

SEP 17 1992

Docket No. 50-293

Mr. Roy A. Anderson  
Senior Vice President - Nuclear  
Boston Edison Company  
Pilgrim Nuclear Power Station  
RFD #1, Rocky Hill Road  
Plymouth, Massachusetts 02360

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

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P PDR

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SEP 17 1992

Pilgrim Nuclear Power Station

cc w/enclosures:

H. Balfour, Operator Training Section Manager  
A. Shiever, Operator Training Supervisor

cc w/o enclosures:

E. Boulette, Vice President, Nuclear Operations and Station Director  
E. Kraft, Plant Manager  
J. Dietrich, Licensing Division Manager  
V. Oheim, Manager, Regulatory Affairs Department  
D. Tarantino, Nuclear Information Manager  
N. Desmond, compliance Division Manager  
R. Hallisey, Dept. of Public Health, Commonwealth of MA  
R. Adams, Dept. of Labor and Industries, Commonwealth of MA  
D. Long, Security Group Leader  
The Honorable Edward M. Kennedy  
The Honorable John F. Kerry  
The Honorable Edward J. Markey  
The Honorable Edward P. Kirby  
The Honorable Peter V. Forman  
B. McIntyre, Chairman, Department of Public Utilities  
Chairman, Plymouth Board of Selectmen  
Chairman, Duxbury Board of Selectmen  
Plymouth Civil Defense Director  
P. Gromer, Massachusetts Secretary of Energy Resources  
Sarah Woodhouse, Legislative Assistant  
A. Noguee, MASSPIRG  
Regional Administrator, FEMA  
Office of the Commissioner, Massachusetts Department of Environmental Quality Engineering  
Office of the Attorney General, Commonwealth of Massachusetts  
T. Rapone, Secretary of Public Safety, Commonwealth of MA  
Chairman, Citizens Urging Responsible Energy  
Commonwealth of Massachusetts, SLO Designee  
NRC Resident Inspector  
Public Document Room (w/encl)  
Local Public Document Room (w/encl)  
Nuclear Safety Information Center (w/encl)

bcc w/enclosures:

OL Facility File

RI:DRS  
Curley

ve  
09/15/92

RI:DRS  
Bettenhausen

*[Signature]*  
09/16/92

Official Record Copy

**CERTIFICATION OF MEDICAL EXAMINATION  
BY FACILITY LICENSEE**

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 (INBB 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.

NAME OF APPLICANT \_\_\_\_\_

FACILITY \_\_\_\_\_

FACILITY DOCKET NUMBER \_\_\_\_\_

**A. MEDICAL EXAMINATION CERTIFICATION**

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

PRINTED NAME (of physician) \_\_\_\_\_ STATE AND LICENSE NUMBER \_\_\_\_\_ EXAMINATION DATE \_\_\_\_\_

BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE 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 3.4-1963, OR ANSI/ANS 3.4-1986 (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  
611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TX 8011-8084

REGIONAL ADMINISTRATOR, REGION V  
U.S. NUCLEAR REGULATORY COMMISSION  
10 MARIA LANE  
ALBANY CREEK, CA 94586-5368

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)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC-16 and described at 55 Federal Register 33978 (August 20, 1990), 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, Geiman Building, Lower Level, 2120 L Street NW, Washington, D.C.

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

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 the cause of an administrative or judicial proceeding. In addition, this information may be disclosed 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 FUEL HANDLING. ENTER THE MONTH AND YEAR THE GENERIC FUNDAMENTALS EXAMINATION SECTION OF THE WRITTEN EXAMINATION WAS PASSED. IF THE GFES WAS NOT TAKEN, YOU MUST HAVE PASSED AN NRC LICENSING EXAMINATION ON THE APPLICABLE REACTOR TYPE (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 OR CLARIFICATION FOR OTHER ITEMS ON THE APPLICATION FORM. IF THE SPACE PROVIDED IS NOT SUFFICIENT, YOU MAY ATTACH EXTRA INFORMATION WITH YOUR APPLICATION.
18. **NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE** - MUST ACCOMPANY THIS APPLICATION.
19. **SIGNATURES** - SIGN AND DATE ITEM 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(j) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201 (j)).
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 76011-8054

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

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

### PERSONAL QUALIFICATION STATEMENT-LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) 4. TYPE OF APPLICATION (Check applicable boxes) HOT COLD

a. NEW b. RENEWAL c. UPGRADE d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) e. REAPPLICATION		f. WAIVER REQUESTED (Justify on Reverse) 1. WRITTEN (Category) 2. OPERATING (Category) 3. ELIGIBILITY 4. MEDICAL 5. OTHER	
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2. CITIZENSHIP	3. BIRTH DATE	9. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE)
a. UNITED STATES b. OTHER (Specify)	MONTH DAY YEAR	MM YY

