

Docket No. 50-29

JUN 4 1987

Yankee Atomic Electric Company
ATTN: Mr. L. H. Heider
Vice President of Operations
1671 Worcester Road
Framingham, Massachusetts 01701

Gentlemen:

Enclosed is a copy of the revised NRC Form-398 (Enclosure 1), Personal Qualifications Statement - Licensee. This revision was made to reflect the changes to 10 CFR Part 55 effective May 26, 1987.

This revised form requires new applicants to complete each category completely including all education, training and experience received up to the date of the application. Renewal, upgrade, multi-unit and reapplication applicants are required to complete each category except they need only to indicate the education, training and experience received since their last application.

If any applicant indicates that he or she is a graduate of an INPO accredited operator training program AND that an approved simulation facility, i.e., (certified on NRC Form 474 or NRC approved), is used in the operator training program, then education, training and experience DOES NOT have to be completed. New applications must include the number of significant control manipulations under Item 12.3.

Other changes are detailed in Enclosure 2. Enclosure 3 is a set of instructions for the completion of all items on the NRC Form 398.

All applications for licenses are to be submitted on this revised form beginning May 26, 1987.

The enclosed applications are for your use. Additional copies can be obtained by writing to Vivian Miller, U. S. Nuclear Regulatory Commission, Document Management Branch, Mail Stop W-548, Washington, D.C. 20555.

8706090351 870604
PDR ADDCK 05000029
PDR

If you have any questions regarding this form, please contact Robert M. Keller at 215-337-5211.

Sincerely,

Original Signed By:

Samuel J. Collins, Deputy Director
Division of Reactor Projects

Enclosures: As stated

cc w/enclosures:

C. Russell Clark, Training Manager
Public Document Room (PDR)
Local Public Document Room (LPDR)
Nuclear Safety Information Center (NSIC)
NRC Resident Inspector
Commonwealth of Massachusetts (2)

cc w/o enclosures:

N. N. St. Laurent, Plant Superintendent
J. E. Tribble, President
G. J. Papanic, Jr., Senior Project Engineer - Licensing
NRC Resident Inspector

bcc w/enclosures:

OL Plant File
Examiners

RI:DRP
Lange/mjd/gcb

5/2/87

RI:DRP
Keller

5/2/87

RI:DRP
Collins

6/3/87

**INSTRUCTIONS FOR COMPLETING
NRC FORM 398, PERSONAL QUALIFICATIONS STATEMENT—LICENSEE**

NEW APPLICANTS: COMPLETE EACH CATEGORY OF THE FORM COMPLETELY, FOLLOWING THE INSTRUCTIONS BELOW. THIS IS TO INCLUDE ALL EDUCATION, TRAINING AND EXPERIENCE THAT YOU HAVE RECEIVED UP TO THE DATE OF THIS APPLICATION. NOTE: See item 14.

RENEWAL, UPGRADED, MULTI-UNIT, AND REAPPLICATION APPLICANTS: COMPLETE EACH CATEGORY OF FORM COMPLETELY, EXCEPT INDICATE ONLY THE EDUCATION, TRAINING, AND EXPERIENCE YOU HAVE RECEIVED SINCE YOUR LAST APPLICATION. NOTE: See item 14.

SPECIFIC INSTRUCTIONS FOR ITEMS 11-19:

11—EDUCATION: INDICATE BOTH ACADEMIC AND VOCATIONAL/TECHNICAL POST HIGH SCHOOL EDUCATION. FOR MAJOR AREA(S) OF STUDY, INDICATE THE NUMBER OF YEARS SPENT IN EACH COLLEGE CURRICULUM AND THE HIGHEST DEGREE RECEIVED, USING THE DEGREE CODE PROVIDED. FOR VOCATIONAL/TECHNICAL EDUCATION, INCLUDE PROGRAMS SUCH AS NUCLEAR POWER SCHOOL, MILITARY TRAINING, AIR CONDITIONING/REFRIGERATION, DIESEL MECHANIC SCHOOL, ETC. INDICATE THE NUMBER OF MONTHS IN EACH PROGRAM AND WHETHER A CERTIFICATE OR DEGREE WAS AWARDED. IF ADDITIONAL SPACE IS NEEDED, CONTINUE UNDER ITEM 17.

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

ALL REQUALIFICATION TRAINING TIME IS TO BE ACCOUNTED FOR IN THE REQUALIFICATION ITEM. PLEASE AVOID "DOUBLE LISTING" RECORDING ALL THE TIME SPENT IN REQUALIFICATION TRAINING UNDER ITEM 12.6, REQUALIFICATION, EVEN THOUGH IT MAY INCLUDE CLASSROOM OR SIMULATOR TIME.

