

Docket Nos. 50-334  
50-412

SEP 17 1992

Mr. J. D. Sieber  
Vice President  
Nuclear Group  
Duquesne Light Company  
P. O. Box 4  
Shippingport, Pennsylvania 15077

Gentlemen:

SUBJECT: REVISED NRC FORMS 396 AND 398

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

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

All applications for licenses are to be submitted on these revised forms as soon as possible but no later than November 1, 1992.

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

If you have any questions regarding these forms, please contact Richard J. Conte at (215) 337-5210 or Glenn W. Meyer at (215) 337-5211.

Sincerely,

Original Signed By:

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

Enclosures: As stated

cc w/enclosures:  
T. W. Burns, Director, Nuclear Training

9209220016 920917  
PDR ADOCK 05000334  
P PDR

1E 51  
1/1

Beaver Valley Power Station

cc w/o enclosures:

G. Thomas, General Manager, Corporate Nuclear Services  
N. Tonet, Manager, Nuclear Safety  
T. Noonan, General Manager, Nuclear Operations  
K. Grada, Manager, Quality Service Unit  
H. Caldwell, General Superintendent, Nuclear Operations  
NRC Resident Inspector  
Public Document Room (w/encl)  
Local Public Document Room (w/encl)  
Nuclear Safety Information Center (w/encl)  
Commonwealth of Pennsylvania

bcc: w/enclosures:

OL Facility File

RI:DRS  
Curley  
VU  
09/12/92

RI:DRS  
Bettenhausen  
JRS  
09/16/92

Official Record Copy

(6-82)  
10 CFR 55.23, 55.25,  
55.27, 55.31, 55.33  
65.57

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 15 MINUTES. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNRB 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

## CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

NAME OF APPLICANT

FACILITY

FACILITY DOCKET NUMBER

### A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY  AT THE ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSEE HAS BEEN EXAMINED BY A PHYSICIAN

PRINTED NAME (of physician)

STATE AND LICENSE NUMBER

EXAMINATION DATE

BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE SUCH THAT THE APPLICANT WOULD NOT BE EXPECTED TO CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983, OR ANSI/ANS 15.4-1985 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC. IF THE GUIDANCE IN THE APPROPRIATE ANSI/ANS DOCUMENT IS NOT COMPLIED WITH, AN ACCEPTABLE ALTERNATIVE METHOD, WHICH HAS BEEN APPROVED BY NRC, WAS USED.

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

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

PROPOSED WORDING OF RESTRICTION (Block 4 above)

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

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

### B. NONMEDICAL CERTIFICATION

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

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

PRINTED NAME AND TITLE (Senior Management Representative on Site)

SIGNATURE

DATE

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

REGIONAL ADMINISTRATOR, REGION I  
U.S. NUCLEAR REGULATORY COMMISSION  
475 ALLENDALE ROAD  
KING OF PRUSSIA PA 19406-1415

REGIONAL ADMINISTRATOR, REGION II  
U.S. NUCLEAR REGULATORY COMMISSION  
101 MARIETTA STREET NW, SUITE 2900  
ATLANTA, GA 30323

REGIONAL ADMINISTRATOR, REGION III  
U.S. NUCLEAR REGULATORY COMMISSION  
799 ROOSEVELT ROAD  
GLEN ELLYN, IL 60137

REGIONAL ADMINISTRATOR, REGION IV  
U.S. NUCLEAR REGULATORY COMMISSION  
811 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON TX 76011-8064

REGIONAL ADMINISTRATOR, REGION V  
U.S. NUCLEAR REGULATORY COMMISSION  
1450 MARIA LANE  
WALNUT CREEK, CA 94596-5368

OPERATOR LICENSING BRANCH  
DIVISION OF LICENSEE PERFORMANCE  
AND QUALITY EVALUATION  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

### PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(2), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC-16 and described at 55 Federal Register 32978 (August 20, 1990), or the most recent Federal Register publication of the Nuclear Regulatory Commission's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, Gelman Building, Lower Level, 2120 L Street NW, Washington, D.C.

