

**Request for Approval under the “Requests to Agreement States for Information” Information Collection (OMB Control Number: 3150-0029)**

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**TITLE OF INFORMATION COLLECTION:** OPPORTUNITY TO COMMENT ON DRAFT DESK REFERENCE GUIDE FOR STANDARDIZATION OF PROCESSES FOR EVALUATING CERTAIN EXEMPTION REQUESTS UNDER 10 CFR 30.12, 10 CFR 40.11, AND 10 CFR 70.11

**PURPOSE:** To provide the Agreement States an opportunity to comment on the draft Desk Reference Guide for the standardization of processes for evaluating certain exemptions requests from Department of Energy (DOE) contractors under 10 CFR 30.12, 10 CFR 40.11, and 10 CFR 70.11.

Under 10 CFR 30.12, 10 CFR 40.11, and 10 CFR 70.11, DOE contractors using radioactive materials (byproduct material, source material, and special nuclear material) may be exempt from licensing requirements. These exemption requests are provided by Department of Energy contractors to the appropriate regulatory authority (NRC or Agreement State) indicating where persons are exempt from licensing. The Desk Reference Guide is an NRC document describing how these exemption requests are evaluated by the appropriate regulatory authority.

**Because the desk guide has not been approved by NRC management at this time, it cannot be made publicly available, but it has been provided to the OMB desk officer for review. All information provided in the letter represents pre-decisional information and cannot be released to the public.**

**DESCRIPTION OF RESPONDENTS:**

Respondents will be Agreement State Radiation Control Program Directors who are the individuals responsible for implementing the radiation control programs and for the regulation of radioactive material in the NRC Agreement States.

**TYPE OF COLLECTION:** (Check one)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Stakeholder Feedback | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing               | <input type="checkbox"/> Focus Groups                 |
| <input type="checkbox"/> Respondent Debriefings          | <input type="checkbox"/> Small Discussion Group       |
| <input type="checkbox"/> Other: _____                    |   |

**CERTIFICATION:**

I certify the following to be true regarding the proposed collection of information:

1. It is necessary for the proper performance of agency functions.
2. It avoids unnecessary duplication.
3. It reduces burden on small entities.
4. It uses plain, coherent, and unambiguous language that is understandable to respondents.

5. Its implementation will be consistent and compatible with current reporting and recordkeeping practices.
6. It indicates the retention periods for recordkeeping requirements.
7. It informs respondents of the information called for under 5 CFR 1320.8 (b)(3) about:
  - i. Why the information is being collected;
  - ii. Use of information;
  - iii. Burden estimate;
  - iv. Nature of response (voluntary, required for a benefit, or mandatory);
  - v. Nature and extent of confidentiality; and
  - vi. Need to display currently valid OMB control number
8. It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected.
9. It uses effective and efficient statistical survey methodology (if applicable).
10. It makes appropriate use of information technology.

Name: \_\_\_\_\_ Kristen Benney \_\_\_\_\_

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Y [X] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Radiation Control Program Officers	37	3	111
<b>Totals</b>	<b>37</b>		<b>111</b>

**FEDERAL COST:**

The estimated annual cost to the Federal government is: \$5,360 (20 hours of professional staff time at \$268/hr)

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
 Yes       No

**If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?**

The universe of potential respondents are the Radiation Control Program Directors of the US NRC Agreement States plus the Directors of the Wyoming and Vermont programs – this is 39 people.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
 Web-based or other forms of Social Media  
 Telephone  
 In-person  
 Mail  
 Other, Explain Respondents may call, mail, or email their comments to the NRC point of contact

Historically, the respondents contact the NRC by email if they have comments. For most requests of this type, we historically will receive less than ten responses out of a potential 39.

2. Will interviewers or facilitators be used?  Yes  No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

## **Instructions for completing Request for Approval**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

### **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

### **If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**