOTAL (f)
FOR USE OF CONTRACTING AGENCY ONLY	ITEM NO. (a)	FOR USE OF CONTRACTING AGENCY ONLY

STANDARD FORM 1433 (10-83)  
 FAR (48 CFR) 53.245(h)

NBN 7540-01-141-3918  
 1433-101

FORMS MANAGEMENT DATA				6/84	
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	FAR (48 CFR) 53.245(h) 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	10-83
		STOCKING POINT			
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			

<b>TERMINATION INVENTORY SCHEDULE E</b> (SHORT FORM FOR USE WITH SF 1438 ONLY) <small>(See SF 1425 for Instructions)</small>		DATE		PAGE NO. NO. OF PAGES		FORM APPROVED OMB NO.  3090-0120	
THIS SCHEDULE APPLIES TO: <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> A PRIME CONTRACT WITH THE GOVERNMENT <input type="checkbox"/> SUBCONTRACT(S) OR PURCHASE ORDER(S) GOVERNMENT PRIME CONTRACT NO./SUBCONTRACT OR P.O. NO. REFERENCE NO.		COMPANY PREPARING AND SUBMITTING SCHEDULE					
CONTRACTOR WHO SENT NOTICE OF TERMINATION		STREET ADDRESS					
NAME		CITY AND STATE (Include ZIP Code)					
ADDRESS (Include ZIP Code)		LOCATION OF MATERIAL					
PRODUCT COVERED BY CONTRACT OR ORDER		TYPE OF PACKING (Bulk, box, crate, etc.)		CONDITION (Line code)		UNIT OF MEASURE	
ITEM NO.		ITEM DESCRIPTION		GOVERNMENT PART NO. AND REVISION NUMBER		COST (For finished product, show contract price instead of cost)	
FOR USE OF CONTRACTING AGENCY ONLY		ITEM NO. (b)		REVISION NUMBER (b1)		UNIT (b)	
						TOTAL (f)	
						CONTRACTOR'S OFFER (g)	
						FOR USE OF CONTRACTING AGENCY ONLY	

<b>TERMINATION INVENTORY SCHEDULE CERTIFICATE</b>	
The undersigned, personally and as representative of the Contractor, certifies that this Inventory Schedule consisting of page numbers _____ to _____ inclusive, dated _____, has been examined, and that in the exercise of the signer's best judgment and to the best of the signer's knowledge and belief, the quantities of the items described in the Inventory Schedule are allocable to the designated contract and is located at the place specified. If the property described is termination inventory, that the quantities are not in excess of the reasonable quantitative requirements of the terminated portion of the contract; that this schedule does not include any items reasonably usable, without loss to the Contractor, that this schedule does not include any items reasonably usable, without loss to the Contractor.	Contractor, on its other work; and that the costs shown on this Schedule are in accordance with the Contractor's records and books of account. The Contractor agrees to inform the Contracting Officer of any substantial change in the status of the inventory shown in this Schedule between the date hereof and the final disposition of such inventory. Subject to any authorized prior disposition, title to the inventory listed in this Schedule is hereby transferred to the Government and is warranted to be free and clear of all liens and encumbrances.
NAME OF CONTRACTOR	TITLE
NAME OF SUPERVISORY ACCOUNTING OFFICIAL	TITLE
DATE	

N506 1540-01 140-5320  
1434-101

STANDARD FORM 1434 (10-83)  
REPLACES  
FAR (48 CFR) 53.245(j)

FORMS MANAGEMENT DATA					6/84
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/_____(Multi-page/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:DC	FAR (48 CFR) 53.245(j) 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	10-83
		STOCKING POINT			
		<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			



<b>SETTLEMENT PROPOSAL</b> (INVENTORY BASIS)		FORM APPROVED NAME NO.  3090 0115				
FOR USE BY A FIXED-PRICE PRIME CONTRACTOR OR FIXED-PRICE SUBCONTRACTOR						
THIS PROPOSAL APPLIES TO (check one) <input type="checkbox"/> A PRIME CONTRACT WITH THE GOVERNMENT <input type="checkbox"/> SUBCONTRACT OR PURCHASE ORDER		COMPANY				
SUBCONTRACT OR PURCHASE ORDER NO(S).		STREET ADDRESS				
CONTRACTOR WHO SENT NOTICE OF TERMINATION		CITY AND STATE				
NAME		NAME OF GOVERNMENT AGENCY				
ADDRESS		GOVERNMENT PRIME CONTRACT NO.				
If moneys payable under the contract have been assigned, give the following:		CONTRACTOR'S REFERENCE NO.				
NAME OF ASSIGNEE		EFFECTIVE DATE OF TERMINATION				
ADDRESS		PROPOSAL NO.	CHECK ONE <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL			
SF 1435, SCHEDULE OF ACCOUNTING INFORMATION <input type="checkbox"/> IS <input type="checkbox"/> IS NOT ATTACHED (If not, explain)						
<b>SECTION I - STATUS OF CONTRACT OR ORDER AT EFFECTIVE DATE OF TERMINATION</b>						
PRODUCTS COVERED BY TERMINATED CONTRACT OR PURCHASE ORDER	FINISHED		UNFINISHED OR NOT COMMENCED		TOTAL COVERED BY CONTRACT OR ORDER	
	PREVIOUSLY SHIPPED AND INVOICED	PAYMENT TO BE RECEIVED THROUGH INVOICING	INCLUDED IN THIS PROPOSAL	TO BE COMPLETED (Partial termination only)		NOT TO BE COMPLETED
(a)	(b)	(c)	(d)	(e)	(f)	(g)
	QUANTITY					
	\$					
	QUANTITY					
	\$					
	QUANTITY					
	\$					
<b>SECTION II - PROPOSED SETTLEMENT</b>						
NO.	ITEM	(Use Column (b) and (c) only when previous proposal has been filed)		TOTAL PROPOSED TO DATE	FOR USE OF CONTRACTING AGENCY ONLY	
		TOTAL PREVIOUSLY PROPOSED	INCREASE OR DECREASE BY THIS PROPOSAL			
	(a)	(b)	(c)	(d)	(e)	(f)
1	METALS					
2	RAW MATERIALS (other than metals)					
3	PURCHASED PARTS					
4	FINISHED COMPONENTS					
5	MISCELLANEOUS INVENTORY					
6	WORK-IN-PROCESS					
7	SPECIAL TOOLING AND SPECIAL TEST EQUIPMENT					
8	OTHER COSTS (from Schedule B)					
9	GENERAL AND ADMINISTRATIVE EXPENSES (from Schedule C)					
10	TOTAL (Items 1 to 9 inclusive)					
11	PROFIT (explain in Schedule D)					
12	SETTLEMENT EXPENSES (from Schedule E)					
13	TOTAL (Items 10 to 13 inclusive)					
14	SETTLEMENTS WITH SUBCONTRACTORS (from Schedule F)					
15	ACCEPTABLE FINISHED PRODUCT					
16	GROSS PROPOSED SETTLEMENT (Items 13 thru 15)					
17	DISPOSAL AND OTHER CREDITS (from Schedule G)					
18	NET PROPOSED SETTLEMENT (Item 16 less 17)					
19	ADVANCE, PROGRESS & PARTIAL PAYMENTS (from Schedule H)					
20	NET PAYMENT REQUESTED (Item 18 less 19)					
<small>When the space provided for any information is used/unused, continue on a separate sheet.</small>						
NSN 7540-01-142-9850		1435-101		STANDARD FORM 1435 (10-83) Prescribed by GSA FAR (48 CFR) 53.249(a)(2)		

FORMS MANAGEMENT DATA				6/84	
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), 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)	ADM:DC	FAR (48 CFR) 53.249(a)(2) 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)		MP/3	10-83

**SCHEDULE A - ANALYSIS OF INVENTORY COST (Items 4 and 5)**

Furnish the following information (unless not reasonably available) for inventories of finished components and work-in-process included in this proposal:

	TOTAL DIRFCT LABOR	TOTAL DIRECT MATERIALS	TOTAL INDIRECT EXPENSES	TOTAL
FINISHED COMPONENTS				
WORK-IN-PROCESS				

NOTE.—individual items of small amounts may be grouped into a single entry in Schedules B, C, D, E, and G.

**SCHEDULE B - OTHER COSTS (Item 8)**

ITEM	EXPLANATION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

**SCHEDULE C - GENERAL AND ADMINISTRATIVE EXPENSES (Item 9)**

DETAIL OF EXPENSES	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

**SCHEDULE D - PROFIT (Item 11)**

EXPLANATION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

Where the space provided for any information is insufficient, continue on a separate sheet.

NRC FORMS FACSIMILE HANDBOOK

SF 1435, PAGE 3

SCHEDULE E - SETTLEMENT EXPENSES (Item 12)

ITEM	EXPLANATION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

SCHEDULE F - SETTLEMENTS WITH IMMEDIATE SUBCONTRACTORS AND SUPPLIERS (Item 14)

NAME AND ADDRESS OF SUBCONTRACTOR	BRIEF DESCRIPTION OF PRODUCT CANCELED	AMOUNT OF SETTLEMENT	FOR USE OF CONTRACTING AGENCY ONLY

SCHEDULE G - DISPOSAL AND OTHER CREDITS (Item 17)

DESCRIPTION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

*(If practicable, show separate amount of disposal credits applicable to acceptable finished product included in item 18.)*

*Where the space provided for any information is insufficient, continue on a separate sheet.*



NRC FORMS FACSIMILE HANDBOOK

SCHEDULE A - INDIRECT FACTORY EXPENSE (Item 3)			
DETAIL OF EXPENSES	METHOD OF ALLOCATION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY
NOTE.—Individual items of small amounts may be grouped into a single entry in Schedules B, C, D, E, and G.			
SCHEDULE B - OTHER COSTS (Item 5)			
ITEM	EXPLANATION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY
SCHEDULE C - GENERAL AND ADMINISTRATIVE EXPENSES (Item 6)			
DETAIL OF EXPENSES	METHOD OF ALLOCATION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY
SCHEDULE D - PROFIT (Item 8)			
EXPLANATION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY	

Where the space provided for any information is insufficient, continue on a separate sheet.