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

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. The information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USE(S): The information may be disclosed to an appropriate Federal, State and local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility, operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS:

Chief, Operator Licensing Branch  
Office of Nuclear Reactor Regulation  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555-0001

INSTRUCTIONS FOR COMPLETING NRC FORM 398, PERSONAL QUALIFICATION STATEMENT--LICENSEE  
TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

4. TYPE OF APPLICATION

- a. **NEW** - "X" IF YOU ARE A NEW APPLICANT. COMPLETE EACH CATEGORY OF THE FORM COMPLETELY, FOLLOWING THE INSTRUCTIONS BELOW. THIS IS TO INCLUDE ALL EDUCATION, TRAINING AND EXPERIENCE THAT YOU HAVE RECEIVED UP TO THE DATE OF THIS APPLICATION. NOTE: SEE ITEM 12 - THERE IS AN EXCEPTION. ALSO, THIS BLOCK IS TO BE MARKED IF PREVIOUS NEW APPLICATION WAS WITHDRAWN. PLEASE WRITE "WITHDREW" NEXT TO "NEW."

FOR 4.b THROUGH 4.e, COMPLETE EACH CATEGORY COMPLETELY, BUT INDICATE ONLY THE EDUCATION, TRAINING, AND EXPERIENCE YOU HAVE RECEIVED SINCE YOUR LAST APPLICATION. NOTE: SEE ITEM 12 - THERE IS AN EXCEPTION.

