NRC FORM 398 (MM-YYYY) 10 CFR 55.31, 55.35, 55.47, and 55.57 PERSONAL QUALIFICATION STATEMENTLICENSEE						APPROVED BY OMB: NO. 3150-0090 EXPIRES: MM/DD/YYYY Estimated burden per response to comply with this mandatory collection request: 2.4 hours. NRC requires this information to ensure that applicant/slicensees meet all the requirements for taking reactor operator examinations. Send comments regarding burden estimate to the Records and FOIAPrivacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk									
TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED						Mana collec	Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0090), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.								
1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (Include ZIP Code)						4. TYPE OF APPLICATION (Check applicable boxes)									
Mr. Mrs.	Ms.						a. NEW		f. W	AIVER REQUEST	ED (Ju	stify In It	em 17)		
							b. RENEWAL c. UPGRADE d. MULTI-UNIT (Ami Include Additiona e. REAPPLICATION	al Unit)		1 - WRITTEN 2 - OPERATING 3 - ELIGIBILITY 4 - MEDICAL 5 - OTHER))		
2. CITIZENSHIP 3. BIRTH DAT					I DATE		1 - FIRST DENI		a. D	ATE PASSED GF	E				
a. UNITED STATES			MONTH DAY YEAR				2 - SECOND DE		g. <i>D</i> ,		-				
b. OTHER (Specify)							3 - THIRD DENI		-	MM YY					
										_					
5. TYPE OF LICENSE	APPLIED FOR						6. CURRENT OR PREVIOUS LICENSE(S) HELD								
		a. DOCK	ET NO.	RO	SRO LSR	o b.		MONTH	DAY YEAR	d. FACILITY	DOCK	ET NUM	BER		
b. SENIOR OPERATOR	. ,	55-	55-							50-					
7. NAME AND ADDRESS OF	•		nclude Z	ZIP Coo	le)			10 CU	RRENT POSITIO	ΝΑΤΕΛΟΙΙΙΤΥ					
8. NAME OF APPLICANT'S FACILITY FACILITY DOCKET NUMBER 9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)						a. PLANT SUPERINTENDENT/MANAGER i. AUXILIARY UNIT OPERATOR/ TRAINEE/TURBINE b. ASSISTANT PLANT SUPERINTENDENT/MGR. DUILDING/EQUIPMENT OPERATOR (NON- LICENSED OPERATOR) c. SHIFT SUPERVISOR j. OTHER (Specify) d. STAFF ENGINEER j. OTHER (Specify) e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER									
					11.		DUCATION DEGREE CODES								
a. HIGH SCHOOL		b. COLL	STUDY NUMBER HIGHEST OF YEARS USE Codes)			(To	be used for "HIGHEST GREE" obtained)		c. VOCATIONAL/TECHNICAL			NUMBER OF			
GRADUATE	MAJOR AREA	(S) OF STUI					NONE CERTIFICATE		TYPE OF	MONTHS		YES NO			
GED EQUIVALENCY	ENGINEERING					2 - /	ASSOCIATE BACHELOR								
NO	OTHER						MASTER DOCTORAL								
		1	2. POV		ACTOR		ATOR TRAINING PRO	GRAM							
a. HAS THE APPLICANT COMPLETED THE OPERATOR TRAINING PROGRAM ACCREDITED BY THE NATIONAL NUCLEAR ACCREDITING BOARD?						b.	IS A "PLANT-REFERENCE (AS DEFINED IN 10 CFR 5 OPERATOR TRAINING PF	ED SIMU 55.4) USI	ED IN THE	YES		NO			
13. TRAINING (Since Last Application - See Instructions)					14. SIGNIFICANT CONTROL MANIPULATIONS										
a. CLASSROOM			MONTH AND YEAR NUMBER FROM TO OF WEEKS				DESCRIPTION PLANT						MULATOR		
1 NUCLEAR POWER PLAN	IT FUNDAMENTALS			10		a.									
2 PLANT SYSTEMS						b.									
3 PLANT PROCEDURES						C.									
b. SIMULATOR						d.									
c. SRO INSTRUCTION						e.									
d. EXTRA PERSON ON SHIFT IN COM						f.									
TIME ON SHIFT ABOVE 20% POWER						g.									
e. REQUALIFICATION						h. i.									
f. OTHER (Specify)						i. j.									