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

14—FACILITY OPERATOR TRAINING PROGRAM. INDICATE a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM; AND b. CERTIFIED (ON NRC FORM 474) OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM. IF YES IS CHECKED IN BOTH ITEMS a AND b, THEN ITEMS 11, EDUCATION, 12, TRAINING, 13, EXPERIENCE AND 16, EXPERIENCE DETAILS DO NOT HAVE TO BE COMPLETED; EXCEPT NEW APPLICATIONS MUST STILL INCLUDE THE NUMBER OF SIGNIFICANT CONTROL MANIPULATIONS UNDER ITEM 12.3. NOTE: INPO ACCREDITED MEANS ACCREDITATION BY THE NATIONAL NUCLEAR ACCREDITING BOARD.

15—FOR RENEWALS ONLY: ENTER THE APPROXIMATE NUMBER OF HOURS SINCE PREVIOUS RENEWAL OR ISSUANCE OF LICENSE IF FIRST RENEWAL.

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

17—COMMENTS: USE THIS SPACE TO INCLUDE ANY EXTRA INFORMATION OR CLARIFICATION FOR OTHER ITEMS ON THE APPLICATION FORM. IF THE SPACE PROVIDED IS NOT SUFFICIENT, YOU MAY ATTACH EXTRA INFORMATION WITH YOUR APPLICATION.

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

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

DETACH THESE INSTRUCTIONS AND SUBMIT THE COMPLETED NRC FORMS 398, IN TRIPLICATE (original and two copies) AND 396 TO THE APPROPRIATE REGIONAL ADMINISTRATOR.

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 46 Federal Register 46717 (September 21, 1981).

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

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
631 Park Avenue
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, 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 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Maria Lane, Suite 210
Wainut Creek, CA 94596

