

## Part-55 Exemption Request for Research and Test Reactors/Non-Power Reactors

By letter dated April 14, 2020, (ML20104C071), the NRC provided guidance to the industry for the expedited review of licensee requested exemptions from the operator requalification program requirements in 10 CFR 55.59 (c)(1), 10 CFR 55.59(a)(1), and 10 CFR 55.59(a)(2); and medical requirements in 10 CFR 55.21, 10 CFR 55.53(i), and 10 CFR 55.57(a)(6); and licensed operator active status requirements in 10 CFR 55.53(e). Consistent with this regulation, and as detailed in the April 14, 2020, letter and its attachment, the NRC will expeditiously review requests from individual licensees for exemptions from the requirements specified in 10 CFR 55.59(c)(1), 10 CFR 55.59(a)(1), 10 CFR 55.59(a)(2), 10 CFR 55.21, 10 CFR 55.53(i), 10 CFR 55.57(a)(6), or 10 CFR 55.53(e). If the licensee determines that it cannot meet criteria for an expedited review or that it needs a different Part 55 exemption, then the licensee must seek separate NRC approval through the normal exemption process. This form is intended for use by research and test reactor/non-power reactor licensees to request these exemptions.

APPROVED BY OMB NO. 3150-0018

Expiration Date: 11/30/20

Estimated burden per response to comply with this collection request: 2 hours. This form is used to submit COVID-19 related requests for an exemption from the requirements in 10 CFR Part 55. Send comments regarding burden estimate to the Information Services Branch (T-6 A10M), 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 (3150-0018), 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.

\* Required

### Demographics

1. Submitter Name/Title \*

2. Email Address \*

*Please enter the email address for which you would like to receive communications regarding this request.*

3. Licensee/Organization \*

4. Facility Name \*

5. Docket Number \*

6. License Number \*

7. Project Manager \*

8. Need By Date \*

Please input date in format of M/d/yyyy



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