15. EXPERIENCE DETAILS												
POSITION TITLE	FA	CILITY	DUTIES									
					NEWALS ONLY							
				IO. FOR RE	NEWALS ONLY			DATE		RES	SULT	
	b. DAT	ATE AND RESULT OF LAST			BATE							
a. HOURS OPERATED FACILITY: 100 - 1000 > 1000 (MORE THAN)					UALIFICATION E							
17. COMMENTS					PASS		FAIL					
	18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, & ATTACHED											
				19. SIG	NATURES							
 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 in accordance with the instructions. 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 Liccensee'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 pregrams, as necessary. 												
SIGNATURE - APPLICANT	ie results of	examinations 1	ribed in 10 CFR Pa to my employers for	rt 26; and (4) a	any reas ring retra	aining program	ns, as nec	cation of un essary.	nstanc	ory or a e where I		
 CHECK APPLICABLE BOX FOR TYPE OF APPLICATION (i.e., check (b) if item 4.a, 4.c, 4.d, or 4.e is checked; check (c) if item 4.b, "RENEWAL," applies) b. 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 Title 10, 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. c. I certify that the above named individual completed the approved requalification program (with the exceptions noted in Item 17) 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. 											nstanc	ory or a e where I
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INSTRUCTIONS FOR COMPLETING NRC FORM 398, PERSONAL QUALIFICATION STATEMENT--LICENSEE

You must complete items 1-10, 18, and 19, plus changes since your last application, and other items as specified below. For additional guidance refer to NUREG-1021, "Operator Licensing Examination Standards for Power Reactors," or NUREG-1478, "Non-Power Reactor Operator Licensing Examiner Standards."

4. TYPE OF APPLICATION

- a. NEW "X" if you are a new applicant at this facility. Complete items 11-15 (10 CFR 55.31).
- **b. RENEWAL** "X" if you are renewing a current license. Complete items 12, 13.e, and 16 (10 CFR 55.57); if items 12.a and 12.b are checked "YES," then item 13.e does not have to be completed.
- c. UPGRADE "X" if you hold an RO license and are applying to upgrade your license to an SRO at the same facility. Complete items 12, 13, and 15 relevant to the SRO upgrade.
- **d. MULTI-UNIT -** "X" if you hold a license at your facility and are applying to amend your current license to add an additional unit. Complete item 13 as it applies to unit differences.
- e. REAPPLICATION "X" if you have previously been denied a license. Indicate whether you are reapplying after a first denial, second denial, or third denial. Describe, in detail, in items 13 and 17, the additional training completed since the last denial (10 CFR 55.35). If you previously withdrew an application, check item 4.e.4 and complete items 11-15.
- f. WAIVER REQUESTED "X" the applicable waiver requested and explain/justify in detail in item 17 (10 CFR 55.47). Refer to NUREG-1021 or -1478, as applicable, for additional guidance.
- g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION (GFE) This is not applicable to research and test reactors or licenses limited to fuel handling (item 5.c), renewal or upgrade applications (items 4.b & c). Enter the month and year you passed the GFE for the type of facility (BWR/PWR) identified in item 8. If you have not passed the GFE, explain in item 17.
- 11. 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 the 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 17.
- 12. POWER REACTOR OPERATOR TRAINING PROGRAM Check the appropriate box in items 12.a and 12.b.
 - Checking "YES" in item 12.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 by the National Academy for Nuclear Training in its current guidelines for initial training and qualification of licensed operators.
 - If "YES" is checked in both items 12.a and 12.b then items 13 and 15 do not have to be completed with the following exceptions: (1) certified instructors seeking an SRO license must complete item 15; (2) any exceptions or waivers from the education and experience requirements outlined by the National Academy for Nuclear Training must be explained in item 17.
- **13. TRAINING -** All requalification training time is to be accounted for in item 13.e (unless items 12.a and 12.b are checked "YES"). Do not "double list" the time spent in requalification training for classroom or simulator time under items 13.a or 13.b.
- 14. SIGNIFICANT CONTROL MANIPULATIONS If you are a new applicant (item 4.a), you must provide evidence that you have successfully manipulated the controls of the facility for which a license is sought. Describe (date, time, type, and magnitude) at least five significant control manipulations that affect reactivity or power level and whether the manipulations were performed in the plant or on the simulator (10 CFR 55.31(a)(5), 10 CFR 55.46(c)).
- 15. EXPERIENCE DETAILS For each position held, provide position title, time in position (from/to and number of months), facility, and a description of duties performed while in that position. Do not double count time. If you had overlapping duties, the time should reflect the amount of time you were assigned to those particular duties. In no case should the number of months reported exceed the number of months that are in that time period. If more space is needed, use item 17 or attach additional information.
- FOR RENEWALS ONLY (a) Check the box that 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 (10 CFR 55.57).
- 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, IS ATTACHED NRC Form 396 must accompany this application unless a waiver of the medical examination is being requested in item 4.f.4 (10 CFR 55.23).
- SIGNATURES You must sign and date item 19.a. Obtain signatures of your training coordinator and your senior management representative on site and have them check block 19.b or 19.c, as directed (10 CFR 55.31, 10 CFR 55.57).

