NONSUBSTANTIVE CHANGE REQUEST

FOR

FORM 313, "APPLICATION FOR MATERIALS LICENSE"

OMB NO. 3150-0120

For a person to be licensed to possess, use, or distribute licensed material, the person must submit an application that will permit the U.S. Nuclear Regulatory Commission (NRC) to determine whether the applicant has training, experience, equipment, facilities, and procedures for the use of radioactive material that are adequate to protect the public health and safety, as applicable. NRC Form 313, "Application for Materials License," is used to provide the information required.

The NRC is requesting a nonsubstantive change to NRC Form 313 to introduce an online version. This version will replicate the existing form content and fields while providing a more user-friendly format for secure electronic submission.

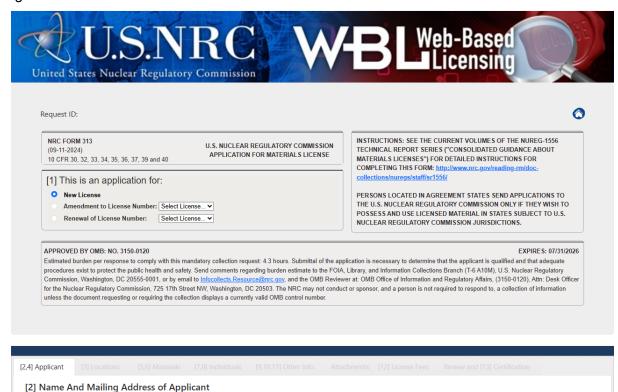
In addition, the changes to the PDF form include minor updates (updated physical address, email address or web-based portal address, electronic payment method through pay.gov, added spacing, removal of the "for NRC Use Only" section). Finally, the online version will contain enhanced instructions (tool tip button to show example of completed fields) to assist applicants in accurately completing the form.

These changes are not expected to increase the burden for applicants, and directly support NRC efforts to increase efficiency, timeliness and predictability in reviews of materials licenses.

SCREENSHOTS OF ONLINE FORM 313, "APPLICATION FOR MATERIALS LICENSE" Landing Page:



Page Header:



Applicant Tab 1

Applicant Tab for Starting a New License:

[2,4] Applicant						
[2] Name A	And Mailing Ad	ddress of App	icant			
	*Applicant Name:					
	*Address Line 1:					
	Address Line 2:					
	Address Line 3:					
	*City:					
	*State:	Select State		▼		
	*Zip:					
	Province:					
	*Country:	United States of Amer	са	▼		
[4] Name (Of Person To Be	e Contacted A	bout This App	lication		
	Prefix:					
	*First Name:					
	Middle Name:					
	*Last Name:					
	Suffix:					
	Job Title:					
	iness Telephone No:					
E	Business Cellular No:					
*Bus	iness Email Address:					
		S	ave and Continue	Cancel		

Applicant Tab 2:

Applicant Tab for Amendment or Renewal of a License:

								11.511
[2,4] Applicant	[3] Locations	[5,6] Materials	[7,8] Individuals	[9,10,11] Other Info.	Attachments	[12] License Fees	Review and [13] Certification	
[2] Name A	and Mailing A	ddress of App	licant					
	*Applicant Name:	ABC Solutions, Inc						
	*Address Line 1:		123 Main Street					
	Address Line 2:							
	Address Line 3:							
	*City:	Somewhere						
	*******	Somewhere						
	*State:	Tennessee						
	*Zip:	33333						
	Province:							
	*Country:	United States of Ameri	са					
[4] Name C		e Contacted A	bout This App	lication				
	Prefix:							
	*First Name:	John						
	Middle Name:							
	*Last Name:							
	"Last Name:	Doe						
	Suffix:	СНР						
	Job Title:	Corp RSO						
*Busi	ness Telephone No:	333-444-5555						
В	usiness Cellular No:	444-555-6666 (cel	1)					
*Busi	ness Email Address:	John.Doe@AbcSo	utions.com					
		s	ave and Continue	Cancel				
4								

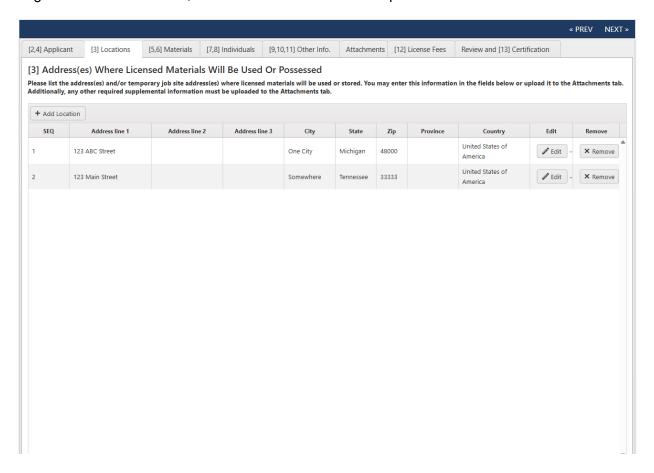
Applicant Tab 3:

After application package is generated, all input fields are disabled:

[2,4] Applicant	[3] Locations	[5,6] Materials	[7,8] Individuals	[9,10,11] Other Info.	Attachments	[12] License Fees	Review and [13] Certification	
[2] Name A	and Mailing Ad	ddress of App	licant					
*Applicant Name: *Address Line 1:		ABC Solutions, Inc. 123 Main Street						
	Address Line 2:							
	Address Line 3:							
	*City:	Somewhere						
	*State:	Tennessee						
	*Zip:	33333						
	Province:							
	*Country:	United States of Ameri	са					
[4] Name (of Davison To D	a Camtastad A	haut Thia Ann	liantion				
[4] Name C		e Contacted A	bout This App	lication				
	Prefix:							
	*First Name:	John						
	Middle Name:							
	*Last Name:	Doe						
	Suffix:	СНР						
	Job Title:	Corp RSO						
*Busi	ness Telephone No:	333-444-5555						
E	usiness Cellular No:	444-555-6666 (cel	1)					
*Busi	ness Email Address:	John.Doe@AbcSo	lutions.com					
		S	ave and Continue	Cancel				
4								

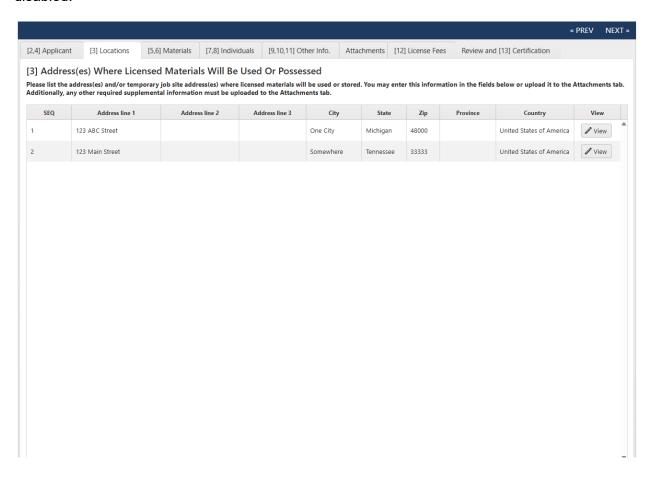
Locations Tab 1:

Regular locations tab: Add, Edit and Remove locations capabilities are enabled



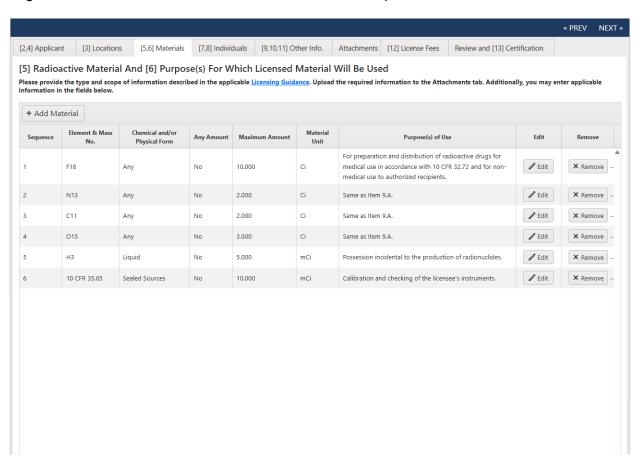
Locations Tab 2:

After application package is generated, Add, Remove and Edit locations capabilities are disabled.



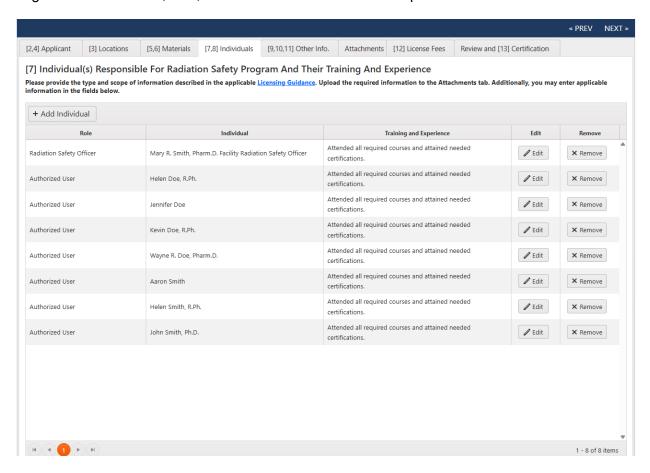
Materials Tab 1:

Regular Materials tab, Add, Edit and Remove Materials capabilities are enabled:



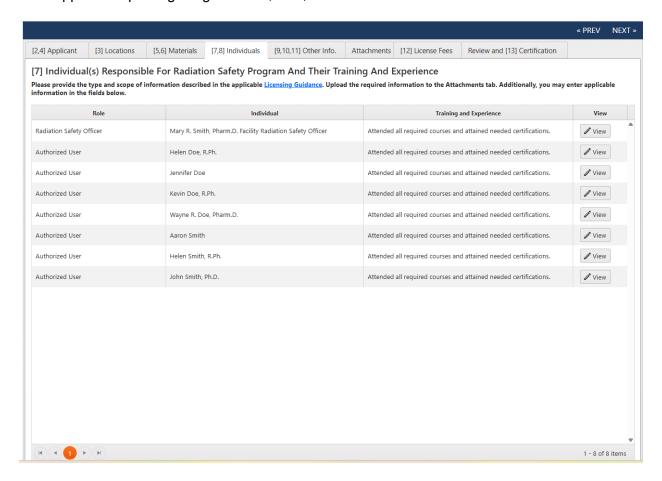
Individuals Tab 1:

Regular Individuals tab, Add, Edit and Remove Individuals capabilities are enabled:

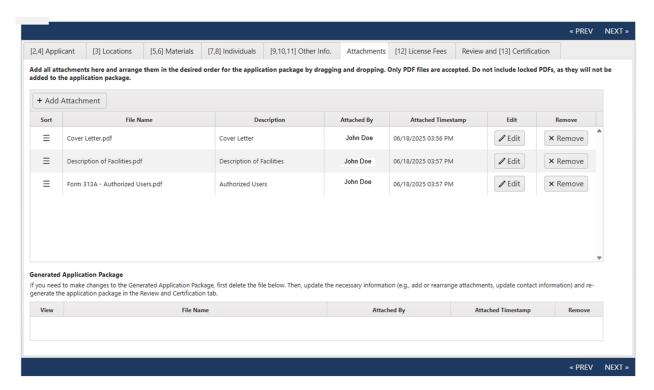


Individuals Tab 2:

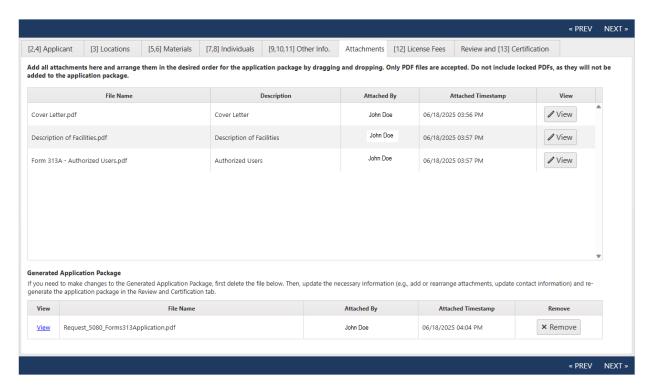
After application package is generated, Add, Remove and Edit Individuals are disabled:



Attachment Tab 1: Regular Attachments tab, Add, Edit, Remove and Sort Attachments capabilities are enabled.

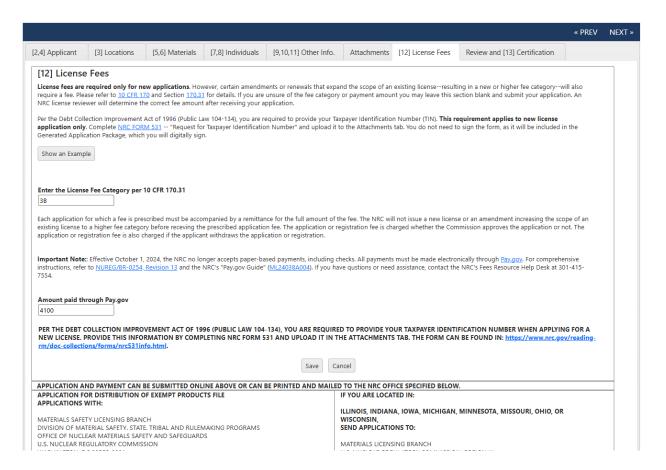


Attachment Tab 2: After application package is generated, Add, Remove, Edit and Sort Attachments capabilities are disabled.



