

RESPONSE TO FREEDOM OF
INFORMATION ACT (FOIA) REQUEST

NRC 2018 000389

1

RESPONSE
TYPE☐

INTERIM

☒

FINAL

REQUESTER:

Julian Tarver

DATE:

08/17/2018

DESCRIPTION OF REQUESTED RECORDS:

Forms 790, 705, 704, 703, 187, 126 and 124

PART I. -- INFORMATION RELEASED

- ☐ The NRC has made some, or all, of the requested records publicly available through one or more of the following means: (1) <https://www.nrc.gov>; (2) public ADAMS, <https://www.nrc.gov/reading-rm/adams.html>; (3) microfiche available in the NRC Public Document Room; or FOIA Online, <https://foiaonline.regulations.gov/foia/action/public/home>.
- ☒ Agency records subject to the request are enclosed.
- ☐ Records subject to the request that contain information originated by or of interest to another Federal agency have been referred to that agency (See Part I.D -- Comments) for a disclosure determination and direct response to you.
- ☐ We are continuing to process your request.
- ☒ See Part I.D -- Comments.

PART I.A -- FEES

AMOUNT

\$0.00

- ☐ You will be billed by NRC for the amount indicated.
- ☐ You will receive a refund for the amount indicated.
- ☐ Fees waived.
- ☒ Since the minimum fee threshold was not met, you will not be charged fees.
- ☐ Due to our delayed response, you will not be charged fees.

PART I.B -- INFORMATION NOT LOCATED OR WITHHELD FROM DISCLOSURE

- ☐ We did not locate any agency records responsive to your request. *Note:* Agencies may treat three discrete categories of law enforcement and national security records as not subject to the FOIA ("exclusions"). See 5 U.S.C. 552(c). This is a standard notification given to all requesters; it should not be taken to mean that any excluded records do, or do not, exist.
- ☐ We have withheld certain information pursuant to the FOIA exemptions described, and for the reasons stated, in Part II.
- ☐ Because this is an interim response to your request, you may not appeal at this time. We will notify you of your right to appeal any of the responses we have issued in response to your request when we issue our final determination.
- ☐ You may appeal this final determination within 90 calendar days of the date of this response. If you submit an appeal by mail, address it to the FOIA Officer, at U.S. Nuclear Regulatory Commission, Mail Stop T-2 F43, Washington, D.C. 20555-0001. You may submit an appeal by e-mail to FOIA.resource@nrc.gov. You may fax an appeal to (301) 415-5130. Or you may submit an appeal through FOIA Online, <https://foiaonline.regulations.gov/foia/action/public/home>. Please be sure to include on your submission that it is a "FOIA Appeal."

PART I.C -- REFERENCES AND POINTS OF CONTACT

You have the right to seek assistance from the NRC's FOIA Public Liaison by submitting your inquiry at <https://www.nrc.gov/reading-rm/foia/contact-foia.html>, or by calling the FOIA Public Liaison at (301) 415-1276.

If we have denied your request, you have the right to seek dispute resolution services from the NRC's Public Liaison or the Office of Government Information Services (OGIS). To seek dispute resolution services from OGIS, you may e-mail OGIS at ogis@nara.gov, send a fax to (202) 741-5789, or send a letter to: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road, College Park, MD 20740-6001. For additional information about OGIS, please visit the OGIS website at <https://www.archives.gov/ogis>.



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PART I.D -- COMMENTS

Please note:

According to the NRC master forms database, we do not have any forms numbered 124, 703, 704 or 705.

Copies of the additional forms you requested, forms 790, 187 and 126 are enclosed.