- b. **RENEWAL** - "X" IF YOU ARE RENEWING CURRENT LICENSE.
- c. **UPGRADE** - "X" IF YOU HOLD A RO LICENSE AND ARE NOW APPLYING TO UPGRADE YOUR LICENSE TO A SRO.
- d. **MULTI-UNIT** - "X" IF YOU CURRENTLY HOLD A LICENSE AT YOUR FACILITY AND ARE APPLYING TO AMEND YOUR CURRENT LICENSE TO ADD AN ADDITIONAL UNIT.
- e. **REAPPLICATION** - "X" IF YOU HAVE PREVIOUSLY BEEN DENIED A LICENSE AND ARE REAPPLYING.
- f. **WAIVER REQUESTED** - "X" THE APPLICABLE WAIVER REQUESTED AND JUSTIFY IN COMMENTS SECTION (ITEM 17).
- g. **DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (GFES)** - THIS IS NOT APPLICABLE TO RESEARCH REACTORS OR LICENSES LIMITED TO FUJL HANDLING. ENTER THE MONTH AND YEAR THE GENERIC FUNDAMENTALS EXAMINATION SECTION OF THE WRITTEN EXAMINATION WAS PASSED. IF THE GFES WAS NOT TAKEN, YOU MUST HAVE PASSED AN NRC LICENSING EXAMINATION ON THE APPLICABLE REACTOR TYPE (PWR OR BWR) AFTER FEBRUARY 1, 1982, WHICH LED TO THE ISSUANCE OF A LICENSE. THIS DOES NOT INCLUDE INSTRUCTOR CERTIFICATION EXAMINATIONS OR REQUALIFICATION EXAMINATIONS.
11. **EDUCATION** - INDICATE BOTH ACADEMIC AND VOCATIONAL/TECHNICAL POST HIGH SCHOOL EDUCATION. FOR MAJOR AREA(S) OF STUDY, INDICATE THE NUMBER OF YEARS SPENT IN EACH COLLEGE CURRICULUM AND THE HIGHEST DEGREE RECEIVED, USING THE DEGREE CODE PROVIDED. FOR VOCATIONAL/TECHNICAL EDUCATION, INCLUDING PROGRAMS SUCH AS NUCLEAR POWER SCHOOL, MILITARY TRAINING, AIR CONDITIONING/REFRIGERATION, DIESEL MECHANIC SCHOOL, ETC. INDICATE THE NUMBER OF MONTHS IN EACH PROGRAM AND WHETHER A CERTIFICATE OR DEGREE WAS AWARDED. IF ADDITIONAL SPACE IS NEEDED, CONTINUE UNDER **COMMENTS** (ITEM 17).
12. **FACILITY OPERATOR TRAINING PROGRAM** - CHECK THE APPROPRIATE BOX IN ITEMS 12.a AND 12.b. IF "YES" IS CHECKED IN BOTH ITEMS 12.a AND 12.b, THEN ITEMS 13 (TRAINING), 14 (EXPERIENCE), AND 15 (EXPERIENCE DETAILS) **DO NOT** HAVE TO BE DOCUMENTED, WITH THE EXCEPTION OF BLOCK 13.3.c. NEW APPLICATIONS MUST STILL INCLUDE THE NUMBER OF SIGNIFICANT CONTROL MANIPULATIONS WHICH AFFECT REACTIVITY OR POWER LEVEL UNDER ITEM 13.3.c. **NOTE:** INPO ACCREDITED MEANS ACCREDITATION BY THE NATIONAL NUCLEAR ACCREDITING BOARD AND THAT THE MINIMUM REQUIREMENTS OF REGULATORY GUIDE 1.8, REV. 2, ARE MET.
13. **TRAINING** - INDICATE THE TRAINING YOU HAVE RECEIVED TO MEET THE GUIDELINES OF ANSI N18.1/ANS 3.1, AS ENDORSED BY REGULATORY GUIDE 1.8, REV. 2. THE BREAKDOWN OF TRAINING IN THIS CATEGORY PARALLELS THE ANSI/ANS STANDARDS. REFER TO THE STANDARDS IF YOU NEED FURTHER CLARIFICATION. INCLUDE BOTH BEGINNING AND COMPLETION DATES AND THE TOTAL NUMBER OF WEEKS SPENT IN EACH TYPE OF TRAINING. THE NUMBER OF WEEKS IS PROVIDED IN ADDITION TO BEGINNING AND COMPLETION DATES, TO ACCOUNT FOR INTERMITTENT TRAINING (FOR EXAMPLE, 4 WEEKS OF CLASSROOM TRAINING SPREAD OVER A 2-MONTH PERIOD). THEREFORE, THE DATE COLUMNS MAY INDICATE A LARGER TIME SPAN THAN THE ACTUAL NUMBER OF WEEKS SPENT IN FULL-TIME TRAINING. **TIME IN TRAINING** FOR THE LICENSE APPLIED FOR **CANNOT BE DOUBLE COUNTED UNDER EXPERIENCE** (ITEM 14).
- ALL REQUALIFICATION TRAINING TIME IS TO BE ACCOUNTED FOR IN THE REQUALIFICATION ITEM 13.6. PLEASE **DO NOT** "DOUBLE LIST" THE TIME SPENT IN REQUALIFICATION TRAINING FOR CLASSROOM OR SIMULATOR TIME UNDER ITEMS 13.1, 13.2, OR 13.3.
14. **EXPERIENCE** - A MINIMUM OF 6 MONTHS AT THE SITE FOR WHICH THE LICENSE IS SOUGHT IS REQUIRED. FOR EACH POSITION HELD, COMPLETE ITEM 15. **DO NOT DOUBLE COUNT TIME.** IF YOU HAD OVERLAPPING DUTIES, THE MONTHS SHOULD REFLECT THE PROPORTIONATE AMOUNT OF TIME YOU WERE ASSIGNED TO THOSE PARTICULAR DUTIES. IN NO CASE SHOULD THE NUMBER OF MONTHS REPORTED FOR A PARTICULAR TIME PERIOD EXCEED THE NUMBER OF MONTHS THAT ARE IN THAT TIME PERIOD.
15. **EXPERIENCE DETAILS** - INCLUDE POSITION TITLE, TIME PERIOD--FROM/TO, FACILITY, AND A BRIEF DESCRIPTION OF DUTIES PERFORMED WHILE SERVING IN THAT POSITION. IF MORE SPACE IS NEEDED, USE **COMMENTS** (ITEM 17), OR IF NECESSARY, ATTACH ADDITIONAL INFORMATION.
16. **FOR RENEWALS ONLY** - (1) ENTER THE APPROXIMATE NUMBER OF HOURS SINCE PREVIOUS RENEWAL OR ISSUANCE OF LICENSE IF FIRST RENEWAL. (2) ENTER DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION.
17. **COMMENTS** - USE THIS SPACE TO INCLUDE ANY EXTRA INFORMATION OF CLARIFICATION FOR OTHER ITEMS ON THE APPLICATION FORM. IF THE SPACE PROVIDED IS NOT SUFFICIENT, YOU MAY ATTACH EXTRA INFORMATION WITH YOUR APPLICATION.
18. **NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE** - MUST ACCOMPANY THIS APPLICATION.
19. **SIGNATURES** - SIGN AND DATE ITEM 19.a. OBTAIN YOUR TRAINING COORDINATOR'S SIGNATURE AND THAT OF YOUR SENIOR MANAGEMENT REPRESENTATIVE ON SITE.

DETACH THESE INSTRUCTIONS AND SUBMIT THE COMPLETED NRC FORMS 398 AND 396 (ORIGINAL AND TWO COPIES EACH) TO THE APPROPRIATE REGIONAL ADMINISTRATOR. (SEE REVERSE SIDE FOR PRIVACY ACT STATEMENT AND ADDRESSES)

## PRIVACY ACT STATEMENT

Pursuant to U.S.C. 552a(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 398. This information is maintained in a System of Records designated as NRC 16 and described at 55 Federal Register 33978 (August 20, 1990), or the most recent Federal Register publication of the Nuclear Regulatory Commission's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, Gelman Building, Lower Level, 2120 L Street NW, Washington, D.C.