U. S. NUCLEAR REGULATORY COMMISSION
PERSONAL QUALIFICATIONS STATEMENT — LICENSEE

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|--|-------------------------|-------------------------|--|---|---------------------------|---------------------|---------------|-------------------|------------|--|------------|---------------|-----------|------------------------------------|--|--------------------------|---------------|--|--|
| 1. APPLICANT'S FULL NAME (Last, first, middle) ADDRESS OR AFD NUMBER CITY STATE ZIP CODE | | 4. TYPE OF APPLICATION ("X" applicable boxes) <table style="width:100%; border: none;"> <tr> <td style="width: 33%; border: none;">1 - HOT</td> <td style="width: 33%; border: none;">e. REAPPLICATION</td> <td style="width: 33%; border: none;">f. WAIVER REQUESTED (Justify on reverse) 1 - WRITTEN (Category)</td> </tr> <tr> <td style="border: none;">2 - COLD</td> <td style="border: none;">1 - FIRST</td> <td style="border: none;">2 - OPERATING</td> </tr> <tr> <td style="border: none;">a. NEW</td> <td style="border: none;">2 - SECOND</td> <td style="border: none;">3 - ELIGIBILITY</td> </tr> <tr> <td style="border: none;">b. RENEWAL</td> <td style="border: none;">3 - THIRD</td> <td style="border: none;">4 - OTHER</td> </tr> <tr> <td style="border: none;">c. UPGRADE</td> <td></td> <td></td> </tr> <tr> <td style="border: none;">d. MULTI-UNIT</td> <td></td> <td></td> </tr> </table> | | | | 1 - HOT | e. REAPPLICATION | f. WAIVER REQUESTED (Justify on reverse) 1 - WRITTEN (Category) | 2 - COLD | 1 - FIRST | 2 - OPERATING | a. NEW | 2 - SECOND | 3 - ELIGIBILITY | b. RENEWAL | 3 - THIRD | 4 - OTHER | c. UPGRADE | | | d. MULTI-UNIT | | |
| 1 - HOT | e. REAPPLICATION | f. WAIVER REQUESTED (Justify on reverse) 1 - WRITTEN (Category) | | | | | | | | | | | | | | | | | | | | | |
| 2 - COLD | 1 - FIRST | 2 - OPERATING | | | | | | | | | | | | | | | | | | | | | |
| a. NEW | 2 - SECOND | 3 - ELIGIBILITY | | | | | | | | | | | | | | | | | | | | | |
| b. RENEWAL | 3 - THIRD | 4 - OTHER | | | | | | | | | | | | | | | | | | | | | |
| c. UPGRADE | | | | | | | | | | | | | | | | | | | | | | | |
| d. MULTI-UNIT | | | | | | | | | | | | | | | | | | | | | | | |
| 2. CITIZENSHIP a. UNITED STATES b. OTHER (Specify) | | 3. BIRTH DATE MONTH DAY YEAR | | | | | | | | | | | | | | | | | | | | | |
| 5. TYPE OF LICENSE APPLIED FOR a. OPERATOR b. SENIOR OPERATOR c. LIMITED SRO (e.g. Fuel Handler) | | 6. PREVIOUS LICENSE(S) HELD <table style="width:100%; border: none;"> <tr> <td style="width: 25%; border: none;">a. DOCKET NUMBER</td> <td style="width: 25%; border: none;">b. LICENSE NUMBER</td> <td style="width: 25%; border: none;">c. EXPIRATION DATE</td> <td style="width: 25%; border: none;">d. FACILITY DOCKET NUMBER</td> </tr> <tr> <td style="border: none;">55</td> <td style="border: none;"></td> <td style="border: none;">MONTH DAY YEAR</td> <td style="border: none;"></td> </tr> </table> | | | | a. DOCKET NUMBER | b. LICENSE NUMBER | c. EXPIRATION DATE | d. FACILITY DOCKET NUMBER | 55 | | MONTH DAY YEAR | | | | | | | | | | | |
| a. DOCKET NUMBER | b. LICENSE NUMBER | c. EXPIRATION DATE | d. FACILITY DOCKET NUMBER | | | | | | | | | | | | | | | | | | | | |
| 55 | | MONTH DAY YEAR | | | | | | | | | | | | | | | | | | | | | |
| 7. NAME OF APPLICANT'S EMPLOYER ADDRESS CITY STATE ZIP CODE | | 10. CURRENT POSITION AT FACILITY <table style="width:100%; border: none;"> <tr> <td style="width: 60%; border: none;">a. PLANT SUPERINTENDENT</td> <td style="width: 40%; border: none;">i. AUXILIARY UNIT OPERATOR/ TRAINEE/TURBINE BUILDING/ EQUIPMENT OPERATOR (NONLICENSED OPERATOR)</td> </tr> <tr> <td style="border: none;">b. ASSISTANT PLANT SUPERINTENDENT</td> <td style="border: none;">j. OTHER (Specify)</td> </tr> <tr> <td style="border: none;">c. SHIFT SUPERVISOR</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">d. STAFF ENGINEER</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">f. INSTRUCTOR</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">g. SENIOR CONTROL ROOM OPERATOR</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">h. CONTROL ROOM OPERATOR</td> <td style="border: none;"></td> </tr> </table> | | | | a. PLANT SUPERINTENDENT | i. AUXILIARY UNIT OPERATOR/ TRAINEE/TURBINE BUILDING/ EQUIPMENT OPERATOR (NONLICENSED OPERATOR) | b. ASSISTANT PLANT SUPERINTENDENT | j. OTHER (Specify) | c. SHIFT SUPERVISOR | | d. STAFF ENGINEER | | e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER | | f. INSTRUCTOR | | g. SENIOR CONTROL ROOM OPERATOR | | h. CONTROL ROOM OPERATOR | | | |
