

**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-2F43), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by 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

<b>BILL TO</b>		<b>SEND TO (if different from BILL TO)</b>	
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)

<b>SHIPPING METHODS</b>		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)	SHIPPING OPTION ACCT. NO. (If applicable)	
<input type="checkbox"/> FAX	<input type="checkbox"/> UPS (UNITED PARCEL SERVICE)	OTHER (Specify)	
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> FEDERAL EXPRESS		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> DISCOVER	
<input type="checkbox"/> AMERICAN EXPRESS		CREDIT CARD NUMBER (Include Hyphens -)	EXPIRATION DATE
		AMEX CARD NUMBER (Include Hyphens -)	EXPIRATION DATE

ORDERED BY (INITIALS)	COMPLETED BY (INITIALS)	SPECIAL INSTRUCTIONS
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