

# DUPLICATION REQUEST

Estimated burden per response to comply with this information request to obtain a benefit: 5 minutes. This data is needed to locate the information requested by the individual. Send comments regarding burden estimate to the Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0066), 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.

DATE OF REQUEST

## DOCUMENT FILE INFORMATION

### OUTPUT CATEGORIES:

<b>P = PAPER</b>	<b>CD = CD-ROM</b>	<b>AF = APERTURE FULL BLOWBACK</b>	<b>DVD = DVD-ROM</b>	
<b>M = MICROFICHE</b>	<b>AD = APERTURE DUPLICATE</b>	<b>AR = APERTURE REDUCED BLOWBACK</b>	<b>PDF = PDF FILE</b>	
IDENTIFICATION			NO. OF COPIES	OUTPUT CATEGORY

### BILL TO

### SEND TO (if different from BILL TO)

ORGANIZATION		ORGANIZATION	
NAME		NAME	
ADDRESS		ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
TELEPHONE (Include Area Code/Ext)	FAX TELEPHONE (Include Area Code/Ext)	TELEPHONE (Include Area Code/Ext)	FAX TELEPHONE (Include Area Code/Ext)

### SHIPPING METHODS

CUSTOMER EMAIL ADDRESS

- PICKUP AT PDR
- EMAIL
- FAX
- OTHER: \_\_\_\_\_
- PICKUP AT COPY SERVICE
- MAIL (U.S. POSTAL SERVICE)
- UPS (UNITED PARCEL SERVICE)
- FEDERAL EXPRESS

COPY ACCOUNT ON FILE

SHIPPING OPTION ACCT. NO. (If applicable)

OTHER (Specify)

- VISA
- MASTER CARD
- DISCOVER

CREDIT CARD NUMBER (Include Hyphens -)

EXPIRATION DATE

- AMERICAN EXPRESS

AMEX CARD NUMBER (Include Hyphens -)

EXPIRATION DATE

ORDERED BY (INITIALS)	COMPLETED BY (INITIALS)	SPECIAL INSTRUCTIONS
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SHIPPING METHODS		CUSTOMER EMAIL ADDRESS	
<input type="checkbox"/> PICKUP AT PDR	<input type="checkbox"/> PICKUP AT COPY SERVICE	<input type="checkbox"/> <b>COPY ACCOUNT ON FILE</b>	
<input type="checkbox"/> EMAIL	<input type="checkbox"/> MAIL (U.S. POSTAL SERVICE)		
<input type="checkbox"/> FAX	<input type="checkbox"/> UPS (UNITED PARCEL SERVICE)	SHIPPING OPTION ACCT. NO. (If applicable)	
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> FEDERAL EXPRESS	OTHER (Specify)	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> DISCOVER	CREDIT CARD NUMBER (Include Hyphens -)
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