| a. PLANT SUPERINTENDENT | i. AUXILIARY UNIT OPERATOR/ TRAINEE/TURBINE BUILDING/ EQUIPMENT OPERATOR (NONLICENSED OPERATOR) | | | | | | | | | | | | | | | | | | | | | | |
| b. ASSISTANT PLANT SUPERINTENDENT | j. OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | |
| c. SHIFT SUPERVISOR | | | | | | | | | | | | | | | | | | | | | | | |
| d. STAFF ENGINEER | | | | | | | | | | | | | | | | | | | | | | | |
| e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER | | | | | | | | | | | | | | | | | | | | | | | |
| f. INSTRUCTOR | | | | | | | | | | | | | | | | | | | | | | | |
| g. SENIOR CONTROL ROOM OPERATOR | | | | | | | | | | | | | | | | | | | | | | | |
| h. CONTROL ROOM OPERATOR | | | | | | | | | | | | | | | | | | | | | | | |
| 8. NAME OF APPLICANT'S FACILITY FACILITY DOCKET NUMBER | | 9. ADDITIONAL FACILITY DOCKETS (Multi-Unit Licenses) | | | | | | | | | | | | | | | | | | | | | |
| 11. EDUCATION | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | |
| GRADUATE | ENGINEERING (field) | | (Use code **) | 0 - NONE | TYPE OF TRAINING | | | | | | | | | | | | | | | | | | |
| GED EQUIVALENCY | OTHER: | | | 1 - CERTIFICATE | | | | | | | | | | | | | | | | | | | |
| NO | | | | 2 - ASSOCIATE | | | | | | | | | | | | | | | | | | | |
| b. NUMBER OF YEARS OF COLLEGE | | | | 3 - BACHELOR | NUMBER OF MONTHS | | | | | | | | | | | | | | | | | | |
| | | | | 4 - MASTER | CERTIFICATE RECEIVED | | | | | | | | | | | | | | | | | | |
| | | | | 5 - DOCTORAL | YES NO | | | | | | | | | | | | | | | | | | |
| 12. TRAINING | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) | a. MONTH AND YEAR FROM TO | b. NUMBER OF WEEKS | 13. EXPERIENCE | | | | | | | | | | | | | | | | | | | | |
| 2 - PLANT SYSTEMS CLASSROOM OBSERVATION | | | NAVY | a. MONTH AND YEAR FROM TO | b. NUMBER OF MONTHS | | | | | | | | | | | | | | | | | | |
| 3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom) SIMULATOR NAME(S) | | | 1 - RO | | | | | | | | | | | | | | | | | | | | |
| c. START OF CERTIFICATION COMPLETED | YES NO | | 2 - EGOW/PPWO | | | | | | | | | | | | | | | | | | | | |
| d. NUMBER OF REACTIVITY MANIPULATIONS PLANT SIMULATOR | | | 3 - EWS/PPWS | | | | | | | | | | | | | | | | | | | | |
| 4 - SRO INSTRUCTION | | | 4 - ERS/CRW | | | | | | | | | | | | | | | | | | | | |
| 5 - EXTRA PERSON ON SHIFT | | | 5 - OTHER (Specify) | | | | | | | | | | | | | | | | | | | | |
| 6 - REQUALIFICATION | | | FOSSIL | | | | | | | | | | | | | | | | | | | | |
| 7 - OTHER (Specify) | | | 6 - OPERATOR | | | | | | | | | | | | | | | | | | | | |
| | | | 7 - SUPERVISOR | | | | | | | | | | | | | | | | | | | | |
| | | | 8 - PLANT STAFF | | | | | | | | | | | | | | | | | | | | |
| | | | 9 - OTHER (Specify) | | | | | | | | | | | | | | | | | | | | |
| | | | COMMERCIAL NUCLEAR (Including Research/Test Reactor) | | | | | | | | | | | | | | | | | | | | |
| | | | 10 - REACTOR OPERATOR (Licensed) | | | | | | | | | | | | | | | | | | | | |
| | | | 11 - SENIOR OPERATOR (Licensed) | | | | | | | | | | | | | | | | | | | | |
| | | | 12 - SHIFT SUPERVISOR (Licensed) | | | | | | | | | | | | | | | | | | | | |
| | | | 13 - STAFF/SHIFT ENGINEER (Licensed) | | | | | | | | | | | | | | | | | | | | |
| | | | 14 - AUX/EQUIP (NONLICENSED) OPERATOR | | | | | | | | | | | | | | | | | | | | |
| | | | 15 - PLANT STAFF | | | | | | | | | | | | | | | | | | | | |
| | | | 16 - OTHER (Specify) | | | | | | | | | | | | | | | | | | | | |
| 14. FACILITY OPERATOR TRAINING PROGRAM | | | | | | | | | | | | | | | | | | | | | | | |
| a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM | | | b. CERTIFIED ON NRC Form 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM | | | | | | | | | | | | | | | | | | | | |
| YES | NO | | YES | NO | | | | | | | | | | | | | | | | | | | |
| 15. FOR RENEWALS ONLY HOURS OPERATED FACILITY: | | | | | | | | | | | | | | | | | | | | | | | |