NRC FORMS FACSIMILE HANDBOOK

SF 1436, PAGE 3

SCHEDULE E - SETTLEMENT EXPENSES (Item 12)			
ITEM	EXPLANATION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

SCHEDULE F - SETTLEMENTS WITH IMMEDIATE SUBCONTRACTORS AND SUPPLIERS (Item 14)			
NAME AND ADDRESS OF SUBCONTRACTOR	BRIEF DESCRIPTION OF PRODUCT CANCELED	AMOUNT OF SETTLEMENT	FOR USE OF CONTRACTING AGENCY ONLY

SCHEDULE G - DISPOSAL AND OTHER CREDITS (Item 16)		
DESCRIPTION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

*(If practicable, show separately amount of disposal credits applicable to acceptable finished product included on SF 1438.)*

*Where the space provided for any information is insufficient, continue on a separate sheet.*



SECTION H - ADVANCE, PROGRESS AND PARTIAL PAYMENTS			
DATE	TYPE OF PAYMENT	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

Where the space provided for any information is insufficient, continue on a separate sheet.

CERTIFICATE

This is to certify that the undersigned, individually, and as an authorized representative of the Contractor, has examined this termination settlement proposal and that, to the best knowledge and belief of the undersigned:

(a) AS TO THE CONTRACTOR'S OWN CHARGES. The proposed settlement (exclusive of charges set forth in Item 14) and supporting schedules and explanations have been prepared from the books of account and records of the Contractor in accordance with recognized commercial accounting practices; they include only those charges allocable to the terminated portion of this contract; they have been prepared with knowledge that they will, or may, be used directly or indirectly as the basis of settlement of a termination settlement proposal or claim against an agency of the United States; and the charges as stated are fair and reasonable.

(b) AS TO THE SUBCONTRACTORS' CHARGES. (1) The Contractor has examined, or caused to be examined, to an extent it considered adequate in the circumstances, the termination settlement proposals of its immediate subcontractors (exclusive of proposals filed against these immediate subcontractors by their subcontractors); (2) The settlements on account of immediate subcontractors' own charges are fair and reasonable, the charges are allocable to the terminated portion of this contract, and the settlements were negotiated in good faith and are not more favorable to its immediate subcontractors than those that the Contractor would make if reimbursement by the Government were not involved; (3) The Contractor has received from all its immediate subcontractors appropriate certificates with respect to their termination settlement proposals, which certificates are substantially in the form of this certificate; and (4) the Contractor has no information leading it to doubt (i) the reasonableness of the settlements with more remote subcontractors or (ii) that the charges for them are allocable to this contract. Upon receipt by the Contractor of amounts covering settlements with its immediate subcontractors, the Contractor will pay or credit them promptly with the amounts so received; to the extent that it has not previously done so. The term "subcontractors," as used above, includes suppliers.

NOTE: The Contractor shall, under conditions stated in FAR 15.804-2, be required to submit a Certificate of Current Cost or Pricing Data (see FAR 15.804-2(a) and 15.804-6).

NAME OF CONTRACTOR	BY (Signature of authorized official)	
	TITLE	DATE
NAME OF SUPERVISORY ACCOUNTING OFFICIAL	TITLE	

NRC FORMS FACSIMILE HANDBOOK

SF 1437

SETTLEMENT PROPOSAL FOR COST-REIMBURSEMENT TYPE CONTRACTS		FORM APPROVED OMB NO. 3090-0115	
To be used by prime contractors submitting settlement proposals on cost-reimbursement type contracts under Part 48 of the Federal Acquisition Regulation. Also suitable for use in connection with terminated cost-reimbursement type subcontracts.			
COMPANY		PROPOSAL NUMBER	CHECK ONE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL
STREET ADDRESS		GOVERNMENT PRIME CONTRACT NO.	REFERENCE NO.
CITY AND STATE (Include ZIP Code)		EFFECTIVE DATE OF TERMINATION	
ITEM (a)	TOTAL PREVIOUSLY SUBMITTED (b)	INCREASE OR DECREASE BY THIS PROPOSAL (c)	TOTAL SUBMITTED TO DATE (d)
1. DIRECT MATERIAL	\$	\$	\$
2. DIRECT LABOR			
3. INDIRECT FACTORY EXPENSE			
4. SPECIAL TOOLING AND SPECIAL TEST EQUIPMENT			
5. OTHER COSTS			
6. GENERAL AND ADMINISTRATIVE EXPENSE			
7. TOTAL COSTS (Items 1 thru 6)	\$	\$	\$
8. FEE			
9. SETTLEMENT EXPENSES			
10. SETTLEMENTS WITH SUBCONTRACTORS			
11. GROSS PROPOSED SETTLEMENT (Items 7 thru 10)			
12. DISPOSAL AND OTHER CREDITS			
13. NET PROPOSED SETTLEMENT (Items 11 less 12)	\$	\$	\$
14. PRIOR PAYMENTS TO CONTRACTOR	\$	\$	\$
15. NET PAYMENT REQUESTED (Items 13 less 14)	\$	\$	\$
<b>CERTIFICATE</b>			
This is to certify that the undersigned, individually, and as an authorized representative of the Contractor, has examined this termination settlement proposal and that, to the best knowledge and belief of the undersigned:			
(a) AS TO THE CONTRACTOR'S OWN CHARGES. The proposed settlement (exclusive of charges set forth in Item 10) and supporting schedules and explanations have been prepared from the books of account and records of the Contractor in accordance with recognized commercial accounting practices; they include only those charges allocable to the terminated portion of this contract; they have been prepared with knowledge that they will, or may, be used directly or indirectly as the basis of settlement of a termination settlement proposal or claim against an agency of the United States; and the charges as stated are fair and reasonable.			
(b) AS TO THE SUBCONTRACTORS' CHARGES. (1) The Contractor has examined, or caused to be examined, to an extent it considered adequate in the circumstances, the termination settlement proposals of its immediate subcontractors (exclusive of proposals filed against these immediate subcontractors by their subcontractors); (2) The settlements on account of immediate subcontractors' own charges are fair and reasonable, the charges are allocable to the terminated portion of this contract, and the settlements were negotiated in good faith and are not more favorable to its immediate subcontractors than those that the Contractor would make if reimbursement by the Government were not involved; (3) The Contractor has received from all its immediate subcontractors appropriate certificates with respect to their termination settlement proposals, which certificates are substantially in the form of this certificate; and (4) The Contractor has no information leading it to doubt (i) the reasonableness of the settlements with more remote subcontractors or (ii) that the charges for them are allocable to this contract. Upon receipt by the Contractor of amounts covering settlements with its immediate subcontractors, the Contractor will pay or credit them promptly with the amounts so received, to the extent that it has not previously done so. The term "subcontractors," as used above, includes suppliers.			
NOTE: The Contractor shall, under conditions stated in FAR 15.804-2, be required to submit a Certificate of Current Cost or Pricing Data (see FAR 15.804-2(a) and 15.804-6).			
NAME OF CONTRACTOR		BY (Signature of authorized official)	
		TITLE	DATE
NAME OF SUPERVISORY ACCOUNTING OFFICIAL		TITLE	
NSN 7540-01-142-9851		1437-101	STANDARD FORM 1437 (10-63) Prescribed by GSA FAR (48 CFR) 53.249(a)(4)

FORMS MANAGEMENT DATA

6/74

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:DC	FAR(48 CFR) 53.249(a)(4) 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	10-83

NRC FORMS FACSIMILE HANDBOOK

SF 1438, FACE

<b>SETTLEMENT PROPOSAL</b> (SHORT FORM)				FORM APPROVED OMB NO. <b>3090-0115</b>		
For Use by a Prime Contractor or Subcontractor in Settlement of a Fixed Price Terminated Contract When Total Charges Claimed Are Less Than \$10,000.						
THIS PROPOSAL APPLIES TO (Check one): <input type="checkbox"/> A PRIME CONTRACT WITH THE GOVERNMENT		<input type="checkbox"/> SUBCONTRACT OR PURCHASE ORDER SUBCONTRACT OR PURCHASE ORDER NO.(S)				
CONTRACTOR WHO SENT NOTICE OF TERMINATION		COMPANY (Prime or Subcontractor)				
NAME		STREET ADDRESS				
ADDRESS		CITY AND STATE				
If moneys payable under the contract have been assigned, give the following:		NAME OF GOVERNMENT AGENCY		GOVERNMENT PRIME CONTRACT NO.		
NAME OF ASSIGNEE		CONTRACTOR'S REFERENCE NO.		EFFECTIVE DATE OF TERMINATION		
ADDRESS						
<b>SECTION I - STATUS OF CONTRACT OR ORDER AT EFFECTIVE DATE OF TERMINATION</b>						
PRODUCTS COVERED BY TERMINATED CONTRACT OR PURCHASE ORDER	FINISHED			UNFINISHED OR NOT COMMENCED		TOTAL COVERED BY CONTRACT OR ORDER
	PREVIOUSLY SHIPPED AND INVOICED	PAYMENT TO BE RECEIVED THROUGH INVOICING	INCLUDED IN THIS PROPOSAL	TO BE COMPLETED (Partial termination only)	NOT TO BE COMPLETED	
(a)	(b)	(c)	(d)	(e)	(f)	(g)
	QUANTITY					
	\$					
	QUANTITY					
	\$					
	QUANTITY					
	\$					
<b>SECTION II - PROPOSED SETTLEMENT</b>						
NO.	ITEM <i>(Include only items allocable to the terminated portion of contract)</i>					AMOUNT OF CHARGE
1	CHARGE FOR ACCEPTABLE FINISHED PRODUCT NOT COVERED BY INVOICING <i>(from SF 1434)</i>					\$
2	CHARGE FOR WORK-IN-PROCESS, RAW MATERIAL, ETC., ON HAND <i>(from SF 1434)</i>					\$
3	OTHER CHARGES INCLUDING PROFIT AND SETTLEMENT EXPENSES					\$
4	CHARGES FOR SETTLEMENT(S) WITH SUBCONTRACTORS					\$
5	GROSS PROPOSED SETTLEMENT <i>(Sum of Items 1 thru 4)</i>					\$
6	DISPOSAL AND OTHER CREDITS <i>(from SF 1434, Col. 2)</i>					\$
7	NET PROPOSED SETTLEMENT <i>(Item 5 less 6)</i>					\$
8	ADVANCE, PROGRESS, AND PARTIAL PAYMENTS					\$
9	NET PAYMENT REQUESTED <i>(Item 7 less 8)</i>					\$
List your inventory on SF 1434 and attach a copy thereto. Retain for the applicable period specified in the prime contract all papers and records relating to this proposal for future examination. <b>GIVE A BRIEF EXPLANATION OF HOW YOU ARRIVED AT THE AMOUNTS SHOWN IN ITEMS 3, 4, 6, AND 7</b>						
I CERTIFY that the above proposed settlement includes only charges allocable to the terminated portion of the contract or purchase order. That the total charges (Item 5) and the disposal credits (Item 6) are fair and reasonable and that this proposal has been prepared with knowledge that it will, or may, be used directly or indirectly as a basis for reimbursement under a settlement proposal against agencies of the United States.					NAME OF YOUR COMPANY	
					BY (Signature of authorized official)	
					TITLE	
					DATE	
When the space provided for any information is insufficient, continue on a separate sheet.						
NSN 7540-01-140-8022		1438-101		STANDARD FORM 1438 (10-83) Prescribed by GSA FAR (48 CFR) 53.249(a)(5)		