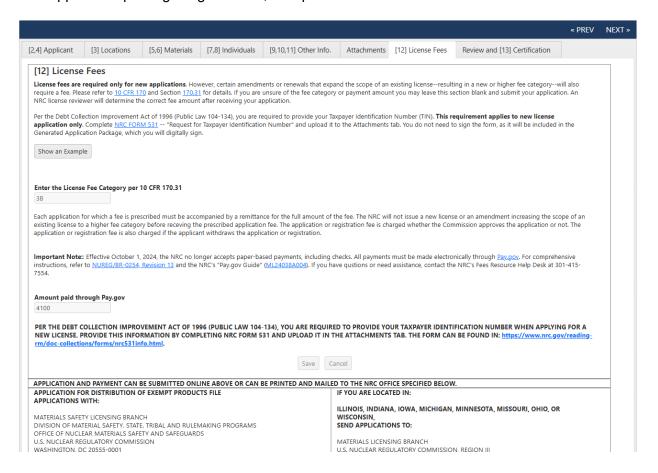
License Fees Tab 1:

Regular License Fee tab, License Fee Category and Amount Paid Thru Pay.gov fields are enabled:



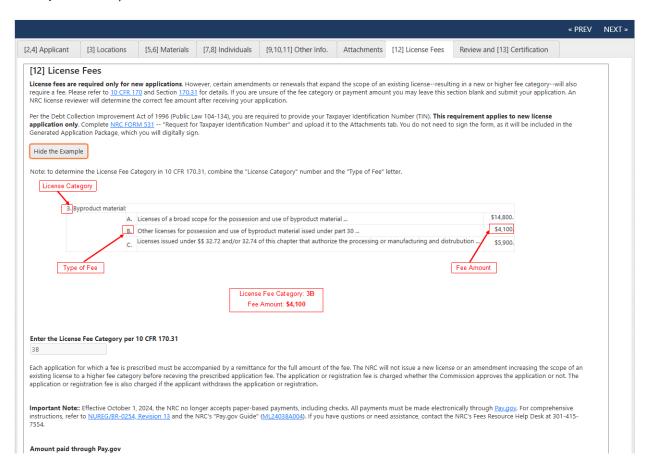
License Fees Tab 2:

After application package is generated, all input fields in License Fees tab are disabled:



License Fees Tab 3:

License Fees tab with displaying an example (toggled by clicking "Show an Example/Hide the Example" button):



Review and Certification Tab

[2,4] Applicant	[3] Locations	[5,6] Materials	[7,8] Individuals	[9,10,11] Other Info.	Attachments	[12] License Fees	Review and [13] Certification				
[2,4] Applicant	[5] LOCATIONS	[5,0] iviaterials	[7,0] ITIUIVIUUAIS	[9,10,11] Other Inio.	Attacriments	[12] License rees	Review and [15] Certification				
C	41		l !\$			4- 41 1:4:		d deleasable #11= to			
Generate the draft application and verify that all information is correct before signing. If you need make changes to the application package after it has been generated, delete the file in Attachments tab, make the necessary changes, and re-generate the application package.											
				Generate Applic	ation Package						
[13] Certifi	cation										
(Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT. NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.											
Certifying Office											
	Prefix:										
	*First Name:	John									
	Middle Name:										
	*Last Name:										
	Last Ivallie.	Doe									
	Suffix:										
	*Job Title:	Radiation Safety Of	ficer								
			Save Cancel								
			Save Cancer								
Submit Applicat	ion for Signature										
✓ I have review	ed the application	form and I am ready	to certify and digita	lly sian it							
Submit Date:		and I dill ready	are account, unto digital	,9							
Submit Date:	6/17/2025										
After clicking on the Submit for Digital Signature button below you will receive an email from ISMP HELPDESK via DocuSign to request your digital signature on the NRC Form 313. If you do not receive the email message within 15 minutes after submitting the application for signature, please check your junk mail or spam folder in case the email got delivered there instead of your inbox. If you do not receive the email, please contact the WBL Help Desk at 1-877-671-6787 or WBLHelp.Resource@nrc.gov for further assistance.											
Submit for D	igital Signature										

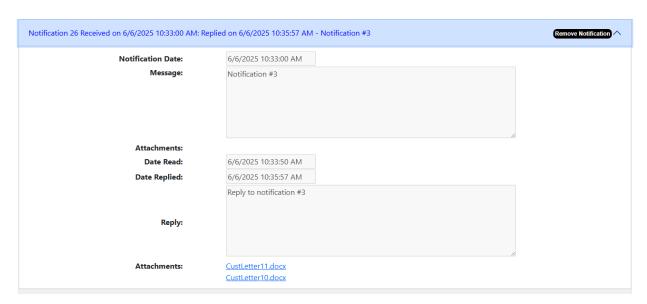
Application Status Page:



Notifications Page:



Notification Details Panel:



Notifications Details-for replying to a notification:

