

APPLICATION/PERMIT FOR USE OF THE TWO WHITE FLINT NORTH (TWFN) AUDITORIUM

Estimated burden per response to comply with this voluntary information collection request: 15 minutes. This information is requested by NRC to determine the acceptability of the user and the scheduling and services needed. Send comments regarding burden estimate to the Records and FOIA/Privacy 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 Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0181), 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.

INSTRUCTIONS: Please submit with this application a copy, sample, or description of any material or item(s) proposed for distribution or display. Complete the check list of service needs for public-use space on the reverse of this form. Failure to complete this form will result in denial of a permit.
IMPORTANT: If the applicant proposes to represent an organization, a letter or other documentation, on letterhead from that organization, that the applicant has authority to represent that organization must be submitted with this form.

1. PROPOSED DATE(S)	FROM (MM/DD/YYYY)	HOUR	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	TO (MM/DD/YYYY)	HOUR	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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2. NAME OF APPLICANT AND TITLE (First, Middle Initial, Last)

BUSINESS ADDRESS (Street, Suite/Apt. No., City, State, ZIP Code)	ESTIMATED NUMBER OF PARTICIPANTS	BUSINESS TELEPHONE NUMBER (Include Area Code)
	BUSINESS EMAIL ADDRESS	BUSINESS FACSIMILE NUMBER (Include Area Code)

3. NAME OF PERSON(S) AND TITLE, ORGANIZATION(S) SPONSORING, PROMOTING, OR CONDUCTING THE PROPOSED ACTIVITY

BUSINESS TELEPHONE NUMBER (Include Area Code)

BUSINESS ADDRESS (Street, Suite/Apt. No., City, State, ZIP Code)

4. NAME OF PERSON(S) AND TITLE OF WHO WILL SUPERVISE/BE RESPONSIBLE FOR THE PROPOSED ACTIVITY

BUSINESS TELEPHONE NUMBER (Include Area Code)

BUSINESS ADDRESS (Street, Suite/Apt. No., City, State, ZIP Code)

5. DESCRIPTION OF PROPOSED ACTIVITY

6. CERTIFICATION

AN APPLICANT PROPOSING TO ENGAGE IN THE SOLICITATION OF FUNDS MUST CHECK ONE OF THE FOLLOWING STATEMENTS:

I CERTIFY THAT:

- I represent and will be soliciting funds for the sole benefit of a religion or religious group.
- My organization has received an official Internal Revenue Service (IRS) ruling or letter of determination stating that the organization or its parent organization qualifies for tax-exempt status under 26 U.S.C. 501(c)(3),(c)(4), or (c)(5).
- My organization has applied to the IRS for a determination of tax-exempt status under 26 U.S.C. 501(c)(3),(c)(4), or (c)(5) and that the IRS has not yet issued a final administrative ruling or determination of such status.

I certify that I am authorized to sign this application on behalf of the named organization. I have read and fully comprehend all fees, rules, and regulations contained in the policies and procedures associated with the use of the Two White Flint North Auditorium. I fully accept liability for any damages that may occur during the scheduled use or any additional charges that may result from the designated use of the auditorium.

SIGNATURE - APPLICANT	DATE
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CHECK LIST OF SERVICE NEEDS FOR PUBLIC-USE SPACE

AUDITORIUM *(Check items needed)*

CATERING KITCHEN

- MICROPHONE
- PODIUM
- DIAS CONFIGURATION

WILL FOOD OR DRINK BE SERVED DURING PROGRAM HOURS? YES NO

It is the user's responsibility to ensure that the kitchen is clean and in order before leaving the premises.

NRC USE ONLY BELOW THIS LINE

SCHEDULE OF HOURLY COSTS FOR SERVICES

All programs are after NRC normal hours of operation. The following is a schedule of hourly costs for requested services.

FEE SCHEDULE	FEE	FROM	A.M.	P.M.	TO	A.M.	P.M.	COST
PER HOUR	\$ 238							
TOTAL								

ADMINISTRATIVE REVIEW

- APPROVED DISAPPROVED

IF DISAPPROVED, REASON FOR DISAPPROVAL

REVIEWING OFFICIAL *(Typed or printed name and title)*

SIGNATURE

DATE

SECURITY REVIEW

- APPROVED DISAPPROVED

REVIEWING OFFICIAL *(Typed or printed name and title)*

SIGNATURE

DATE

PERMIT FOR USE OF THE TWO WHITE FLINT NORTH AUDITORIUM

BASED UPON ADMINISTRATIVE AND SECURITY REVIEWS, THIS APPLICATION IS

- APPROVED
 DISAPPROVED

REVIEWING OFFICIAL *(Typed or printed name and title)*

SIGNATURE

DATE