FORMS MANAGEMENT DATA

6/84

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:DC	FAR (48 CFR) 53.249(a)(5) 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 checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)		Sheet	10-83

## INSTRUCTIONS

1. This settlement proposal should be submitted to the contracting officer, if you are a prime contractor, or to your customer, if you are a subcontractor. The term contract as used hereinafter includes a subcontract or a purchase order.

2. Proposals that would normally be included in a single settlement proposal, such as those based on a series of separate orders for the same item under one contract should be consolidated wherever possible, and must not be divided in such a way as to bring them below \$10,000.

3. You should review any aspects of your contract relating to termination and consult your customer or contracting officer for further information. Government regulations pertaining to the basis for determining a fair and reasonable termination settlement are contained in Part 49 of the Federal Acquisition Regulation. Your proposal for fair compensation should be prepared on the basis of the costs shown by your accounting records. Where your costs are not so shown, you may use any reasonable basis for estimating your costs which will provide for fair compensation for the preparations made and work done for the terminated portion of the contract, including a reasonable profit on such preparation and work.

4. Generally your settlement proposal may include under items 2, 3, and 4, the following:

a. COSTS—Costs incurred which are reasonably necessary and are properly allocable to the terminated portion of your contract under recognized commercial accounting practices, including direct and indirect manufacturing, selling and distribution, administrative, and other costs and expenses incurred.

b. SETTLEMENT WITH SUBCONTRACTORS—Reasonable settlements of proposals of subcontractors allocable to the terminated portion of the subcontract. Copies of such settlements will be attached hereto.

c. SETTLEMENT EXPENSES—Reasonable costs of protecting and preserving termination inventory in your possession and preparing your proposal.

d. PROFIT—A reasonable profit with respect to the preparations you have made and work you have actually done for the terminated portion of your contract. No profit should be included for work which has not been done, nor shall profit be included for settlement expenses, or for settlement with subcontractors.

5. If you use this form, your total charges being proposed (line 5), must be less than \$10,000. The Government has the right to examine your books and records relative to this proposal, and if you are a subcontractor your customer must be satisfied with your proposal.



NRC FORMS FACSIMILE HANDBOOK

SF 1439, PAGE 1

SCHEDULE OF ACCOUNTING INFORMATION		FORM APPROVED OMB NO. 3090-0115
<small>To be used by prime contractors submitting termination proposals under Part 49 of the Federal Acquisition Regulation. Also suitable for use by subcontractor in effecting subcontract settlements with prime contractor or intermediate subcontractor.</small>		
THIS PROPOSAL APPLIES TO (check one) <input type="checkbox"/> A PRIME CONTRACT WITH THE GOVERNMENT <input type="checkbox"/> SUBCONTRACT OR PURCHASE ORDER		COMPANY (Prime or Subcontractor)
SUBCONTRACT OR PURCHASE ORDER NO. (S)		STREET ADDRESS
CONTRACTOR WHO SENT NOTICE OF TERMINATION NAME AND ADDRESS (Include ZIP Code)		CITY AND STATE (Include ZIP Code)
		NAME OF GOVERNMENT AGENCY
		GOVERNMENT PRIME CONTRACT NO.
		CONTRACTOR'S REFERENCE NO.
		EFFECTIVE DATE OF TERMINATION
1. INDIVIDUAL IN YOUR ORGANIZATION FROM WHOM ADDITIONAL INFORMATION MAY BE REQUESTED ON QUESTIONS RELATING TO:		
ACCOUNTING MATTERS		PROPERTY DISPOSAL
NAME	TELEPHONE NO.	NAME
TITLE		TITLE
ADDRESS (Include ZIP Code)		ADDRESS (Include ZIP Code)
2. ARE THE ACCOUNTS OF THE CONTRACTOR SUBJECT TO REGULAR PERIODIC EXAMINATION BY INDEPENDENT PUBLIC ACCOUNTANTS? <input type="checkbox"/> YES <input type="checkbox"/> NO (Name and address of accountants)		
3. INDEPENDENT ACCOUNTANTS, IF ANY, WHO HAVE REVIEWED OR ASSISTED IN THE PREPARATION OF THE ATTACHED PROPOSAL		
NAME	ADDRESS (Include ZIP Code)	
4. GOVERNMENTAL AGENCY(IES) WHICH HAVE REVIEWED YOUR ACCOUNTS IN CONNECTION WITH PRIOR SETTLEMENT PROPOSALS DURING THE CURRENT AND PRECEDING FISCAL YEAR		
NAME	ADDRESS (Include ZIP Code)	
5. HAVE THERE BEEN ANY SIGNIFICANT DEVIATIONS FROM YOUR REGULAR ACCOUNTING PROCEDURES AND POLICIES IN ARRIVING AT THE COSTS SET FORTH IN THE ATTACHED PROPOSAL? (If "Yes," explain briefly) <input type="checkbox"/> YES <input type="checkbox"/> NO		
6. WERE THE DETAILED COST RECORDS USED IN PREPARING THE PROPOSAL CONTROLLED BY AND IN AGREEMENT WITH YOUR GENERAL BOOKS OF ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. STATE METHOD OF ACCOUNTING FOR TRADE AND CASH DISCOUNTS EARNED, REBATES, ALLOWANCES, AND VOLUME PRICE ADJUSTMENTS. ARE SUCH ITEMS EXCLUDED FROM COSTS PROPOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<small>Where the space provided for any information is insufficient, continue on a separate sheet.</small>		
NSN 7540-01-142 9852		1439-101
		STANDARD FORM 1439 (10-83) <small>Prescribed by GSA FAR (48 CFR) 53.249(a)(6)</small>

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 Set/Number of Parts) <input checked="" type="checkbox"/> MP/ 4 (Multipage/Number of Parts), h to f <input type="checkbox"/> LABEL <input type="checkbox"/> PC (Portal 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	FAR (48 CFR) 53.249(a)(6) 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	10-83
STOCKING POINT					
<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)					

9. STATE METHOD OF RECORDING AND ABSORBING (1) GENERAL ENGINEERING AND GENERAL DEVELOPMENT EXPENSE AND (2) ENGINEERING AND DEVELOPMENT EXPENSE DIRECTLY APPLICABLE TO THE TERMINATED CONTRACT.

10. STATE TYPES AND SOURCE OF MISCELLANEOUS INCOME AND CREDITS AND MANNER OF RECORDING IN THE INCOME OR THE COST ACCOUNTS SUCH AS RENTAL OF YOUR FACILITIES TO OUTSIDE PARTIES, ETC.

10. METHOD OF ALLOCATING GENERAL AND ADMINISTRATIVE EXPENSE.

11. ARE COSTS AND INCOME FROM CHANGE ORDERS SEGREGATED FROM OTHER CONTRACT COSTS AND INCOME? (If "Yes" by what method)  
 YES  NO

12. METHOD OF COMPUTING PROFIT SHOWN IN THE ATTACHED PROPOSAL AND REASON FOR SELECTING THE METHOD USED. FURNISH ESTIMATE OF AMOUNT OR RATE OF PROFIT IN DOLLARS OR PERCENT ANTICIPATED HAD THE CONTRACT BEEN COMPLETED.

13. ARE SETTLEMENT EXPENSES APPLICABLE TO PREVIOUSLY TERMINATED CONTRACTS EXCLUDED FROM THE ATTACHED PROPOSALS? (If "No," explain)  
 YES  NO

14. DOES THIS PROPOSAL INCLUDE CHARGES FOR MAJOR INVENTORY ITEMS AND PROPOSALS OF SUBCONTRACTORS COMMON TO THIS TERMINATED CONTRACT AND OTHER WORK OF THE CONTRACTOR? (If "Yes," explain the method used in allocating amounts to the terminated portion of this contract.)  
 YES  NO

15. EXPLAIN BRIEFLY YOUR METHOD OF PRICING INVENTORIES, INDICATING WHETHER MATERIAL HANDLING COST HAS BEEN INCLUDED IN CHARGES FOR MATERIALS.

16. ARE ANY PARTS, MATERIALS, OR FINISHED PRODUCT, KNOWN TO BE DEFECTIVE, INCLUDED IN THE INVENTORIES? (If "Yes," explain.)  
 YES  NO

Where the space provided for any information is insufficient, continue on a separate sheet.