Detach these instructions and submit the completed original NRC Forms 398 and 396 to the appropriate address. (See reverse side for addresses and for the Privacy Act Statement.)

ADDRESSES

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the appropriate NRC office 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 III U.S. NUCLEAR REGULATORY COMMISSION 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352

U.S. NUCLEAR REGULATORY COMMISSION OPERATOR LICENSING AND HUMAN PERFORMANCE BRANCH DIVISION OF INSPECTION AND REGIONAL SUPPORT OFFICE OF NUCLEAR REACTOR REGULATION WASHINGTON, DC 20555-0001 REGIONAL ADMINISTRATOR, REGION II U.S. NUCLEAR REGULATORY COMMISSION SAM NUNN ATLANTA FEDERAL CENTER 61 FORSYTH STREET, S.W., SUITE 23T85 ATLANTA, GA 30303-8931

REGIONAL ADMINISTRATOR, REGION IV U.S. NUCLEAR REGULATORY COMMISSION 611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 76011-4005

RESEARCH AND TEST REACTORS

U.S. NUCLEAR REGULATORY COMMISSION RESEARCH AND TEST REACTORS BRANCH DIVISION OF POLICY AND RULEMAKING OFFICE OF NUCLEAR REACTOR REGULATION WASHINGTON, DC 20555-0001

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552(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 Nuclear Regulatory Commission (NRC) on NRC Form 398. This information is maintained in a system of records designated as NRC-16, described at 67 *Federal Register* 63784 (October 15, 2002), or the most recent *Federal Register* publication of the NRC's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, 11555 Rockville Pike, Rockville, Maryland, or located in NRC's Agencywide Documents Access and Management System (ADAMS).

- 1. AUTHORITY: 42 U.S.C. 2137 and 2201(i) (1992).
- 2. PRINCIPAL PURPOSE(S): To ensure that applicants/licensees meet all the requirements for taking reactor operator examination.
- 3. ROUTINE USE(S): Information may be used to determine if the individual meets the requirements of 10 CFR Part 55 to take an examination or to be issued an operator's license; to provide researchers with information for reports and statistical evaluations related to selection, training, and examination of facility operators; to provide for examination and testing material and obtain results from contractors; and to provide facility management with sufficient information to enroll the individual in the licensed operator re-qualification program. The information may also be disclosed to an appropriate Federal, State, local or Foreign 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, local and Foreign agency to the extent relevant and necessary for an NRC decision about you. Information may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence, to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.
- 4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosing this information is voluntary. However, if the information requested is not provided, NRC will not be able to evaluate whether the applicant meets the requirements of 10 CFR Part 55.
- SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing and Human Performance Branch, Division of Inspection and Regional Support, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.