

**Survey of the Nuclear Regulatory Commission Materials Licensees  
To Measure Impact of Changing the NRC Small Entity Size Standards**

OMB NO. 3150-XXXX EXPIRES: MM/DD/YYYY. The estimated burden to respond to this voluntary information collection is 20 minutes. This collection is a voluntary effort to gather financial data to determine if a change to the Title 10 CFR § 2.810, "NRC Size Standards" is needed. Send comments regarding the burden estimate to the Information Services Branch, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [infocollects.resource@nrc.gov](mailto:infocollects.resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-XXXX), 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 not required to respond to, the information collection.

Survey Instructions

**NOTE:** THE QUESTIONNAIRE SHOULD BE COMPLETED BY NRC LICENSEES.

Please answer the questions that apply to your situation as accurately as possible. Licensees operating independently (e.g. not as a subsidiary, division or part of a group medical practice) should, except when a question indicates otherwise, answer the questions as they apply to the location(s) listed in the license, including any temporary job sites supervised from this location.

If you have any questions about this survey, please contact **XX or XX at (xxx) xxx-xxxx**.

1. Please provide the following information:

Name of the Licensee (as it appears on the license): \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License Number (as it appears on your mailing label): \_\_\_\_\_

Docket Number (as it appears on your invoice): \_\_\_\_\_

2. If the organization listed above is a subsidiary or division of another company, please provide the following information for the parent company.

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country (if non-US address) \_\_\_\_\_

3. Is the license held by a governmental entity that is non-federal?

Yes (PLEASE CONTINUE WITH Q4)

No (PLEASE SKIP TO Q5)

4. What is the size of the supporting population in the licensee's jurisdiction? (e.g., for state supported schools, the supporting population is the state's population; for a county it is the county's population; for a city, it is the state's population residing in the city limits) (Please place an "X" by the appropriate range.)

- Less than 20,000
- 20,001 – 50,000
- 50,001 and higher

**\*\*\*\*\*GOVERNMENTAL LICENSEES SHOULD SKIP QUESTIONS #5 AND #6\*\*\*\*\***

5. What was the average number of persons employed by your (the licensee's) organization during your previous fiscal year? Any person on the payroll must be included as one employee regardless of the number of hours worked or temporary status.

Licensees operating as a subsidiary of a larger company or a group medical practice should provide employment figures for the larger organization's entire operations, including the parent company and all other affiliates. Affiliation with another business concern is based on the power to control, whether exercised or not. Such factors as common ownership, common management and identity of interest, among others, are indicators of affiliation. The affiliated business concerns need not be in the same line of business listed in the NRC license.

Please place an "X" by the range which corresponds to the average number of employees over the 12 months of the organization's 2017 fiscal year.

- 1 – 34
- 35 – 500
- 501 and up

6. What were your (the licensee's) total average annual receipts for the last three years?

For purposes of this question, receipts include all revenue, in whatever form received or accrued from any sources (e.g. sales, interest income, income from dividends, etc.), and not solely receipts from licensed activities. Receipts should exclude returns and allowances, sales tax collected and remitted to a governmental sales tax authority, and sales of capital assets (such as selling the firm's building or its production machinery). Please do not deduct income taxes, property taxes and cost of materials or funds paid to subcontractors.

Licensees operating as a subsidiary of a larger company or a group medical practice should provide receipt information for the larger organization's entire operations, including the parent company and all other affiliates. Affiliation with another business concern is based on the power to control, whether exercised or not. Such factors as common ownership, common management and identity of interest, among others, are indicators of affiliation. The affiliated business concerns need not be in the same line of business listed in the NRC license.

Please place an "X" next to the appropriate range which corresponds to the organization's annual receipts for the 2017 fiscal year.

- |   |  |
|---|--|
| <input type="checkbox"/> Less than \$485,000        | <input type="checkbox"/> \$15,000,001 – 27,500,000 |
| <input type="checkbox"/> \$485,000 – 7,000,000      | <input type="checkbox"/> \$27,500,001 – 38,500,000 |
| <input type="checkbox"/> \$700,000,001 – 15,000,000 | <input type="checkbox"/> \$38,500,001 – and up     |

7. Do you know your organization's primary 6-digit NAICS Code(s)?

- Yes – IF YES, PLEASE ANSWER QUESTION 8.
- No – IF NO, PLEASE SKIP QUESTION 8 AND ANSWER QUESTION 9.

8. Please provide your organization's primary 6-digit North American Industry Classification System (NAICS) business Code(s). Note: Some organizations have more than one NAICS Code. If your organization has several NAICS codes, please provide only the top of the Column. (The most predominant NAICS code will be the one with the highest production value associated with it.)

Licensees operating as a subsidiary or division of a larger company should provide NAICS codes for the parent company.

NAICS Codes

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\*\*\*\*\*ALL RESPONDENTS SHOULD ANSWER THE FOLLOWING QUESTION\*\*\*\*\*

9. Which of the following best describes your organization?

- Construction
- Government
- Manufacturing
- Other (Please Explain: \_\_\_\_\_)