1. **AUTHORITY.** Section 107 AND 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201 (i)).
2. **PRINCIPAL PURPOSES.** The information will be collected and evaluated for determining licensing eligibility and to generate statistical data and reports on licensing actions.
3. **ROUTINE USES.** Information entered on this form may be used to: (a) determine if the individual meets the requirements of 10 CFR Part 55 to be issued an operator's license; (b) provide researchers with information for statistical evaluations related to selection, training, and examination of facility operators; (c) provide facility management with sufficient information to enroll the individuals in the licensed operator requalification program; (d) provide for examination and testing material and obtain results from contractors.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION.** Disclosure is voluntary. However, if the information requested is not provided, NRC will not be able to evaluate whether the application meets the requirements of 10 CFR Part 55.
5. **SYSTEMS MANAGER(S) AND ADDRESS.** Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.
6. In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: **BY MAIL ADDRESSED TO:**

REGIONAL ADMINISTRATOR, REGION I  
U. S. NUCLEAR REGULATORY COMMISSION  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406-1415

REGIONAL ADMINISTRATOR, REGION II  
U. S. NUCLEAR REGULATORY COMMISSION  
101 MARIETTA STREET NW, SUITE 2900  
ATLANTA, GA 30323

REGIONAL ADMINISTRATOR, REGION III  
U. S. NUCLEAR REGULATORY COMMISSION  
799 ROOSEVELT ROAD  
GLEN ELLYN, IL 60137

REGIONAL ADMINISTRATOR, REGION IV  
U. S. NUCLEAR REGULATORY COMMISSION  
611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TX 76011-8364

REGIONAL ADMINISTRATOR, REGION V  
U. S. NUCLEAR REGULATORY COMMISSION  
1450 MARIA LANE  
WALNUT CREEK, CA 94596-5368

OPERATOR LICENSING BRANCH  
DIVISION OF LICENSEE PERFORMANCE  
AND QUALITY EVALUATION  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001



**PERSONAL QUALIFICATION STATEMENT-LICENSEE**

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 2.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNBB 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

