PERSONALLY IDENTIFIABLE INFORMATION - WITHHOLD UNDER 10 CFR 2.390

Form 398 – Personal Qualification Statement - Licensee

Email PDF Preview

APPROVED BY OMB: NO. 3150-0090   **EXPIRES: XX/XX/20XX**

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FORM INFORMATION

How to complete this form: You must complete items 1- 4 and 6-10 and additional items as specified below in the instructions for Block 11, "Type of Application." For additional guidance refer to NUREG-1021, "Operator Licensing Examination Standards for Power Reactors," or NUREG-1478, "Non-Power Reactor Operator Licensing Examiner Standards."

*1. Last Name

*2. First Name

3. Middle Initial

Suffix

*4. Birth Date

M/D/YYYY

*5. Email Address

**If you provide an email address, you are electing to receive operator licensing correspondence from the NRC, electronically. If you do not provide an email address, the NRC will correspond using mail to the address you provided in Items 6-10.

*6. Address (Number & Street, line 1)

7. Address (Suite, Unit No, etc, line 2)

*8. City

*9. State

Select

*10. Zip Code

11. Type of Application (Select all applicable)

A. NEW - Select if you are a new applicant at this facility (i.e., this is your first request to take the site-specific NRC exam at this facility). Complete items 11-13, 14 (if applicable), and 15-23. If 20.a and 20.b are checked "Yes" then item 21 does not have to be completed.

B. RENEWAL - Select if you are renewing a current license. Complete items 11, 13, 14, 18, 20, 21.f and 24; if items 20.a and 20.b are checked "Yes", then item 21 does not have to be completed.

C. UPGRADE - Select if you hold an RO license and are applying to upgrade your license to an SRO at the same facility. Complete items 11-18, 21 and 23 relevant to the SRO upgrade. If items 20.a and 20.b are checked "Yes", then item 21 does not have to be completed.

D. MULTI-UNIT - Select if you hold a license at your facility and are applying to amend your current license to an additional unit. Complete items 11-19, and 21-23. Complete item 21 as it applies to unit differences.

E. REAPPLICATION - Select if you have previously been denied a license. Complete items 11-19, 21-23, 25. Indicate whether you are applying after a first denial, second denial, or third denial. Describe, in detail, in items 21 and 25, the additional training completed since the last denial. If you previously withdrew an application, select "Withdrawal" under "Reapplication Type."

*Type(s) of Application

Select or search options

12. Deferrals/Excusals/Waivers (Select all applicable)

a. DEFERRAL - Select if you are requesting a deferral of certain requirements to be able to sit for the scheduled NRC exam. Check which requirements (Eligibility or Experience) you are requesting deferral of. Identify the specific requirement and indicate the expected completion time for each requirement in item 25.

b. EXCUSAL - Select if you are requesting to have a previously passed portion of the NRC exam excused. Indicate which requirements of the requested portion you are requesting excusal from (Written or Operating) and indicate the category.

For Power Reactors: For written examination excusals, select excusal from the drop down box, then select Excusal Type of Written. Under the Written Category drop down select a category of "SSR" for the site-specific RO examination or "SSS" for the site-specific RO and SRO examinations.

For the operating test, the available categories are: administrative topics, control room systems, in-plant systems, simulator operating test, JPM operating test or all of these. Select Excusal from the drop down box, then select Excusal Type of Operating. From the Operating Category drop down select a category of "SIM" for simulator operating test, "JPM" for the complete JPM operating test, "SYS" for the systems portion of the JPM operating test (i.e., for an "ADMIN-only JPM retake exam), "ADM" for the administrative portion of the JPM operating test, "OTH" for another JPM combination not listed here (explain in item 25), or "ALL" to request excusal from both the simulator operating test and the complete JPM operating test. Provide justification in item 25. Also indicate the expected date of the NRC exam.

For Non-Power Reactors: For written exam excusals, select excusal from the drop down box, then select Excusal Type of Written from the drop down box. Under the Written Category drop down select "Excusal of category of A" to request an excusal of category A, select "Excusal of category of B" to request an excusal of category B, select "Excusal of category of C" to request an excusal of category C. For operating test excusals, select Excusal from the drop down box, then select Excusal Type of Operating. From the Operating Category drop down select a category of "ALL" to request excusal of an operating test. Individual categories of the operating test will not be excused. Provide justification in item 25.

c. WAIVER - Select if you are requesting a waiver (55.47). For waivers of the written examination and/or operating test, select Waiver from the drop down box, then select Waiver Type of Written or Operating respectively and identify the examination categories using the same designations identified in the instructions for 12.b above. For all waivers, provide additional justification information in item 25.

Excusal / Deferral / Waiver

Select or search options	▼

*13. Type of License Applied For

Select	▼

Operator Docket Number	**License Type**
	Select ▼

14. (Continued) License Information

[Add License Info]

License Number	**Expiration Date**

There are no records to display.

14. (Continued) Current Facilities

[Add Docket Number]

Facility Name ↑	**Docket Number**	**Region**

There are no records to display.