16. EXPERIENCE DETAILS

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

17. COMMENTS (Specify the item number to which you are elaborating)

18. NRC FORM 388, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE IS ATTACHED.

Any false statement or omission in this document, including attachments, may be subject to civil and criminal sanctions.

18a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I also authorize the NRC to submit the results of examinations to my employers for use in preparing training programs, as necessary.

SIGNATURE - APPLICANT

DATE

b. I certify that the above named individual has successfully completed the facility licensee 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.

SIGNATURE - TRAINING COORDINATOR

DATE

SIGNATURE - SENIOR MANAGEMENT REPRESENTATIVE ON SITE

DATE

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 (i)-(ii) of 10 CFR 50, and that s/he 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.

SIGNATURE - TRAINING COORDINATOR

DATE

SIGNATURE - SENIOR MANAGEMENT REPRESENTATIVE ON SITE

DATE

FOR NRC USE

WAIVER (Check or complete items as applicable)

| CATEGORY | GRANTED BY | | DENIED BY | | MEETS REQUIREMENTS | DOES NOT MEET REQUIREMENTS |
|-------------|--------------|--------|--------------|--------|----------------------|----------------------------|
| | HEADQUARTERS | REGION | HEADQUARTERS | REGION | | |
| WRITTEN | | | | | SIGNATURE - REVIEWER | DATE |
| OPERATING | | | | | | |
| ELIGIBILITY | | | | | | |
| OTHER | | | | | | |

SUMMARY OF CHANGES TO NRC FORM 398

- Item 4.a - Moved "New" to below "Hot" and "Cold".
- Item 4.f - Combined "Oral" and "Simulator" into "Operating".
- Item 5.d - Deleted "Instructor Certification".
- Item 14 - Added a new item "Facility Operator Training Program" and incorporated under this item the INPO accreditation block (originally under Training); added a block for NRC approved or NRC Form 474 certified simulation facility.
- Item 15 - Added a new item "For Renewals Only, Hours Operated Facility". (This was originally under Experience).
- Items 16 through 19 - Renumbered previous items 14 through 17 to 16 through 19.
- Item 18 - Changed to read "NRC Form 396, Certification of Medical Examination by Facility Licensee is attached" to indicate that in order for the application to be complete the NRC Form must be attached.
- Statement Added - Any false statement or omissions in this document, including attachments, may be subject to civil and criminal sanctions.
- Item 19.a - Changed the wording to read ". . . certify under penalty of perjury that the information in this document and attachments is true and correct. I also . . ."
- Item 19.b - Changed the wording to read ". . . has successfully completed the facility licensee's requirements to be licensed as an Operator/Senior Operator pursuant . . ." Also added the wording "I also certify under penalty of perjury that the information in this document and attachments is true and correct." Changed signature block from "Highest Level Of Corporate Management for Plant Operation" to "Senior Management Representative On Site."
- Item 19.c - Added the wording "I also certify under penalty of perjury that the information in this document and attachments is true and correct. Changed signature block from "Highest Level of Corporate Management for Plant Operation" to "Senior Management Representative On Site."
- FOR NRC USE - Under waiver category combined "Oral" and "Simulator" into "Operating".

PERSONAL QUALIFICATIONS STATEMENT - LICENSEE
NRC FORM 398 (REV 4/87)

NEW APPLICANTS ARE TO COMPLETE EACH ITEM OF THE NRC FORM 398 COMPLETELY, FOLLOWING INSTRUCTIONS BELOW. THIS IS TO INCLUDE ALL EDUCATION, TRAINING, AND EXPERIENCE THAT APPLICANT HAS RECEIVED UP TO THE DATE OF THIS APPLICATION (NOTE EXCEPTION: SEE ITEM 14).

RENEWAL, UPGRADE, MULTI-UNIT AND REAPPLICATION APPLICANTS ARE TO COMPLETE EACH ITEM OF THE NRC FORM 398 EXCEPT INDICATE ONLY THE EDUCATION, TRAINING, AND EXPERIENCE RECEIVED SINCE LAST APPLICATION (NOTE EXCEPTION: SEE ITEM 14).

A SEPARATE NRC FORM 398 FORM MUST BE SUBMITTED EACH TIME AN APPLICANT APPLIES FOR A LICENSE OR RENEWAL OF LICENSE.

- ITEM 1 - FULL NAME AND CURRENT ADDRESS.
- ITEM 2 - CITIZENSHIP. If other than U. S. Citizen, citizenship must be specified.
- ITEM 3 - DATE OF BIRTH.
- ITEM 4 - TYPE OF APPLICATION.

"X" applicable boxes:

- 1-Hot - Applying for a license at a plant that has achieved initial criticality. This should be completed for each application.
- 2-Cold - Applying for a license at a plant that has not achieved initial criticality. This should be completed for each application.
- a. New - Applying for the first time at this facility OR if previously applied for a license but withdrew (write in "previously withdrew" next to New). ALL ITEMS MUST BE COMPLETED ON A NEW APPLICATION AND SHOULD INCLUDE ALL EDUCATION, TRAINING AND EXPERIENCE RECEIVED UP TO THE DATE OF THIS APPLICATION. THERE IS AN EXCEPTION TO THIS - SEE ITEM 14.