17. WERE INVENTORY QUANTITIES BASED ON A PHYSICAL COUNT AS OF THE DATE OF TERMINATION? (If "No," explain exceptions)

YES  NO

18. DESCRIBE BRIEFLY THE NATURE OF INDIRECT EXPENSE ITEMS INCLUDED IN INVENTORY COSTS (See Schedule A, SF 1435) AND EXPLAIN YOUR METHOD OF ALLOCATION USED IN PREPARING THIS PROPOSAL, INCLUDING IF PRACTICABLE, THE RATES USED AND THE PERIOD OF TIME UPON WHICH THEY ARE BASED.

19. STATE GENERAL POLICIES RELATING TO DEPRECIATION AND AMORTIZATION OF FIXED ASSETS, BASES, UNDERLYING POLICIES.

20. DO THE COSTS SET FORTH IN THE ATTACHED PROPOSAL INCLUDE PROVISIONS FOR ANY RESERVES OTHER THAN DEPRECIATION RESERVES? (If "Yes," list such reserves)

YES  NO

21. STATE POLICY OR PROCEDURE FOR RECORDING AND WRITING OFF STARTING LOAD.

22. STATE POLICIES FOR DISTINGUISHING BETWEEN CHARGES TO CAPITAL (FIXED) ASSET ACCOUNTS AND TO REPAIR AND MAINTENANCE ACCOUNTS.

23. ARE PERISHABLE TOOLS AND MANUFACTURING SUPPLIES CHARGED DIRECTLY TO CONTRACT COSTS OR INCLUDED IN INDIRECT EXPENSES?

Where the space provided for any information is insufficient, continue on a separate sheet.

24. HAVE ANY CHARGES FOR SEVERANCE, DISMISSAL, OR SEPARATION PAY BEEN INCLUDED IN THIS PROPOSAL? (If "Yes," furnish brief explanation and estimates of amounts included.)

YES  NO

25. STATE POLICIES RELATING TO RECORDING OF OVERTIME SHIFT PREMIUMS AND PRODUCTION BONUSES.

26. DOES CONTRACTOR HAVE A PENSION PLAN? (If "Yes," state method of funding and absorption of past and current pension service costs.)

YES  NO

27. IS THIS SETTLEMENT PROPOSAL BASED ON STANDARD COSTS?

YES (If "Yes," has adjustment to actual cost or adjustment for any significant variations been made?)  YES  NO (If "No," explain.)  
 NO

28. DOES THIS PROPOSAL INCLUDE ANY ELEMENT OF PROFIT TO THE CONTRACTOR OR A RELATED ORGANIZATION, OTHER THAN (a) PROFIT SET FORTH SEPARATELY IN THE PROPOSAL OR (b) PROFIT INCLUDED IN THE CONTRACT PRICE AT WHICH ACCEPTABLE FINISHED PRODUCT, IF ANY, IS INCLUDED IN THE PROPOSAL? (If "Yes," explain briefly.)

YES  NO

29. WHAT IS LENGTH OF TIME (PRODUCTION CYCLE) REQUIRED TO PRODUCE ONE OF THE END ITEMS FROM THE TIME THE MATERIAL ENTERS THE PRODUCTION LINE TO THE COMPLETION AS THE FINISHED PRODUCT?

30. STATE POLICY AND PROCEDURE FOR VERIFICATION AND NEGOTIATION OF SETTLEMENTS WITH SUBCONTRACTORS AND VENDORS.

CERTIFICATE

THIS CERTIFIES THAT, TO THE BEST KNOWLEDGE AND BELIEF OF THE UNDERSIGNED, THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

NAME OF CONTRACTOR

BY (Signature of supervisor accounting official)

TITLE

DATE

Where the space provided for any information is insufficient, continue on a separate sheet.

NRC FORMS FACSIMILE HANDBOOK

1440, FACE

APPLICATION FOR PARTIAL PAYMENT				FORM APPROVED OMB NO. 3090-0115		
For use by Prime Contractor or Subcontractor under contracts terminated for the convenience of the Government.						
THIS APPLICATION APPLIES TO (Check one) <input type="checkbox"/> A PRIME CONTRACT WITH THE GOVERNMENT <input type="checkbox"/> SUBCONTRACT OR PURCHASE ORDER SUBCONTRACT OR PURCHASE ORDER NUMBER(S)		APPLICANT				
CONTRACTOR WHO SENT NOTICE OF TERMINATION		STREET ADDRESS				
NAME		CITY AND STATE (Include ZIP Code)				
ADDRESS (Include ZIP Code)		NAME OF GOVERNMENT AGENCY				
IF CONTRACTOR HAS GUARANTEED LOANS OR HAS ASSIGNED MONEYS DUE UNDER THE CONTRACT, GIVE THE FOLLOWING:		GOVERNMENT PRIME CONTRACT NUMBER				
NAME AND ADDRESS OF FINANCING INSTITUTION (Include ZIP Code)		CONTRACTOR'S REFERENCE NUMBER				
NAME AND ADDRESS OF GUARANTOR (Include ZIP Code)		EFFECTIVE DATE OF TERMINATION	DATE OF THIS APPLICATION			
NAME AND ADDRESS OF ASSIGNEE (Include ZIP Code)		AMOUNT REQUESTED	APPLICATION NUMBER UNDER THIS TERMINATION			
		\$				
SECTION I - STATUS OF CONTRACT OR ORDER AT EFFECTIVE DATE OF TERMINATION						
(a) PRODUCTS COVERED BY TERMINATED CONTRACT OR PURCHASE ORDER	PREVIOUSLY SHIPPED AND INVOICED (b)	FINISHED		UNFINISHED OR NOT COMMENCED		TOTAL COVERED BY CONTRACT OR ORDER (g)
		PAYMENT TO BE RECEIVED THROUGH INVOICING (c)	INCLUDED IN THIS APPLICATION (d)	TO BE COMPLETED (e)	NOT TO BE COMPLETED (f)	
QUANTITY						
\$						
QUANTITY						
\$						
QUANTITY						
\$						
SECTION II - APPLICANT'S OWN TERMINATION CHARGES (Exclusive of its Subcontractors' Charges)					SETTLEMENT PROPOSAL	
					<input type="checkbox"/> ATTACHED <input type="checkbox"/> PREVIOUSLY SUBMITTED	
NO.	ITEM				CHARGES AS LISTED IN SETTLEMENT PROPOSAL	
1	ACCEPTABLE FURNISHED PRODUCT (at contract price)				\$	
2	WORK-IN-PROCESS				\$	
3	RAW MATERIALS, PURCHASED PARTS, AND SUPPLIES				\$	
4	GENERAL AND ADMINISTRATIVE EXPENSE				\$	
5	TOTAL (Sum of lines 1, 2, 3, and 4)				\$	
6	SPECIAL TOOLING AND SPECIAL TEST EQUIPMENT				\$	
7	OTHER COSTS				\$	
8	SETTLEMENT EXPENSES				\$	
9	TOTAL (Sum of lines 6, 7, and 8)				\$	
10	SUBCONTRACTOR SETTLEMENTS APPROVED BY CONTRACTING OFFICER OR SETTLED UNDER A DELEGATION OF AUTHORITY AND PAID BY APPLICANT				\$	
11. AMOUNTS RECEIVED						
a	UNLIQUIDATED PARTIAL, PROGRESS, AND ADVANCE PAYMENTS RECEIVED				\$	
b	DISPOSAL AND OTHER CREDITS				\$	
c	TOTAL (Sum of lines a and b)				\$	
d	AMOUNT OF PARTIAL PAYMENT REQUESTED				\$	
e	TOTAL (Sum of lines c and d)				\$	
NSN 7540-01-142-0131		1440-101		STANDARD FORM 1440 (10-83) Prescribed by GSA FAR (48 CFR) 53.249(a)(7)		

FORMS MANAGEMENT DATA

6/84

CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
<input checked="" type="checkbox"/>	SHEET, h to f	ADM:DC	FAR (48 CFR) 53.249(a)(7)		Sheet	10-83
<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)		<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 type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS			
<input type="checkbox"/>	TC (Tab Card)		<input checked="" type="checkbox"/> PROMULGATING OFFIC: (ONLY)			
<input type="checkbox"/>	TP/ (Tab Paper/Number of Parts)					
<input type="checkbox"/>	ENVL					
<input type="checkbox"/>	OTHER (Specify)					

**SECTION III - AGREEMENT OF APPLICANT**

IN CONSIDERATION OF PARTIAL PAYMENT THAT MAY BE MADE, THE APPLICANT AGREES AS FOLLOWS:

- (a) **Repayment of Excess.** If any partial payment made to the Contractor is in excess of the amount finally determined to be due on its termination settlement proposal or claim, the Contractor shall repay the excess to the Government upon demand together with interest at the rate established by the Secretary of the Treasury under 50 U.S.C. (App.) 1215(b)(2). Interest shall be computed for the period from the date of the excess payment to the date the excess is repaid. Interest shall not be charged, however, for any (1) excess payment due to a reduction in the Contractor's proposal or claim because of retention or other disposition of termination inventory, until 10 days after the date of the retention or disposition, or any later date determined by the Contracting Officer because of the circumstances, or for (2) overpayment under cost-reimbursement research and development contracts (without profit or fee to the Contractor) if the overpayments are repaid to the Government within 30 days after demand.
- (b) **Prompt Settlement of Obligations.** The applicant will make every effort to expedite final settlement of the termination settlement proposal and any proposals of its subcontractors.
- (c) **Disposal and Retention of Inventory.** The applicant shall, within 10 days, notify the Contracting Officer whenever the proceeds received from the disposal of termination inventory, when added to the cost or agreed value of inventory retained by the applicant, exceeds the amount of its charges (Section II, Line 9) and the amount of such credits has not been included on Section II, Line b (Disposal and Other Credits).