5. TYPE OF LICENSE APPLIED FOR	6. PREVIOUS LICENSE(S) HELD
a. OPERATOR b. SENIOR OPERATOR c. LIMITED SRO (e.g. Fuel Handler)	a. DOCKET NUMBER RG SRO b. LICENSE NUMBER c. EXPIRATION DATE MONTH DAY YEAR d. FACILITY DOCKET NUMBER
	55- 50-

7. NAME AND ADDRESS OF APPLICANT'S EMPLOYER (include ZIP Code)	10. CURRENT POSITION AT FACILITY
	a. PLANT SUPERINTENDENT b. ASSISTANT PLANT SUPERINTENDENT c. SHIFT SUPERVISOR d. STAFF ENGINEER e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER f. INSTRUCTOR g. SENIOR CONTROL ROOM OPERATOR h. CONTROL ROOM OPERATOR i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NON LICENSED OPERATOR) j. OTHER (Specify)

8. NAME OF APPLICANT'S FACILITY	FACILITY DOCKET NUMBER
9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licensees)	

11. EDUCATION			
a. HIGH SCHOOL	c. MAJOR AREA(S) OF STUDY	b. DEGREE CODES (To be used for "HIGHEST DEGREE" obtained)	d. VOCATIONAL/TECHNICAL
GRADUATE GED EQUIVALENCY NO	ENGINEERING (FIELDS) OTHER	0 NONE 1 CERTIFICATE 2 ASSOCIATE 3 BACHELOR 4 MASTER 5 DOCTORAL	TYPE OF TRAINING NUMBER OF MONTHS CERTIFICATE RECEIVED YES NO
b. NUMBER OF YEARS OF COLLEGE			

12. FACILITY OPERATOR TRAINING PROGRAM			
a. GRADUATE OF NRC APPROVED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING	YES	NO	b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM
			YES NO

13. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)			14. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)		
1 - NUCLEAR POWER PLANT FUNDAMENTALS	a. MONTH AND YEAR FROM TO	b. NUMBER OF WEEKS	NAVY		
2 - PLANT SYSTEMS CLASSROOM OBSERVATION			1. RO 2. EDOW/PPWO 3. EWS/PPWS 4. ERS/CRW 5. OTHER (Specify)		
3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (includes Classroom) SIMULATOR NAMES a. b. CERTIFIED START OF PROGRAM COMPLETED YES NO NUMBER OF SIGNIFICANT CONTROL MANIPULATIONS PLANT SIMULATOR			COMMERCIAL NUCLEAR (including Research/Test Reactor) 10. REACTOR OPERATOR (Licensed) 11. SENIOR OPERATOR (Licensed) 12. SHIFT SUPERVISOR (Licensed) 13. STAFF/SHIFT ENGINEER (Licensed) 14. AUX. EQUIP. OPERATOR (Nonlicensed) 15. PLANT STAFF 16. OTHER (Specify)		
4 - SRO INSTRUCTION			FOSSIL		
5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (2-WEEK MINIMUM) TIME ON SHIFT ABOVE 20% POWER (2-WEEK MINIMUM)			6. OPERATOR 7. SUPERVISOR 8. PLANT STAFF 9. OTHER (Specify)		
6 - REQUALIFICATION					
7 - OTHER (Specify)					

**15. EXPERIENCE DETAILS**

a. POSITION TITLE	FROM	TO	b. FACILITY	c. DUTIES

**16. FOR RENEWALS ONLY**

a. HOURS OPERATED FACILITY:	b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION	DATE	RESULT	
			PASS	FAIL

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets if necessary.)

**18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACH**

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers, (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26, (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE-APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**CHECK APPLICABLE BOX**

- b. I certify that the above named individual has successfully completed the facility licensee's requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.
- c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (f)-(i) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

TRAINING COORDINATOR		SENIOR MANAGEMENT REPRESENTATIVE ON SITE	
PRINTED OR TYPED NAME		PRINTED OR TYPED NAME	
	DATE	SIGNATURE	DATE

**FOR NRC USE**

WAIVER (Check or Complete items, as applicable)				MEETS REQUIREMENTS	DOES NOT MEET REQUIREMENTS (Explain below)
CATEGORY	GRANTED BY		DENIED BY		SIGNATURE-REVIEWER _____
	HEADQUARTERS	REGION	HEADQUARTERS	REGION	
WRITTEN					
OPERATING					
ELIGIBILITY					
MEDICAL					
OTHER					DATE _____

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."