



ENROLLMENT

LOGIN

Access your NRC External Credential Service account

User ID:

Password:

Login

[Forgot Password](#)

OMB 3150-XXXX Expiration MM/DD/YYYY

Estimated burden per response to comply with this voluntary information collection request: 15 minutes. NRC will use the information provided for identity proofing and credential issuance. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), 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-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 is not required to respond to, the information collection.

[Log in to access your account](#)



ENROLLMENT

LOGIN

[Privacy Act Statement](#)

Digital Credential Request - Registration Information

Please enter the following information and then click *Continue* to go to next screen

First Name:

*

Middle:



Company Name:

*

PRIVACY ACT STATEMENT NRC FORM 996 DIGITAL CREDENTIAL REQUEST - REGISTRATION INFORMATION

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by Section 3 of the Privacy Act of 1974(Public Law 93 - 579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission(NRC) in connection with the Personal Identity Verification(PIV) card enrollment and issuance process. This information will be maintained in a system of records designated as NRC - 45.This system is described in the most recent Federal Register publication of the NRC's System of Records Notice for the system, which can be accessed from the agency's public web site at: <https://www.nrc.gov/reading-rm/foia/privacy-systems.html> .

1.AUTHORITY: 5 U.S.C. 301; 42 U.S.C. 2165 and 2201(i); 44 U.S.C. 3501, 3504; Electronic Government Act of 2002, 44 U.S.C.chapter 36; Homeland Security Presidential Directive 12 (HSPD-12), Policy for a Common Identification Standard for Federal Employees and Contractors, August 27, 2004; Executive Order(E.O.) 9397, as amended by E.O. 13478.

2. PRINCIPAL PURPOSE: Your fingerprints, photo image, and identity(I-9) documents are being collected as part of the NRC PIV enrollment and issuance process.

3. ROUTINE USES: The NRC may disclose information contained in the NRC-45 system of records without the consent of the subject individual if the disclosure is compatible with the purpose for which the record was collected under the routine uses listed in the System of Records Notice for the NRC 45 system, including, but not limited to, the following: To agency electronic credential program contractors to compile and maintain documentation on applicants for verifying applicants' identity and authority to access information system applications; to establish and maintain documentation on information sources for verifying applicants' identities; to ensure proper management, data accuracy, and evaluation of the system; to Federal authorities to determine the validity of subscriber digital certificates and other identity attributes; to the National Archives and Records Administration(NARA) for records management purposes; to a public data repository(only name, e-mail address, organization, and public key) to facilitate secure communications using digital certificates; to a Federal, State, local or foreign agency that has authority to investigate, enforce, implement or prosecute laws if the record in question indicates a violation of such laws, or for civil or criminal law or regulatory enforcement purposes to another agency in response to a written request from that agency's head or an official who has been delegated such authority; to a Federal, State, local, or foreign agency requesting a record that is relevant and necessary to its decision on a matter of hiring or retaining an employee, issuing a security clearance, reporting an investigation of an employee, letting a contract, or issuing a license, grant, or other benefit; in the course of discovery; in presenting evidence to a court, magistrate,

Digital Credential Request - Registration Information

Please enter the following information and then click *Continue* to go to next screen.

First Name:	<input type="text"/>	Middle:	<input type="text"/>	Last:	<input type="text"/>	Suffix:	<input type="text"/>
<input type="checkbox"/> Company Name:	<input type="text"/>						
<input type="checkbox"/> Business Email:	<input type="text"/>	<input type="checkbox"/> Company Phone Number:	<input type="text"/>	Extension:	<input type="text"/>		
<input type="checkbox"/> Home Street Address:	<input type="text"/>		<input type="checkbox"/> Home Address 2:	<input type="text"/>			
<input type="checkbox"/> Home City:	<input type="text"/>						
<input checked="" type="radio"/> US Address <input type="radio"/> Canadian Address							
<input type="checkbox"/> Home State:	<input type="text"/>	<input type="checkbox"/> Zip:	<input type="text"/>				
<input type="checkbox"/> Home Phone:	<input type="text"/>						
<input type="checkbox"/> Credential Type:	<input type="text"/>	Which Credential type should I select?					
<input type="checkbox"/> ID Proofing Options:	<input type="text"/>	Which ID Verification Option?					
<input type="checkbox"/> Create Password:	<input type="text"/>						
Confirm Password:	<input type="text"/>						

Authentication Questions

Please answer the following questions, Answers will be automatically converted to upper-case.

Security Question 1:	<input type="text"/>	<input type="text"/>
Security Question 2:	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Applicant Notes:	<input type="text"/>	

The purpose of this Identity Proofing page is for you to provide assurance as to your identity.

Failure to submit accurate information is a violation of government policy and subject to denial of access and penalties as provided under law.

Login: jms2001

Full Name: John M. Smith

Company Name: ABC Company

Business Email: john.smith@gmail.com

Company Phone Number: (202)-123-1232

Credential Type: One Time Password - Mobile Token

Cell/personal Telephone Number: (214)-123-1231 *

Upload a Recent Photo of Yourself: Selfie.PNG *

Upload a Photo ID: **Select the Type of Photo ID:** [What are Acceptable Photo IDs?](#)

Enter the Expiration Date of the Photo ID (mm/dd/yyyy):

DL.PNG *

By checking this box, you acknowledge that you have read and accept the conditions as defined in the Rules of Behavior and Privacy Document.

Rules of Behavior: Please check the accuracy of information provided as an error will require application resubmission and reapproval. This submission will be provided to the review committee for assessment. Upon completion, an email will be sent to the address listed indicating the decision of the committee and next steps. Review is generally completed within three business days.

* [Link to the Rules of Behavior Page: Click Here](#)

* indicates a required field indicates a required field

Gold Credential - Review

Gold Credential Review Credentials

Login: jms2001
Full Name: John Smith
Company Name: ABC Company
Business Email: john.smith@gmail.com
Company Phone Number: (202)-123-1232
Credential Type: One Time Password - Mobile Token
Cell/personal Telephone Number: (214)-123-1231
Uploaded User Photo:



Photo ID: Driver's License **Expiration Date:** 02/04/2021



Submit

Gold Credential - Acknowledgement Page Title

Your request for a NRC One Time Password - Mobile Token credential was successfully submitted. The request has been forwarded for additional processing and you will be notified via email of its progress.

If you have any questions, please contact the Support Center for your NRC application:

Gold Portal

Email -

Telephone - 301-415-1234

Thank you.

NRC Identity, Credential, and Access Management Services

Please press Done to finish.

Done