**SECTION IV - CERTIFICATE OF APPLICANT**

I certify that the amount of charges (exclusive of subcontractors' charges) due as of the date of this application and allocable to the terminated portion of contract number \_\_\_\_\_ dated \_\_\_\_\_ with \_\_\_\_\_, is not less than \$ \_\_\_\_\_; that, to the best of my knowledge, the amounts received are as set forth above; and that I have not assigned any moneys payable under this contract, except as set forth above.

NAME OF APPLICANT	BY (Signature of authorized official)	
	TITLE	DATE

**SECTION V - RECOMMENDATION OF FIRST REVIEWING CONTRACTOR**

The undersigned states that it has examined this application and has considered the applicant's general reputation. It has no reason to doubt the accuracy of the information contained in this application or that the amount certified by the applicant as due will constitute a proper charge to be included in the undersigned's termination settlement proposal against \_\_\_\_\_.  
It recommends that the requested partial payment be made.

The undersigned agrees that it will promptly pay over to the applicant or credit against amounts owing from the applicant any amount received for the benefit of the applicant under this application, and that it will repay to the Government on demand any amount not so paid or credited.

NAME OF CONTRACTOR	BY (Signature of authorized official)	
	TITLE	DATE

**SECTION VI - RECOMMENDATIONS OF OTHER REVIEWING CONTRACTORS**

Each of the undersigned states that it has no reason to doubt that the amount of the partial payment requested, and recommended above is due the applicant and will constitute a proper charge in the termination settlement proposal of the undersigned.

Each of the undersigned agrees that it will promptly pay over to its immediate subcontractor or credit against amounts owing from such subcontractor any amount received for the benefit of the applicant under this application, and that it will repay to the Government on demand any amount not so paid or credited.

CONTRACTOR	DATE	IDENTIFICATION OF YOUR CONTRACT	SIGNATURE OF OFFICER, PARTNER, OR OWNER
1			
2			
3			

Where the space provided for any information is insufficient, continue on a separate sheet.



NRC FORMS FACSIMILE HANDBOOK

SF 1442, FACE

<b>SOLICITATION, OFFER, AND AWARD</b> <i>(Construction, Alteration, or Repair)</i>		1. SOLICITATION NO.	2. TYPE OF SOLICITATION	3. DATE ISSUED	PAGE OF PAGES
			<input type="checkbox"/> ADVERTISED (FPB) <input type="checkbox"/> NEGOTIATED (RFP)		
IMPORTANT - The "offer" section on the reverse must be fully completed by offeror.					
4. CONTRACT NO.	5. REQUISITION/PURCHASE REQUEST NO.		6. PROJECT NO.		
7. ISSUED BY		CODE	8. ADDRESS OFFER TO		
9. FOR INFORMATION CALL:		A. NAME	B. TELEPHONE NO. (Include area code) (NO COLLECT CALLS)		
SOLICITATION					
NOTE: In advertised solicitations "offer" and "offeror" mean "bid" and "bidder".					
10. THE GOVERNMENT REQUIRES PERFORMANCE OF THE WORK DESCRIBED IN THESE DOCUMENTS (File, identifying no., date):					
11. The Contractor shall begin performance within _____ calendar days and complete it within _____ calendar days after receiving <input type="checkbox"/> award, <input type="checkbox"/> notice to proceed. This performance period is <input type="checkbox"/> mandatory, <input type="checkbox"/> negotiable. (See _____.)					
12A. THE CONTRACTOR MUST FURNISH ANY REQUIRED PERFORMANCE AND PAYMENT BONDS? (If "YES," indicate within how many calendar days after award in Item 12B.)					12B. CALENDAR DAYS
<input type="checkbox"/> YES <input type="checkbox"/> NO					
13. ADDITIONAL SOLICITATION REQUIREMENTS:					
A. Sealed offers in original and _____ copies to perform the work required are due at the place specified in Item 8 by _____ (hour) local time _____ (date). If this is an advertised solicitation, offers will be publicly opened at that time. Sealed envelopes containing offers shall be marked to show the offeror's name and address, the solicitation number, and the date and time offers are due.					
B. An offer guarantee <input type="checkbox"/> is, <input type="checkbox"/> is not required.					
C. All offers are subject to the (1) work requirements, and (2) other provisions and clauses incorporated in the solicitation in full text or by reference.					
D. Offers providing less than _____ calendar days for Government acceptance after the date offers are due will be considered nonresponsive and will be rejected.					
NWH 7540-01-100-3212		1442-101		STANDARD FORM 1442 (10-83) Prescribed by GSA FAR (48 CFR) 53.236-1(a)	

FORMS MANAGEMENT DATA					
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	5/84 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)	ADM:DC	FAR (48 CFR) 53.236-1(e) 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	10-83
		STOCKING POINT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)			



NRC FORMS FACSIMILE HANDBOOK

SF 1442, REVERSE

OFFER (Must be fully completed by offeror)			
14. NAME AND ADDRESS OF OFFEROR (Include ZIP Code)		15. TELEPHONE NO. (Include area code)	
		16. REMITTANCE ADDRESS (Include only if different than Item 14)	
CODE		FACILITY CODE	
17. The offeror agrees to perform the work required at the prices specified below in strict accordance with the terms of this solicitation, if this offer is accepted by the Government within _____ calendar days after the date offers are due. (Insert any number equal to or greater than the minimum requirement stated in Item 13D. Failure to insert any number means the offeror accepts the minimum in Item 13D.)			
AMOUNTS ▶			
18. The offeror agrees (a) to carry out this offer if the Government accepts it by signing Item 31B within the time specified in Item 13D, and (b) to furnish any required performance and payment bonds.			
19. ACKNOWLEDGMENT OF AMENDMENTS			
<i>(The offeror acknowledges receipt of amendments to the solicitation — give number and date of each)</i>			
AMENDMENT NO.			
DATE			
20A. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER <i>(Type or print)</i>		20B. SIGNATURE	20C. OFFER DATE
AWARD (To be completed by Government)			
21. ITEMS ACCEPTED:			
22. AMOUNT		23. ACCOUNTING AND APPROPRIATION DATA	
24. SUBMIT INVOICES TO ADDRESS SHOWN IN <i>(4 copies unless otherwise specified)</i>		▶ ITEM	25. NEGOTIATED PURSUANT TO
			<input type="checkbox"/> 10 USC 2304(a)( ) <input type="checkbox"/> 41 USC 252(c)( )
26. ADMINISTERED BY		CODE	27. PAYMENT WILL BE MADE BY
CONTRACTING OFFICER WILL COMPLETE ITEM 28 OR 29 AS APPLICABLE			
<input type="checkbox"/> 28. NEGOTIATED AGREEMENT (Contractor is required to sign this document and return _____ copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all work, requisitions identified on this form and any continuation sheets for the consideration stated in this contract. The rights and obligations of the parties to this contract shall be governed by (a) this contract award, (b) the solicitation, and (c) the clauses, representations, certifications, and specifications or incorporated by reference in or attached to this contract.		<input type="checkbox"/> 29. AWARD (Contractor is not required to sign this document.) Your offer on this solicitation, is hereby accepted as to the items listed. This award consummates the contract, which consists of (a) the Government solicitation and your offer, and (b) this contract award. No further contractual document is necessary.	
30A. NAME AND TITLE OF CONTRACTOR OR PERSON AUTHORIZED TO SIGN (Type or print)		31A. NAME OF CONTRACTING OFFICER (Type or print)	
30B. SIGNATURE	30C. DATE	31B. UNITED STATES OF AMERICA	31C. AWARD DATE
		BY	

