

Warning

APPROVED BY OMB: NO. 3150-0043 EXPIRES: MM/DD/YYYY

Estimated burden per response to comply with this collection request: 10 minutes. This form may be used by FOIA and Privacy Act requesters to provide verification of their identity and/or provide third-party authorization. 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 the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0043), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

Privacy Act Statement for FOIA Requests: <https://www.nrc.gov/reading-rm/foia/privacy-foia.html>

ns Library - ... Regulations | Acquis... STAQS OCIO FOIA TEAM - ... Box | Login Officer Home - FOI... FX Dev



Register Sign In Help ▾

Home Submit Request Submit Appeal Request Status Search ADAMS

Submit Request

Contact Information

Prefix	-----Select-- ▾	First Name*	<input type="text"/>
Middle Name	<input type="text"/>	Last Name*	<input type="text"/>
Suffix	-----Select-- ▾	Street1*	<input type="text"/>
Street2	<input type="text"/>	City*	<input type="text"/>
Country*	-----Select-- ▾	State *	-----Select-- ▾
Zip Code *	<input type="text"/>	Phone*	<input type="text"/> Home ▾
Email Address*	<input type="text"/>	Organization	<input type="text"/>
Confirm Email Address*	<input type="text"/>	Job Title	<input type="text"/>

General Information

Action Office* ▼

Action Office Instructions U.S. Nuclear Regulatory Commission Mail Stop TWFN-6 A60M Washington, District of Columbia, 20555-0001 United States

Request Type* ▼

Requester Category* ▼

Delivery Mode ▼

Payment Mode ▼



Shipping Address

Street1	<input type="text"/>	Street2	<input type="text"/>
City	<input type="text"/>	State	<input type="text" value="-----Select--"/> ▼
Country	<input type="text" value="-----Select--"/> ▼	Zip Code	<input type="text"/>

Request Information

Request Information

Description*

Date Range for Record Search: From(mm/dd/yyyy)  To (mm/dd/yyyy) 

Description Document [Add Attachment](#)

Fee Information

Willing Amount (\$)

Fee Waiver Requested

Fee Waiver Request Reason

Willing to Pay All Fees

Expedite Information

Expedite Requested

Expedite Information

Expedite Requested

Expedite Reason

Security Information



Enter the text shown in th

Verify

Submit

Clear Form