- b. Renewal
 - Now holds a license and is renewing that same type of license. ALL ITEMS MUST BE COMPLETED ON A RENEWAL APPLICATION BUT NEED ONLY INCLUDE THE EDUCATION, TRAINING AND EXPERIENCE RECEIVED SINCE THE LAST APPLICATION. THERE IS AN EXCEPTION TO THIS - SEE ITEM 14.

- c. Upgrade
 - Now holds an operator's license and is applying for a senior operator's license. ALL ITEMS MUST BE COMPLETED ON AN UPGRADE APPLICATION BUT NEED ONLY INCLUDE THE EDUCATION, TRAINING AND EXPERIENCE APPLICANT RECEIVED SINCE LAST APPLICATION. THERE IS AN EXCEPTION TO THIS - SEE ITEM 14.

- d. Multi-unit
 - Applying for a license on more than one unit OR is a licensed operator on one unit and is applying to extend license to additional units. (Note: all facility docket numbers are to be listed under Items 8 and 9). ALL ITEMS MUST BE COMPLETED ON A MULTI-UNIT APPLICATION BUT NEED ONLY INCLUDE THE EDUCATION, TRAINING AND EXPERIENCE RECEIVED SINCE LAST APPLICATION. THERE IS AN EXCEPTION TO THIS - SEE ITEM 14.

- e. Reapplication
 - Previously took a licensing exam and was denied a license and is now reapplying for that same type of license at the same facility. The reapplication should identify those areas in which the applicant demonstrated weaknesses during the previous examination and the additional training received to correct these specific deficiencies in Item 12.7 and/or Item 17. ALL ITEMS MUST BE COMPLETED ON A REAPPLICATION APPLICATION BUT NEED ONLY INCLUDE THE EDUCATION, TRAINING AND EXPERIENCE RECEIVED SINCE LAST APPLICATION. THERE IS AN EXCEPTION TO THIS - SEE ITEM 14.

- 1-First - If denied a license for the first time, the applicant must wait two months from the date of denial letter before reapplying for a license.
- 2-Second - If denied a license for the second time, the applicant must wait six months from the date of denial letter before reapplying for a license.
- 3-Third - If denied a license for the third time, the applicant must wait two years from the date of denial letter before reapplying for a license.

f. Waiver Request

- NOTE: Justification for any waiver request is required under Item 17.

- 1-Written - To request a waiver on entire written exam or on part of the written exam. (Category(s) for which waiver requested should be specified in space provided.)
- 2-Operating - To request a waiver on an operating exam.
- 3-Eligibility - To request a waiver on eligibility requirements.
- 4-Other - To request any other waiver, i.e., medical.

ITEM 5 - TYPE OF LICENSE APPLIED FOR

- a. Operator - Applying for an operator license.
- b. Senior Operator - Applying for a senior operator license.
- c. Limited SRD - Applying for a limited senior operator license (e.g. fuel handler).

ITEM 6 - PREVIOUS LICENSE(S) HELD

- To be completed if previously held a license (or instructor certificate).
- a. Docket Number - Docket number assigned for previous license(s) held (55-XXXXX). Indicate if this license was for RO or SRD. If this was for

Instructor Certification or Limited Senior Operator, please write in. If a denial letter was issued, a docket number was assigned and should be indicated in this block.

- b. License Number - License number(s) previously held. License number should include the present renewal number, if any, (i.e., XXXXX-3).
- c. Expiration Date - Date of license expiration. If several renewals have occurred, list only latest expiration date.
- d. Facility Docket No. - Docket number of facility where applicant held license (50-XXX). Note: If previously held license/instructor certification at a training center, simulator, etc., where there is no facility docket number, write in the name.

ITEM 7 - NAME OF APPLICANT'S EMPLOYER

- Name and address of current employer.

ITEM 8 - NAME OF APPLICANT'S FACILITY

- Name and docket number (50-XXX) of facility where applying for a license.

ITEM 9 - ADDITIONAL FACILITY DOCKETS

- If applying for multi-unit license ALL applicable additional docket numbers must be entered.