CONTRACTOR'S REQUEST FOR PROGRESS PAYMENT		Form Approved GSA Gen. Reg. 101-11.6
<b>IMPORTANT:</b> This form is to be completed in accordance with instructions on reverse.		
<b>SECTION I - IDENTIFICATION INFORMATION</b>		
1. TO: NAME AND ADDRESS OF CONTRACTING OFFICE <i>(Include ZIP Code)</i>		E. FROM: NAME AND ADDRESS OF CONTRACTOR <i>(Include ZIP Code)</i>
Paying Office		F. SMALL BUS. FIRM: <input type="checkbox"/> YES <input type="checkbox"/> NO
2. A. PRIOR ITEMS: <input type="checkbox"/> B. LIQUIDATION		3. CONTRACT PRICE
7. DATE OF INITIAL AWARD		4. PROGRESS PAYMENT REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO
8. RATES		5. CONTRACT PRICE
A. YEAR B. MONTH		\$
<b>SECTION II - STATEMENT OF COSTS UNDER THIS CONTRACT THROUGH</b> <span style="float: right;">(Date)</span>		
9. PAID COSTS ELIGIBLE UNDER PROGRESS PAYMENT CLAUSE		
10. INCURRED COSTS ELIGIBLE UNDER PROGRESS PAYMENT CLAUSE		
11. TOTAL COSTS ELIGIBLE FOR PROGRESS PAYMENTS (Item 9 plus 10)		
12. a. TOTAL COSTS INCURRED TO DATE		
b. ESTIMATED ADDITIONAL COST TO COMPLETE		
13. ITEM 11 MULTIPLIED BY ITEM 8a		
14. a. PROGRESS PAYMENTS PAID TO SUBCONTRACTORS		
b. LIQUIDATED PROGRESS PAYMENTS TO SUBCONTRACTORS		
c. UNLIQUIDATED PROGRESS PAYMENTS TO SUBCONTRACTORS (Item 14a plus 14b)		
d. SUBCONTRACT PROGRESS BILLINGS APPROVED FOR CURRENT PAYMENT		
e. ELIGIBLE SUBCONTRACTOR PROGRESS PAYMENTS (Item 14c plus 14d)		
15. TOTAL DOLLAR AMOUNT (Item 12 plus 14e)		
16. ITEM 5 MULTIPLIED BY ITEM 8b		
17. LESSER OF ITEM 15 OR ITEM 16		
18. TOTAL AMOUNT OF PREVIOUS PROGRESS PAYMENTS REQUESTED		
19. MAXIMUM BALANCE ELIGIBLE FOR PROGRESS PAYMENTS (Item 17 less 18)		
<b>SECTION III - COMPUTATION OF LIMITS FOR OUTSTANDING PROGRESS PAYMENTS</b> <i>SEE SPECIAL INSTRUCTIONS ON BACK FOR USE UNDER THE FEDERAL ACQUISITION REGULATION</i>		
20. COMPUTATION OF PROGRESS PAYMENT CLAUSE (48 CFR 53.232) or (48 CFR) LIMITATION *		
a. COSTS INCLUDED IN ITEM 11 APPLICABLE TO ITEMS DELIVERED, INVOICED, AND ACCEPTED TO THE DATE IN HEADING OF SECTION II		
b. COSTS ELIGIBLE FOR PROGRESS PAYMENTS APPLICABLE TO UNDELIVERED ITEMS AND TO DELIVERED ITEMS NOT INVOICED AND ACCEPTED (Item 11 less 20a)		
c. ITEM 20b MULTIPLIED BY ITEM 8a		
d. ELIGIBLE SUBCONTRACTOR PROGRESS PAYMENTS (Item 14e)		
e. LIMITATION (48 CFR 53.232) or (48 CFR) (Item 20c plus 14e)		
21. COMPUTATION OF PROGRESS PAYMENT CLAUSE (48 CFR 53.232) or (48 CFR) LIMITATION *		
a. CONTRACT PRICE OF ITEMS DELIVERED, ACCEPTED AND INVOICED TO DATE IN HEADING OF SECTION II		
b. CONTRACT PRICE OF ITEMS NOT DELIVERED, ACCEPTED AND INVOICED (Item 3 less 21a)		
c. ITEM 21b MULTIPLIED BY ITEM 8b		
d. UNLIQUIDATED ADVANCE PAYMENTS PLUS ACCRUED INTEREST		
e. LIMITATION (48 CFR 53.232) or (48 CFR) (Item 21c plus 21d)		
22. MAXIMUM UNLIQUIDATED PROGRESS PAYMENTS (Lesser of Item 20e or 21e)		
23. TOTAL AMOUNT APPLIED AND TO BE APPLIED TO REDUCE PROGRESS PAYMENT		
24. UNLIQUIDATED PROGRESS PAYMENTS (Item 18 less 23)		
25. MAXIMUM PERMISSIBLE PROGRESS PAYMENTS (Item 22 less 24)		
26. AMOUNT OF CURRENT INVOICE FOR PROGRESS PAYMENT (Lesser of Item 25 or 19)		
27. AMOUNT APPROVED BY CONTRACTING OFFICER		
<b>CERTIFICATION</b>		
I certify that the above statement (with attachments) has been prepared from the books and records of the above-named contractor in accordance with the contract and the instructions hereon and to the best of my knowledge and belief that it is correct, that all the costs of contract performance (except as hereinafter reported in writing) have been paid to the extent shown hereon, or where not shown as paid have been paid or will be paid currently, by the contractor, when due, in the ordinary course of business, that the work reflected above has been performed, that the quantities and amounts involved are consistent with the requirements of the contract, that there are no encumbrances recorded as reported in writing hereon, or on previous progress payment request, and that I am not aware of any property acquired or produced for and allocated or property chargeable to the contract which would affect or impair the Government's title, that there has been no major and adverse change in the financial condition of the contractor since the submission of the most recent written information dated _____ by the contractor to the Government in connection with the contract, that to the extent of any contract provision limiting progress payments pending first-advance approval, such provision has been complied with, and that after the making of the requested progress payment the unliquidated progress payments will not exceed the maximum unliquidated progress payments permitted by the contract.		
SIGNATURE AND TITLE OF CONTRACTOR REPRESENTATIVE SIGNING THIS REQUEST FOR PROGRESS PAYMENT		SIGNATURE
NAME AND TITLE OF CONTRACTING OFFICE		SIGNATURE

NEN 1540-01-1-20-5025      1-93-121      STANDARD FORM 1443 (7-82)  
Prescribed by GSA FPMR (41 CFR) 101-11.6  
FAR (48 CFR) 53.232

FORMS MANAGEMENT DATA							
CONSTRUCTION OF FORM		PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/>	SHEET, 8 1/2 x 14", h to f	ADM:DC	FAR (48 CFR) 53.232	Sheet	10-83		
<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"/> 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)						

## INSTRUCTIONS

**GENERAL** - All entries on this form must be typewritten - all dollar amounts must be shown in whole dollars, rounded up to the next whole dollar. All line item numbers not included in the instructions below are self-explanatory.

**SECTION I - IDENTIFICATION INFORMATION.** Complete Items 1 through 8c in accordance with the following instructions:

**Item 1. TO** - Enter the name and address of the cognizant Contract Administration Office. **PAYING OFFICE** - Enter the designation of the paying office, as indicated in the contract.

**Item 2. FROM - CONTRACTOR'S NAME AND ADDRESS/ ZIP CODE** - Enter the name and mailing address of the contractor. If applicable, the division of the company performing the contract should be entered immediately following the contractor's name.

**Item 3.** Enter an "X" in the appropriate block to indicate whether or not the contractor is a small business concern.

**Item 5.** Enter the total contract price, as amended. If the contract provides for escalation or price redetermination, enter the initial price until changed and not the ceiling price; if the contract is of the incentive type, enter the target or billing price, as amended until final pricing. For letter contracts, enter the maximum expenditure authorized by the contract, as amended.

**Item 6A. PROGRESS PAYMENT RATES** - Enter the 2-digit progress payment percentage rate shown in paragraph (a)(1) of the progress payment clause.

**Item 6B. LIQUIDATION RATE** - Enter the progress payment liquidation rate shown in paragraph (b) of the progress payment clause, using three digits - Example: show 80% as 800 - show 72.3% as 723.

**Item 7. DATE OF INITIAL AWARD** - Enter the last two digits of the calendar year. Use two digits to indicate the month. Example: show January 1982 as 82/01.

**Item 8A. PROGRESS PAYMENT REQUEST NO.** - Enter the number assigned to this request. All requests under a single contract must be numbered consecutively, beginning with 1. Each subsequent request under the same contract must continue in sequence, using the same series of numbers without omission.

**Item 8B.** Enter the date of the request.

**SECTION II - GENERAL INSTRUCTIONS. DATE.** In the space provided in the heading enter the date through which costs have been accumulated from inception for inclusion in this request. This date is applicable to item entries in Sections II and III.

**Cost Basis.** For all contracts with Small Business concerns, the base for progress payments is total costs incurred. For contracts with concerns other than Small Business, the progress payment base will be the total recorded paid costs, together with the incurred costs per the Computation of Amounts paragraph 2 of the progress payment clause in FPR 1-30.510-1(a) or FAR 52.232-16, as appropriate. Total costs include all expenses paid and incurred, including applicable manufacturing and production expense, general and administrative expense for performance of contract, which are reasonable, allocable to the contract, consistent with sound and generally accepted accounting principles and practices, and which are not otherwise excluded by the contract.

**Manufacturing and Production Expense, General and Administrative Expense.** In connection with the first progress payment request on a contract, attach an explanation of the method, bases and period used in determining the amount of each of these two types of expenses. If the method, bases or periods used for computing these expenses differ in subsequent requests for progress payments under this contract, attach an explanation of such changes to the progress payment request involved.

**Incurred Costs Involving Subcontractors for Contracts with Small Business Concerns.** If the incurred costs eligible for progress payments under the contract include costs shown in invoices of subcontractors, suppliers and others, that portion of the costs computed on such invoices can only include costs for: (1) completed work to which the prime contractor has acquired title; (2) materials delivered to which the prime contractor has acquired title; (3) services rendered; and (4) costs billed under cost reimbursement or time and material subcontracts for work to which the prime contractor has acquired title.

**SECTION II - SPECIFIC INSTRUCTIONS**

**Item 9. PAID COSTS ELIGIBLE UNDER PROGRESS PAYMENT CLAUSE** - Line 9 will not be used for Small Business Contracts.

For large business contracts, costs to be shown in Item 9 shall include only those recorded costs which have resulted at time of request in payment made by cash, check, or other form of actual payment for items or services purchased directly for the contract. This includes items delivered, accepted and paid for, resulting in liquidation of subcontractor progress payments.

Costs to be shown in Item 9 are not to include advance payments, downpayments, or deposits, all of which are not eligible for reimbursement, or progress payments made to subcontractors, suppliers or others, which are to be included in Item 14. See "Cost Basis" above.

**Item 10. INCURRED COSTS ELIGIBLE UNDER PROGRESS PAYMENT CLAUSE** - For all Small Business Contracts, Item 10 will show total costs incurred for the contract.

Costs to be shown in Item 10 are not to include advance payments, downpayments, deposits, or progress payments made to subcontractors, suppliers or others.

For large business contracts, costs to be shown in Item 10 shall include all costs incurred (see "Cost Basis" above) for materials which have been issued from the stores inventory and placed into production process for use on the contract; for direct labor; for other direct in-house costs; and for properly allocated and allowable indirect costs as set forth under "Cost Basis" above.

**Item 12a.** Enter the total contract costs incurred to date; if the actual amount is not known, enter the best possible estimate. If an estimate is used, enter (E) after the amount.

**Item 12b.** Enter the estimated cost to complete the contract. The estimate may be the last estimate made, adjusted for costs incurred since the last estimate; however, estimates shall be made not less frequently than every six months.

**Items 14a through 14c.** Include only progress payments on subcontracts which conform to progress payment provisions of the prime contract.

**Item 14c.** Enter only progress payments actually paid.

**Item 14b.** Enter total progress payments recouped from subcontractors.

**Item 14d.** For Small Business prime contracts, include the amount of unpaid subcontract progress payment billings which have been approved by the contractor for the current payment in the ordinary course of business. For other contracts, enter "0" amount.

