

**REQUEST FOR REVIEW OF A CUSTOMER SATISFACTION SURVEY
UNDER GENERIC CLEARANCE**

TITLE OF SURVEY			OMB APPROVAL NUMBER
			3150 - 0197
			REQUESTED RESPONSE DATE
ESTIMATED NUMBER OF RESPONSES	BURDEN HOURS PER RESPONSE	TOTAL ESTIMATED BURDEN HOURS	ESTIMATED SURVEY COMPLETION DATE

DESCRIPTION AND OBJECTIVES OF SURVEY

OFFICE CONTACT <i>(Name and Title)</i>	TELEPHONE NUMBER
--	------------------

OCIO APPROVAL NRC Clearance Officer	SIGNATURE	DATE
--	-----------	------

OMB APPROVAL

SIGNATURE OF OMB OFFICIAL	DATE
---------------------------	------