<b>1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)</b>  		<b>4. TYPE OF APPLICATION (Check applicable box(es))</b> <input type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION <input type="checkbox"/> 1 - FIRST <input type="checkbox"/> 2 - SECOND <input type="checkbox"/> 3 - THIRD  <input type="checkbox"/> f. WAIVER REQUESTED (Justify on Reverse) <input type="checkbox"/> 1 - WRITTEN (Category) _____ <input type="checkbox"/> 2 - OPERATING (Category) _____ <input type="checkbox"/> 3 - ELIGIBILITY _____ <input type="checkbox"/> 4 - MEDICAL _____ <input type="checkbox"/> 5 - OTHER _____ <input type="checkbox"/> 9. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) _____																																																																																																																					
<b>2. CITIZENSHIP</b> <input type="checkbox"/> a. UNITED STATES <input type="checkbox"/> b. OTHER (Specify) _____		<b>3. BIRTH DATE</b> MONTH    DAY    YEAR _____																																																																																																																					
<b>5. TYPE OF LICENSE APPLIED FOR</b> <input type="checkbox"/> a. OPERATOR <input type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED SRO (e.g. Fuel Handler)		<b>6. PREVIOUS LICENSE(S) HELD</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">a. DOCKET NUMBER</th> <th style="width:10%;">NO</th> <th style="width:10%;">SRO</th> <th style="width:30%;">b. LICENSE NUMBER</th> <th style="width:10%;">c. EXPIRATION DATE</th> <th style="width:10%;">d. FACILITY DOCKET NUMBER</th> </tr> <tr> <td>55-</td> <td></td> <td></td> <td></td> <td></td> <td>50-</td> </tr> </table>		a. DOCKET NUMBER	NO	SRO	b. LICENSE NUMBER	c. EXPIRATION DATE	d. FACILITY DOCKET NUMBER	55-					50-																																																																																																								
a. DOCKET NUMBER	NO	SRO	b. LICENSE NUMBER	c. EXPIRATION DATE	d. FACILITY DOCKET NUMBER																																																																																																																		
55-					50-																																																																																																																		
<b>7. NAME AND ADDRESS OF APPLICANT'S EMPLOYER (include ZIP Code)</b>  		<b>10. CURRENT POSITION AT FACILITY</b> <input type="checkbox"/> a. PLANT SUPERINTENDENT <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> c. SHIFT SUPERVISOR <input type="checkbox"/> d. STAFF ENGINEER <input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> f. INSTRUCTOR <input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> h. CONTROL ROOM OPERATOR <input type="checkbox"/> i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NON LICENSED OPERATOR) <input type="checkbox"/> j. OTHER (Specify) _____																																																																																																																					
<b>8. NAME OF APPLICANT'S FACILITY</b> <b>9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licensees)</b>		<b>11. EDUCATION</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">a. HIGH SCHOOL</th> <th style="width:20%;">c. MAJOR AREA(S) OF STUDY</th> <th style="width:10%;">NUMBER OF YEARS</th> <th style="width:10%;">HIGHEST DEGREE</th> <th style="width:15%;">DEGREE CODES (To be used for "HIGHEST DEGREE" obtained)</th> <th style="width:15%;">d. VOCATIONAL/TECHNICAL TYPE OF TRAINING</th> <th style="width:10%;">NUMBER OF MONTHS</th> <th colspan="2">e. CERTIFICATE RECEIVED</th> </tr> <tr> <th>GRADUATE</th> <th>ENGINEERING (FIELD)</th> <th></th> <th>(SEE CODE)</th> <th>0 - NONE 1 - CERTIFICATE 2 - ASSOCIATE 3 - BACHELOR 4 - MASTER 5 - DOCTORAL</th> <th></th> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>GED EQUIVALENCY</td> <td>OTHER</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NO</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. NUMBER OF YEARS OF COLLEGE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		a. HIGH SCHOOL	c. MAJOR AREA(S) OF STUDY	NUMBER OF YEARS	HIGHEST DEGREE	DEGREE CODES (To be used for "HIGHEST DEGREE" obtained)	d. VOCATIONAL/TECHNICAL TYPE OF TRAINING	NUMBER OF MONTHS	e. CERTIFICATE RECEIVED		GRADUATE	ENGINEERING (FIELD)		(SEE CODE)	0 - NONE 1 - CERTIFICATE 2 - ASSOCIATE 3 - BACHELOR 4 - MASTER 5 - DOCTORAL			YES	NO	GED EQUIVALENCY	OTHER								NO									b. NUMBER OF YEARS OF COLLEGE																																																																															
a. HIGH SCHOOL	c. MAJOR AREA(S) OF STUDY	NUMBER OF YEARS	HIGHEST DEGREE	DEGREE CODES (To be used for "HIGHEST DEGREE" obtained)	d. VOCATIONAL/TECHNICAL TYPE OF TRAINING	NUMBER OF MONTHS	e. CERTIFICATE RECEIVED																																																																																																																
GRADUATE	ENGINEERING (FIELD)		(SEE CODE)	0 - NONE 1 - CERTIFICATE 2 - ASSOCIATE 3 - BACHELOR 4 - MASTER 5 - DOCTORAL			YES	NO																																																																																																															
GED EQUIVALENCY	OTHER																																																																																																																						
NO																																																																																																																							
b. NUMBER OF YEARS OF COLLEGE																																																																																																																							
<b>12. FACILITY OPERATOR TRAINING PROGRAM</b> <input type="checkbox"/> a. GRADUATE OF NRC ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING YES    NO		<input type="checkbox"/> b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM YES    NO																																																																																																																					
<b>13. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF WEEKS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>1 - NUCLEAR POWER PLANT FUNDAMENTALS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 - PLANT SYSTEMS CLASSROOM OBSERVATION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. _____ b. _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4 - SRO INSTRUCTION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (2 YEAR MINIMUM) a. TIME ON SHIFT ABOVE 20% POWER b. WEEK MINIMUM</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6 - REQUALIFICATION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7 - OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			a. MONTH AND YEAR		b. NUMBER OF WEEKS	FROM	TO	1 - NUCLEAR POWER PLANT FUNDAMENTALS				2 - PLANT SYSTEMS CLASSROOM OBSERVATION				3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. _____ b. _____				4 - SRO INSTRUCTION				5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (2 YEAR MINIMUM) a. TIME ON SHIFT ABOVE 20% POWER b. WEEK MINIMUM				6 - REQUALIFICATION				7 - OTHER (Specify)				<b>14. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF WEEKS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td colspan="4"><b>NAVY</b></td> </tr> <tr> <td>1 - RO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 - EOOW/PPWO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 - EWS/PPWS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4 - ERS/CRW</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5 - OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"><b>COMMERCIAL NUCLEAR (Including Research/Test Reactor)</b></td> </tr> <tr> <td>10 - REACTOR OPERATOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 - SENIOR OPERATOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12 - SHIFT SUPERVISOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13 - STAFF/SHIFT ENGINEER (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>14 - AUX. EQUIP. OPERATOR (Nonlicensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15 - PLANT STAFF</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16 - OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"><b>FOSSIL</b></td> </tr> <tr> <td>6 - OPERATOR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7 - SUPERVISOR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8 - PLANT STAFF</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9 - OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			a. MONTH AND YEAR		b. NUMBER OF WEEKS	FROM	TO	<b>NAVY</b>				1 - RO				2 - EOOW/PPWO				3 - EWS/PPWS				4 - ERS/CRW				5 - OTHER (Specify)				<b>COMMERCIAL NUCLEAR (Including Research/Test Reactor)</b>				10 - REACTOR OPERATOR (Licensed)				11 - SENIOR OPERATOR (Licensed)				12 - SHIFT SUPERVISOR (Licensed)				13 - STAFF/SHIFT ENGINEER (Licensed)				14 - AUX. EQUIP. OPERATOR (Nonlicensed)				15 - PLANT STAFF				16 - OTHER (Specify)				<b>FOSSIL</b>				6 - OPERATOR				7 - SUPERVISOR				8 - PLANT STAFF				9 - OTHER (Specify)			
	a. MONTH AND YEAR		b. NUMBER OF WEEKS																																																																																																																				
	FROM	TO																																																																																																																					
1 - NUCLEAR POWER PLANT FUNDAMENTALS																																																																																																																							
2 - PLANT SYSTEMS CLASSROOM OBSERVATION																																																																																																																							
3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAMES a. _____ b. _____																																																																																																																							
4 - SRO INSTRUCTION																																																																																																																							
5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (2 YEAR MINIMUM) a. TIME ON SHIFT ABOVE 20% POWER b. WEEK MINIMUM																																																																																																																							
6 - REQUALIFICATION																																																																																																																							
7 - OTHER (Specify)																																																																																																																							
	a. MONTH AND YEAR		b. NUMBER OF WEEKS																																																																																																																				
	FROM	TO																																																																																																																					
<b>NAVY</b>																																																																																																																							
1 - RO																																																																																																																							
2 - EOOW/PPWO																																																																																																																							
3 - EWS/PPWS																																																																																																																							
4 - ERS/CRW																																																																																																																							
5 - OTHER (Specify)																																																																																																																							
<b>COMMERCIAL NUCLEAR (Including Research/Test Reactor)</b>																																																																																																																							
10 - REACTOR OPERATOR (Licensed)																																																																																																																							
11 - SENIOR OPERATOR (Licensed)																																																																																																																							
12 - SHIFT SUPERVISOR (Licensed)																																																																																																																							
13 - STAFF/SHIFT ENGINEER (Licensed)																																																																																																																							
14 - AUX. EQUIP. OPERATOR (Nonlicensed)																																																																																																																							
15 - PLANT STAFF																																																																																																																							
16 - OTHER (Specify)																																																																																																																							
<b>FOSSIL</b>																																																																																																																							
6 - OPERATOR																																																																																																																							
7 - SUPERVISOR																																																																																																																							
8 - PLANT STAFF																																																																																																																							
9 - OTHER (Specify)																																																																																																																							



DESCRIPTION OF CHANGES

NRC Form Number	Item Number	Change
396	.....	The 10 CFR Part 55 referenced in the upper left hand corner was corrected.
		The paragraph in Section A "Medical Examination Certification," was changed to include the statement regarding ANSI/ANS 3.4-1983, or ANSI/ANS 15.4-1988(N380) was followed or an acceptable alternative method, which has been approved by NRC, was used.
398	#12	This was "Training." Item #12 is <u>NOW</u> "Facility Operator Training Program."
	#13	This was "Experience." Item #13 is <u>NOW</u> "Training."
	#14	This was "Facility Operator Training Program." Item #14 is <u>NOW</u> "Experience." This section was reorganized but not renumbered.
	#15	This was "For Renewals Only." Item #15 is <u>NOW</u> "Experience Details."
	#16	This was "Experience Details." Item #16 is <u>NOW</u> "For Renewals Only."
	#18	"Attach" should be "attached."