**SECTION III - SPECIFIC INSTRUCTIONS.** This Section must be completed only if the contractor has received advance payments against this contract, or if items have been delivered, invoiced and accepted as of the date indicated in the heading of Section II above. EXCEPTION: Item 27 must be filled in by the Contracting Officer.

**Item 20a.** Of the costs reported in Item 11, compute and enter only costs which are properly allocable to items delivered, invoiced and accepted to the applicable date. In order of preference, these costs are to be computed on the basis of one of the following: (a) The actual unit cost of items delivered, giving proper consideration to the deferment of the starting load costs or; (b) projected unit costs (based on experienced costs plus the estimated cost to complete the contract), where the contractor maintains cost data which will clearly establish the reliability of such estimates.

**Item 20d.** Enter amount from 14c.

**Item 21a.** Enter the total billing price, as adjusted, of items delivered, accepted and invoiced to the applicable date.

**Item 23.** Enter total progress payments liquidated and those to be liquidated from billings submitted but not yet paid.

**Item 25.** Self-explanatory. (NOTE: If the entry in this item is a negative amount, there has been an overpayment which requires adjustment.)

**Item 26.** Self-explanatory. (If a lesser amount is requested, enter the lesser amount.)

**SPECIAL INSTRUCTIONS FOR USE UNDER FEDERAL ACQUISITION REGULATION (FAR).**

**Items 20 and 20c.** Delete the references to a(3)(i) of the progress payment clause.

**Items 21 and 21c.** Delete the references to a(3)(ii) of the progress payment clause.



LAST NAME 1. _____ 2. _____ 3. _____ 4. _____  RECORDS EACH NAME CHANGE - STRIKE OUT PREVIOUS NAME	FIRST NAME _____ MIDDLE NAME _____ SOC. SEC. NO. _____ DO NOT USE	DATE OF BIRTH MO. DAY YR. _____ DO NOT USE	AGENCY _____ PATROLL OFFICE _____ LOCATION _____ PATROLL OFFICE NO. _____	FISCAL RECORD								
SERVICE HISTORY				EFFECTIVE DATE (1) _____	ACTION (2) _____	BASE PAY (3) _____	DO NOT USE	REMARKS (4) _____	YEAR (5) _____	CALENDAR YEAR SALARY DEDUCTIONS (6) _____	ACCUMULATIVE TOTAL SALARY DEDUCTIONS (7) _____	REMARKS (8) _____

U.S. OFFICE OF PERSONNEL MANAGEMENT  
7-73; SUPPLEMENT 831-1

INDIVIDUAL RETIREMENT RECORD  
(CIVIL SERVICE RETIREMENT SYSTEM)

Standard Form 2806 Previous editions obsolete  
Rev. 7-80 7806-106 FPM 7960-00 424-4725

FORMS MANAGEMENT DATA				6/84	
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 10 1/2", h to f <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	FPM Supplement 831-1 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)		Card	2-80





STANDARD FORM NO. 2807 July 1980 FPM SUPPLEMENT 831-1 2807-104		<b>Register of Separations and Transfers</b> Civil Service Retirement System		NSN 7540-00-834-4257 Previous Editions Not Usable
Agency		Date		Page No.
Bureau or Reporting Unit		Location		Payroll Office No.*
NAME AND DATE OF BIRTH (1)	CURRENT YEAR RETIREMENT DEDUCTIONS (for agency use only) (2)	TOTAL RETIREMENT DEDUCTIONS TO CREDIT OF EMPLOYEES (3)	DATE OF SEPARATION AND REMARKS, IF ANY (4)	
	\$	\$		
Page Totals				
Totals Brought Forward from Page.....				
Accumulated Totals to Date				
<p><b>INSTRUCTIONS:</b> One copy of this register must accompany 2806's transmitted to the Office of Personnel Management and one copy sent to agency retirement officer by bureau or reporting unit.</p> <p>*Give payroll office number of SUBMITTING office.</p>				

FORMS MANAGEMENT DATA				6/84	
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:A	FPM Supplement 831-1 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	7-80

ANNUAL SUMMARY RETIREMENT FUND TRANSACTIONS CIVIL SERVICE RETIREMENT SYSTEM			Intragency Control Number 1081-OPM-AN
Standard Form 2807-2 Revised December 1982 U.S. Office of Personnel Management FPM Supplement 831-1 2807-208			
Agency Name	Agency Number	Bureau or Reporting Unit and Location (City, State, and ZIP Code)	
Submission Date (Month, Day, Year)	Calendar Year Ended	Individual Completing Report and Telephone Number (Including Area Code)	
	December 31, 19		
			TOTAL DEDUCTIONS TO EMPLOYEE'S CREDIT
1. Total of individual retirement account balances December 31, 19 <i>(Source—Closing balance of previous year's report) (Should agree with opening balance in General Ledger Reciprocal Control Account)</i>			\$ _____
2. Adjustment of prior year reports (plus or minus) <i>(Source—Register of Adjustments—Standard Form 2807-1)</i>			_____
3. Adjusted total			_____
4. Prior balances to credit of employees appointed during period (4A plus 4B) <i>(Source—Copies of Register of Separations and Transfers received from other units—Standard form 2807) (Include only the balances on Standard Forms 2806 actually received)</i>			_____
A. Intra-agency transfers in			\$ _____
B. Other			_____
5. Total (3 plus 4)			_____
6. Current year payroll deductions <i>(Source—Control Account—Retirement Deductions—Current Calendar Year) (Reconciliation: See FPM Supplement 831-1, S25-2)</i>			_____
7. Current Year Civilian Service Credit Deposits and Redeposits <i>(Source—Control Account—Current Year Civilian Service Credit Deposits and Redeposits) (Reconciliation: See FPM Supplement 831-1, S25-2)</i>			_____
8. Current Year Military Service Credit Deposits <i>(Source—Control Account—Current Year Military Service Credit Deposits) (Reconciliation: See FPM Supplement 831-1, S25-2)</i>			_____
9. Total (5 plus 6 plus 7 plus 8)			_____
10. Balances to credit of separated employees (10A plus 10B) <i>(Source—Register of Separations and Transfers—Standard Form 2807)</i>			_____
A. Intra-agency transfers out			\$ _____
C. Other			_____
11. Total of individual retirement account balances at close of year, December 31, 19 (9 minus 10) <i>(Should agree with closing balance in General Ledger Reciprocal Control Account)</i>			_____
12. Number of employees' accounts included in line 11			_____
<b>CERTIFICATION</b>			
I certify that the above summary is a true reflection of all retirement transactions of this _____ unit/agency.			
I also certify that the total of individual retirement accounts has been determined and agrees with item 11 above.			
Signature of Authorizing Official		Title	Date Signed (Month, Day, Year)
Previous edition not usable NRC 7540-00-834-4253			

FORMS MANAGEMENT DATA				6/84		
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE	
<input checked="" type="checkbox"/> SHEET	RM:A	FPM Supplement 831-1		Sheet	12-82	
<input type="checkbox"/> CARD		STATUS OF EXISTING STOCK				
PD/____ (Pad/Sheet per Pad)		<input type="checkbox"/> USE FIRST				OTHER
US/____ (Unit Sets/Number of Parts)		DESTROY:				
MP/____ (Multipage/Number of Parts)		<input type="checkbox"/> IMMEDIATELY				(SPECIFY)
LABEL		<input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE				
PC (Postal Card)		STOCKING POINT				
TC (Tab Card)		<input type="checkbox"/> WAREHOUSE				<input type="checkbox"/> SUPPLY ROOMS
TP/____ (Tab Paper/Number of Parts)		<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				
ENVL						
OTHER (Specify)						

**HEALTH BENEFITS REGISTRATION FORM**  
**FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM**  
 (Read Instructions on Back of Page 4)

TIME LIMIT FOR ENROLLMENT—  
 31 days or time limit shown  
 on back of page 2

New Carrier's Control No.  
**35945809**  
 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.

<b>PART A</b> 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)  (City) (State) (Zip Code)	5. Social Security Number	6. Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2

**IMPORTANT—** It is illegal for an employee or a family member to be covered under more than one FEHB 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 cancelled or change 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.

<b>PART B</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 benefits 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 of page of brochure of the plan you select.)	Option (High or Low)	Enrollment Code
	2. In space below list all eligible family members without exception. List your spouse first, then your unmarried dependent children under age 22, including (a) legally adopted children and recognized natural children and (b) stepchildren, and foster 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.) <b>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.</b>		
Names of Family Members		Date of Birth (Month, Day, Year)	Date of Birth (Month, Day, Year)
Spouse		1	5
		2	6
		3	7
		4	8

<b>PART C</b> Fill in this part if you wish NOT to enroll or if you wish to cancel your enrollment.	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.

<b>PART D</b> 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

<b>PART E</b> All who register must fill in this part.	Your Signature (Do not print)	Date	<b>WARNING—</b> 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.)
	Signature of Authorized Agency Official		

<b>PART F</b> 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
	4. Payroll Office No.		5. SF 2811 Report No.

**REMARKS**  
For use only by agency.

Standard Form 2809 Rev. 5-83 Office of Personnel Management FPM Supplement 890-1

FORMS MANAGEMENT DATA				6/84	
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE
SHEET	ADM:O&P	FPM Supplement 890-1	W7540-00-NRC-2809X	HD	5-83
CARG					
PD/____ (Pad/Sheet per Pad)					
<input checked="" type="checkbox"/> US4____ (Unit Sets/Number of Parts), Reverse					
MP/____ (Multipage/Number of Parts) printing					
LABEL on Parts 2 & 4					
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)			
<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)					

**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
	Event		From Not Enrolled to Enrolled	From Self Only to Family	From One Plan or Option to Another	
1	Open season.	Employees Annuitants	Yes No	Yes Yes	Yes Yes	As announced by the Office of Personnel Management.
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 plan 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 or the Uniformed Services/Health Benefits Program, loses such coverage for any reason.		Yes	Does not apply	Does not apply	Within 60 days after the effective date of 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 in 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 age 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 31 days before 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 (children'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.	
18	Enrolled employee's employment status changes from full-time to "part-time career employment" as defined in the Federal Employees Part-Time Career Act of 1978.		No	No	Yes	Within 31 days after the change in employment status.