*15. Name of Applicant Facility

[   ] [🔍]

16 & 17. Facility Docket Number(s)

[Add Docket Number]

Facility Name ↑	Docket Number	Region

There are no records to display.

18. Current Position at Facility

*Current Position

[Select ▾]

19. Education - For college, enter the major area(s) of study, the number of years spent in each major area of study and the highest degree obtained (using degree codes listed on the form). For vocational/technical, enter the number of months for each type of training and whether a certificate was awarded. If additional space is needed, use item 25

*a. High School Education

[Select ▾]

b. College
Highest Engineering Degree

[0-None ▾]

Highest Other Degree

[0-None ▾]

c. Vocational/Technical

[⊕ Create]

Vocational Training	Months of Training	Certificate Received

There are no records to display.

20. Power Reactor Operator Training Program- (This item is not applicable to non-power reactors). Check the appropriate box in items 20.a and 20.b. Checking "Yes" in item 20.a indicates that you have completed a SAT-based training program that is accredited by the National Nuclear Accrediting Board and meets the education and experience requirements outlined in the National Academy for Nuclear Training in its current guidelines for initial training and qualification of licensed operators. If you requested a deferral in item 12.a, you can still check "Yes" for item 20.a.

a. Has the applicant completed the Operator Training Program accredited by the National Nuclear Accrediting Board?

◉ No ○ Yes

b. Is a 'Plant-Referenced Simulator' (As defined in 10 CFR 55.4) used in the Operator Training Program?

◉ No ○ Yes

21. Training (Since last application)- (For power reactors, if "Yes" is checked in items 20.a and 20.b, then this item is not required to be completed.) All re-qualification training time is to be accounted for in item 21.f (unless items 20.a and 20. b are are checked "Yes"). Do not "double list" the time spent in re-qualification training for classroom or simulator time under items 21.a or 21.b.

a. Classroom

1-Nuclear Power Plant Fundamentals

From	To	No. of Weeks
M/D/YYYY	M/D/YYYY	

2 - Plant Systems

From	To	No. of Weeks
M/D/YYYY	M/D/YYYY	

3- Plant Procedures

From	To	No. of Weeks
M/D/YYYY	M/D/YYYY	

b. Simulator

From	To	No. of Weeks
M/D/YYYY	M/D/YYYY	

c. SRO Instruction

From	To	No. of Weeks
M/D/YYYY	M/D/YYYY	

d. Extra Person on Shift in Control Room

From	To	No. of Weeks
M/D/YYYY	M/D/YYYY	

e. Time on Shift Above 20% Power

From	To	No. of Weeks
M/D/YYYY	M/D/YYYY	

f. Requalification

From	To	No. of Weeks
M/D/YYYY	M/D/YYYY	

g. Other (Specify below)

From	To	No. of Weeks
M/D/YYYY	M/D/YYYY	

Other Training

[Add Manipulation]

Description ↑	Plant or Simulator

There are no records to display.

[Add Experience]

Position Title ↑	From Date	To Date	Months	Facility	Duties

There are no records to display.

24. For Renewals Only - (a) Select what most accurately reflects your approximate number of operating hours since previous renewal or issuance of license if first renewal. (b) Enter the date and results of your most recent comprehensive written requalification examination and annual operating test.

25. 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 include extra information as a separate document with your application.

[   ]

26. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY A FACILITY LICENSEE, IS ATTACHED - NRC Form 396 and any applicable supporting medical documentation must accompany this application unless a waiver of the medical examination is being requested in box 12.

◉ No ○ Yes

27. Signatures

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

27a. I (certify under penalty of perjury that the information in this document and attachments is true and correct in accordance with the instructions. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary).

You must sign and date item 27.a. Obtain signatures of your training coordinator and the senior management representative on site

Applicant signature

—

Applicant Signature Date

—

☐ 1. I certify that: (1) the above named individual has successfully completed the facility licensee's requirements to be licensed as an Operator/Senior Operator pursuant to Title10, Code of Federal Regulations, Part 55; (2) the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties; and (3) the facility will be made available for the examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct in accordance with the instructions

☐ 2. I certify that the above named individual completed the approved requalification program (with the exceptions noted in Item 25) required by section 50.54(i-1) 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.

☐ 3. I certify that the justifications provided in item 25 support the deferrals, excusals, and/or waivers requested in item 12 for the above named individual. I also certify under penalty of perjury that the information in this document and attachments is true and correct in accordance with the instructions.

Training Coordinator
*Typed or Printed Name and Title (Training Coordinator)

[   ]

Training Coordinator Signature   **Training Coordinator Sign Date**

—   —

Senior Management Representative on Site
*Typed or Printed Name and Title (Senior Management Representative on Site)

[   ]

Senior Management Signature   **Senior Management Signature Date**

—   —

Associated 396 forms

[Add Existing 396]

First Name	Last Name	NRC Plant Name (Facility)	Title ↑	Created On

There are no records to display.

Attach additional files:

Choose File | No file chosen

Upload File

Progress: 0.00 %

Submissions will not be made publicly available and will only be used by NRC staff.

Attached files:

File	Size

0/900000 KB used.

Save Draft   Submit Form