ITEM 10 - CURRENT POSITION AT FACILITY

- a. Plant Superintendent - Note license type if required by position.
- b. Assistant Plant Superintendent - Note license type if required by position.
- c. Shift Supervisor - Position requires current senior license for a plant with fuel in the reactor.
- d. Staff Engineer - Note license type if required by position.
- e. Shift Technical Advisor/Shift Engineer - Note license type if required by position.
- f. Instructor - Note license type if required by position.

- g. Senior Control Room Operator - Position requires current senior license for a plant with fuel in the reactor.
- h. Control Room Operator - Position requires current operator license for a plant with fuel in reactor.
- i. Auxiliary Unit Operator/Trainee/Turbine Building/Equipment Operator (non-licensed operator) - Ensure description is detailed enough to allow evaluation of position.
- j. Other (Specify) - Ensure description is detailed enough to allow evaluation of position. Note license type if required by position.

ITEM 11 - EDUCATION

- a. High School
 - Graduate - Graduated from high school.
 - GED Equivalency - Received GED equivalency.
 - No - Did not complete high school.
- b. Number of Years of College - Number of years of college successfully completed.
 - (Freshman= 0 to 1 year
 - Sophomore= 1 to 2 years
 - Junior= 2 to 3 years
 - Senior= 3 to 4 years
 - Graduate= 4 years or more)
- c. Major Area(s) of Study -
 - Engineering - Field of engineering majored in; number of years, and; highest degree obtained.
 - Other - Other field majored in; number of years, and; highest degree obtained.
- d. Vocational/Technical -
 - Type of Training - Vocational/technical training schools, including military schools, applicable to the operation of a

power plant. Include such programs as nuclear power school, air conditioning/refrigeration school, diesel mechanic school, instrumentation and control maintenance, etc.

Number of Months- Calculate the approximate number of full months applicant received actual training. (4 weeks, 8 hours/day = 1 month)

Certificate Received

- Indicate if certificate was received for this training.

ITEM 12 - TRAINING

- Training is indicated in weeks based upon 40 hours per week. Indicate training received to meet the requirements of ANSI N18.1/ANS3.1. The breakdown below parallels the ANS standards. Beginning and completion dates and the total number of weeks spent in each type of training must be included. The number of weeks is provided to account for intermittent training (for example, four weeks of classroom training spread over a two month period). Therefore, the date column may indicate a larger time span than the actual number of weeks spent in full-time training. Time in training for the license applied for cannot be double counted under Experience, Item 13.

REQUALIFICATION training time is be accounted for in Item 12.6.

1-Nuclear Power Fundamentals
(Classroom)

- Fundamental course that covers the theory of the nuclear fission process and reactor operations.

2-Plant Systems

- Systems instruction to include both observation and classroom work. This instruction is plant specific.

Classroom

- Instruction covering nuclear power plant systems and system and component malfunctions.

Observation

- Planned systematic observation training on accessible plant equipment.

- 3-Operating Practice - Training in operating practices in the control room for which the candidate will license and at a plant referenced simulator if one is available.
- Control Room Operations - Observation of the operating practices and the operation of nuclear power plant from the central control room. Hot license candidates must manipulate the controls under direct supervision of a licensed operator at the individual's duty station for a variety of plant operations. Cold license candidates are to participate in the plant preoperational testing program.
- Actual time assigned to the operating shift should be counted in 12.5 below.
- Simulator Operations (Includes Classroom) - Practice in manipulating plant controls during normal, abnormal and emergency conditions on a plant referenced simulator.
- Simulator Name(s) - Specify the simulator(s) where training was received. If more than two simulators specify the two most recent only.
- Startup Certification Completed - "X" Yes or No. (Note: For facilities with plant referenced simulators, certification of startup training will be provided by the facility organization. For those facilities without a plant referenced simulator, startup certification must be obtained from the organization at which the startup demonstration was performed.)
- Number of Reactivity Manipulations: - Number of actual reactivity manipulations in which the applicant was involved broken down by plant and simulator. (Details should be provided in Comments, Item 17.)
- 4-SRO Instruction - Instruction in the duties of a senior operator.

5-Extra Person on Shift - Must be a minimum of three months on shift performing the actual duties of the licensed position applied for. These duties are performed under the direct supervision of licensed personnel on normal shift rotation. This should be in a structured, documented program.

Do not double count this time in 12.3 or as operating experience.

6-Requalification - ALL requalifications training, including classroom and simulator time.

7-Other (Specify) - Ensure description is detailed enough to allow evaluation. Include number of research reactor startups, if performed.