**EFFECTIVE DATES**

Enrollments and changes in enrollment (except cancellations and open season changes) become effective on the first day of the first day 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 BRI 41-331, FEHB Enrollment Information and Plan Comparison Chart. 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 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 FEHB 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 age 22 or over 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.

#### Annuitants

1. If you are an annuitant under the Civil Service Retirement System, the Civil Service Retirement System, 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."

#### If You Are Receiving Workers' Compensation

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. The plan in which you enroll may ask you to supply it with this information. You should 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 and employees 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 BRI 41-331. If you do not have a copy of BRI 41-331, 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.**



Standard Form No. 2811 Office of Personnel Management FPM Supplement 890-1 August 1979 Previous edition usable until 1-1-80	<b>TRANSMITTAL AND SUMMARY REPORT TO CARRIER</b> FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM	2811-105			
TO (carrier's name and address including zip code)		Payroll office no.			
Carrier Code		Report no.			
		Date of report			
NOTE: Include number of all SF 2809 and SF 2810 forms transmitted in Part A. Include <i>only changes</i> to the number of enrollees in Part B. Do not include in Part B name changes, duplicate copies, etc., which do not increase or decrease the number of enrollees. Be sure to double check addition and subtraction in Part B.					
<b>A. TRANSMITTAL</b>					
Standard Form No. 2809 Health Benefits Registration Form Number of forms attached	Standard Form No. 2810 Notice Of Change in Enrollment Status Number of forms attached				
<b>B. SUMMARY REPORT OF NUMBER OF ENROLLEES</b>					
DESCRIPTION	LAST DIGIT OF ENROLLMENT CODE NUMBER				TOTAL
	1	2	4	5	
ENROLLEES FROM LAST REPORT					
ADD:					
New enrollees (SF 2809)					
Changes in code (SF 2809)					
Transfer in (SF 2810)					
Other (see Remarks)					
DEDUCT:					
Cancellations (SF 2809)					
Changes in code (SF 2809)					
Terminations (SF 2810)					
Changes in plan (SF 2810)					
Transfer out (SF 2810)					
Other (see Remarks)					
TOTAL ENROLLEES					
<b>C. CERTIFICATIONS</b>					
FBOA (payroll office name and address including zip code)		AGENCY	CARRIER		
		I certify that documents transmitted herewith will reflect the payroll records to the total enrollees.	I certify that documents were received and changes were processed.		
Telephone number (including area code)		Authorized official	Date		
Remarks (use reverse side if necessary)					

FORMS MANAGEMENT DATA				6/84	
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:O&P	FPM Supplement 890-1 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	8-79

NRC FORMS FACSIMILE HANDBOOK

SF 2812

Interagency Report  
No. 1064-OPM-AR

### JOURNAL VOUCHER AND REPORT OF WITHHOLDINGS AND CONTRIBUTIONS FOR HEALTH BENEFITS, GROUP LIFE INSURANCE AND CIVIL SERVICE RETIREMENT

Address (Including Department, Bureau, Location and ZIP Code)		CHARGE AND CREDIT WILL BE REPORTED ON STATEMENT OF TRANSACTIONS FOR ACCOUNTING PERIOD ENDING	Payroll Office Number	Report Number			
Telephone Number (Including Area Code)			Voucher Number	Date Payroll Paid			
TO			Pay Period From	To			
OFFICE OF PERSONNEL MANAGEMENT ATTN: FUNDS CONTROL SECTION POST OFFICE BOX 582 WASHINGTON DC 20044		APPROPRIATION OR FUND SYMBOL(S)					
		CHARGED		AMOUNT			
		CREDIT TO OPM RECEIPT ACCOUNT 24XB135 B \$					
I certify that the items listed herein are correct and the amount is available to be credited to the OPM receipt account.		COMPLETE ONLY IF PAID BY A CHECK		Paid by Check Number			
Signature of Authorized Administrative or Certifying Officer and Date Signed				Check Date			
SUMMARY		NUMBER ENROLLED <sup>1</sup>		SUMMARY		NUMBER ENROLLED <sup>1</sup>	
		From Whom Deductions Were Made				From Whom Deductions Were Made	
		From Whom No Deductions Were Made				From Whom No Deductions Were Made	
AMOUNT				AMOUNT			
BASIC LIFE INSURANCE				POST-RETIREMENT BASIC LIFE WITHHOLDINGS			
Withholdings				Total \$			
Contributions				HEALTH BENEFITS			
Total \$				Withholdings			
ADDITIONAL LIFE INSURANCE WITHHOLDINGS—OPTION B				Contributions			
To Age 35 (9M1)				Additional Contributions			
35 to 39 (9M2)				Total \$			
40 to 44 (9M3)				CIVIL SERVICE RETIREMENT			
45 to 49 (9M4)				7% Withholdings			
50 to 54 (9M5)				Contributions			
55 to 59 (9M6)				9% Withholdings <sup>2</sup>			
60 UP (9M7)				Contributions <sup>2</sup>			
Total \$				Salary Offset Reemployed			
STANDARD LIFE INSURANCE WITHHOLDINGS—OPTION A				Military Deposit			
Total \$				Civilian Service Credit			
FAMILY LIFE INSURANCE WITHHOLDINGS—OPTION C				Total \$			
Total \$				GRAND TOTAL \$		Number of Employees on Payroll	

<sup>1</sup>Withholdings by age group and number of enrollees are required on report for last payroll paid in September and March.  
<sup>2</sup>Use when withholdings and contributions are other than 7%.

PREVIOUS EDITIONS NOT USABLE

Standard Form 2812 (Rev. 1-80)  
Office of Personnel Management  
FPM Supplements 831-1, 870-1, 890-1

FORMS MANAGEMENT DATA				6/84					
CONSTRUCTION OF FORM	PROMULGATING OFFICE	PRESCRIBING DIRECTIVE	STOCK NUMBER	UNIT OF ISSUE	EDITION DATE				
<input checked="" type="checkbox"/> SHEET	ADM:0&P	FPM Supplement 231-1		Sheet	1-83				
<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 DESTROY: <table style="display: inline-table; border: none; margin-left: 20px;"> <tr> <td style="border: none;"><input type="checkbox"/> IMMEDIATELY</td> <td style="border: none; padding-left: 20px;">OTHER (SPECIFY)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE</td> <td></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 <input type="checkbox"/> SUPPLY ROOMS									
<input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)									

# NRC FORMS FACSIMILE HANDBOOK

DEPARTMENT OF THE TREASURY — FISCAL SERVICE  
BUREAU OF GOVERNMENT FINANCIAL OPERATIONS

## AGENCY RECERTIFICATION FOLLOW-UP

DATE \_\_\_\_\_

TFS FORM 3864

### PART A: STOP REQUEST INFORMATION (type)

CHECK SYMBOL NO.	CHECK SERIAL NO.
CHECK DATE	CHECK AMOUNT
STOP REASON CODE	DAS DATE
STATUS CODE	
PAYEE NAME	
AGENCY/PAYEE ID NO.	
AGENCY LOCATION CODE (ALC)	
AGENCY REFERENCE NO.	

### PART B: AGENCY REASON FOR FOLLOW-UP

1.  "Duplicate Stop" message received from second stop; furnish status of first stop request.
2.  Status of EXCEPTION processing requested.
3.  Items to be provided based on status code message have not been received.
4.  Claims Document received: a.  without photocopy of paid check. b.  without Claim Form (when applicable).  
c.  with WRONG check photocopy.
5.  Claims Document indicating overpayment received: a.  without check photocopy(s). b.  without Claim Form.  
c.  with WRONG check photocopy(s).
6.  Completed Claim Form submitted \_\_\_\_\_ (date); Claims Disposition Notice not received.
7.  Final Claims Disposition Notice not received. Copy of previous Claims Disposition Notice attached.
8.  Cancellation credit for outstanding check not received.
9.  Reclamation credit not received; Claims Disposition Notice dated \_\_\_\_\_ (date).
10.  No response to previous Follow-up, copy attached.
11.  OTHER:

### PART C: DCC RESPONSE TO AGENCY

1.  Stop entered on \_\_\_\_\_ (date); status code is \_\_\_\_\_.
2.  EXCEPTION status is \_\_\_\_\_.
3.  Requested information: a.  was sent on \_\_\_\_\_ (date). b.  is attached.
4.  Completed Claim Form: a.  received and being processed.  
b.  not received; check photocopy(s) and Claim Form attached.
5.  Final Claims Disposition Notice not yet available; claim still being processed.
6.  Account credited on \_\_\_\_\_ (date) by SF 1081/215 No. \_\_\_\_\_ (number).
7.  Follow-up submitted too soon.
8.  Receipt of Agency Follow-up acknowledged; response will follow.
9.  OTHER:

U. S. TREASURY  
DIVISION OF CHECK CLAIMS  
401 14th St., S. W.  
WASHINGTON, D. C. 20227

AGENCY: DCC MAILING ADDRESS

DIRECTOR, DIVISION OF CHECK CLAIMS

By \_\_\_\_\_

Date \_\_\_\_\_

TFS FORM 3864—AGENCY RECERTIFICATION FOLLOW-UP

### FORMS MANAGEMENT DATA

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 DESTROY: <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> WHEN NEW STOCK IS AVAILABLE  OTHER (SPECIFY)		6/84 US/3	5-84
CARD					
PD/ _____ (Pad/Sheet per Pad)					
US/ <u>3</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)	STOCKING POINT <input checked="" type="checkbox"/> WAREHOUSE <input type="checkbox"/> SUPPLY ROOMS <input checked="" type="checkbox"/> PROMULGATING OFFICE (ONLY)				