ITEM 13 - EXPERIENCE

- Experience is indicated in months. For each position held, list the month/year to cover the period you were qualified for that position. The number of months must reflect the time spent actually exercising the responsibilities of that position. Item 16 should be completed for each position held. DO NOT DOUBLE COUNT TIME. If there were overlapping duties, the number of months should reflect the proportionate amount of time 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. Also, do not count time in training.

NAVY - Military nuclear power experience should be listed in 1-5. Non-nuclear military power experience should be listed under Fossil 6-9.

1-RO - Qualified to operate the controls of a Navy Propulsion or training reactor.

2-EODW/PPWO - Authorized to supervise the operation of Navy Propulsion plants.

- 3-EWS/PPWS - Qualified to direct and supervise the operations of a Navy Propulsion plant.
- 4-ERS/CRW - Qualified to direct and supervise Navy Propulsion plant operations outside the maneuvering area.
- 5-OTHER (Specify) - Ensure description is detailed enough to allow evaluation.

FDSSIL

- 6-Operator - Navy or commercial non-nuclear propulsion/power plant operation.
- 7-Supervisor - Authorized to direct and supervise non-nuclear operators.
- 8-Plant Staff - Non-nuclear power plant staff experience.
- 9-Other (Specify) - Ensure description is detailed enough to allow evaluation.

COMMERCIAL NUCLEAR (Including Research/Test Reactor)

- 10-Reactor Operator (Licensed) - Must hold or have held valid NRC operator license.
- 11-Senior Operator (Licensed) - Must hold or have held valid NRC senior operator license.
- 12-Shift Supervisor (Licensed) - Must hold or have held valid NRC senior operator license.
- 13-Staff/Shift Engineer (Licensed) - Must be at the facility and involved in the day-to-day plant operational (engineering) staff work.
- 14-Aux./Equip. (Nonlicensed) Operator - Personnel used in direct support of plant operations as directed by licensed operators.
- 15-Plant Staff - Staff work other than that directly associated with plant operations.
- 16-Other (Specify) - Ensure description is detailed enough to allow evaluation.

ITEM 14 - FACILITY OPERATOR TRAINING PROGRAM

If "Yes" is checked in BOTH a) and b) then Items 11 (Education), 12 (Training), 13 (Experience), and 16 (Experience Details) DO NOT have to be completed; except new applications must still include the number of significant control manipulations under Item 12.3.

- a) Graduate of INPO Accredited Operator Training Program - "X" Yes or No if the applicant is a graduate of an INPO accredited operator training program. (NOTE: INPO accredited means accreditation by the National Nuclear Accrediting Board.)

- b) Certified on NRC Form 474 (Simulation Facility Certification) or NRC Approved Simulation Facility Is Used in the Operator Training Program - "X" Yes or No if, in the operator training program, a certified on NRC Form 474 or NRC approved simulation facility is used.

ITEM 15 - FOR RENEWALS ONLY - HOURS OPERATED FACILITY: - The approximate number of hours applicant has operated the facility under his existing license.

ITEM 16 - EXPERIENCE DETAILS - Include position title, time period (from/to), and description of duties performed while serving in that position. Item 17 should be used if more space is needed.

ITEM 17 - COMMENTS - This space should be used to complete information from previous items or clarification for other items on the application form. If space provided is not sufficient, extra pages may be attached to application.

ITEM 18 - NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE - Any application for a license or renewal of license is not complete without NRC Form 396.

A medical is good for six months from the date the physician signs it. For applications following a voluntary withdrawal or license denial or an upgrade application, waivers may be granted on a case basis if the original medical evaluation was performed within one year. If waiver is requested, Item 4.f.4 should be marked.

ITEM 19 - SIGNATURES REQUIRED

Any false statement or omission in this document, including attachments, may be subject to civil and criminal sanctions.

- a. Date and signature of applicant certifying under penalty of perjury that the information provided on NRC Form 398 is true and correct. Applicant's signature also authorizes the NRC to submit results of examinations to applicant's employer.
- b. Date and signature of Training Coordinator AND Senior Management Representative on Site certifying, under penalty of perjury, that applicant has successfully completed the facility licensee's requirements to be licensed as an Operator/Senior Operator pursuant to 10CFR55; and that the applicant has a need for this license to perform assigned duties. Also certifies that facility will be available for examinations.
- c. RENEWAL ONLY - Must be signed and dated by Training Coordinator AND Senior Management Representative On Site certifying, under penalty of perjury, that applicant meets the approved requalification program (with any exception noted in Comments, Item 17) as required by section 50.54(i-1) of 10CFR50 and has discharged licensed responsibilities competently and safely.