Signature - Freedom of Information Act Officer or Designee

Stephanie A. Blaney

Digitally signed by Stephanie A. Blaney

Date: 2018.08.17 09:35:35 -04'00'

CLASSIFIED DOCUMENT RECEIPT

TO	POSTAL NUMBER
	DATE MAILED
	INSTRUCTIONS 1. Verify addressee's classified mailing address. 2. Describe document by subject, or title and originator. List Secret and accountable Confidential enclosures. Indicate type of document, e.g., letter, report, or drawing. 3. Show classification and extra markings. 4. Forward original and duplicate to addressee. 5. Retain copy pending return of signed original by addressee
FROM	

DESCRIPTION -- (MUST BE UNCLASSIFIED)	DOCUMENT NUMBER (IF NUMBERED)	DATE OF DOCUMENT	COPY NUMBER AND SERIES	CLASSIFI- CATION

TO AVOID TRACER ACTION, PLEASE SIGN AND RETURN THIS RECEIPT TO SENDER IMMEDIATELY.

I have received the document(s) listed above and assume responsibility for safeguarding in accordance with security regulations.

SIGNATURE OF ADDRESSEE OR NAME OF ADDRESSEE AND SIGNATURE OF RECIPIENT	DATE	RECEIVED FOR ADDRESSEE BY	DATE



CONTRACT SECURITY AND/OR CLASSIFICATION REQUIREMENTS

1. Type of Submission Select Type of Submission or Fill in...		3. Contractor Company Full Name and Complete Address (Prime Contractor) <div style="height: 80px;"></div>	
2. Type of Contract Select Type of Contract			
4. Contract Number, IAA Number, or Job Code for DOE Projects <div style="height: 20px;"></div>			
7. Is this contract a follow-on contract? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", provide previous Contract Number, IAA Number, or Job Code. <div style="height: 20px;"></div>	
		8. Contractor Cage Code or DOE Facility Code <div style="height: 20px;"></div>	
9. Contract Performance Requirements			
A. Will the contract require access to classified matter (information, systems, and/or material) (e.g., 32 CFR Part 2004 or MD 12.2)? <input type="checkbox"/> Yes (continue) <input type="checkbox"/> No (If "No", proceed to Block 9.E.)			
B. What is the highest level of classified matter the contractor will need to access to perform contract responsibilities? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">Select 1st Level of Classification</div> <div style="border: 1px solid black; padding: 2px 10px;">Select 2nd Level of Classification</div> </div>			
C. To carry out requirements of the contract, will the contractor need to possess, generate, or store classified matter at the contractor facility location? <input type="checkbox"/> Yes (continue) <input type="checkbox"/> No (If "No", proceed to Block 9.E.)			
D. Choose all that apply: In regards to classified matter, the contractor will require:			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> 1) Access to Foreign Intelligence Information </div> <div style="width: 50%;"> <input type="checkbox"/> 2) Receipt and storage (i.e., safeguarding) of classified matter </div> <div style="width: 50%;"> <input type="checkbox"/> 3) Access to cryptographic material or other classified COMSEC information </div> <div style="width: 50%;"> <input type="checkbox"/> 4) Access to classified matter or information processed by another agency </div> <div style="width: 50%;"> <input type="checkbox"/> 5) Use of a classified information technology processing system </div> <div style="width: 50%;"> <input type="checkbox"/> 6) Generation of classified at Contractor facility location </div> <div style="width: 50%;"> <input type="checkbox"/> 7) Generation of classified matter at an NRC facility </div> </div>			
E. Will the contractor require access to Safeguards Information (SGI) or Safeguards Information - Modified Handling Information (e.g., MD 12.7, 10 CFR 73.21, 73.22, and/or 73.23)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Will the contractor possess, generate, or store SGI or SGI-M at the contractor facility?			<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Will the contractor require access to any Sensitive Unclassified Non-Safeguards Information (SUNSI) or sensitive information technology (IT) Systems (e.g., MD 12.6)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Will the contractor possess, generate, or store SUNSI or have access to NRC sensitive IT systems at the contractor facility?			<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Was, "Yes", checked to Block 9.A., or Block 9.C.? (If "Yes", then a Facility Clearance is required to be issued for the contractor and any known sub-contractors by the Facilities Security Branch before final contract award and before work can begin on the contract.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Choose all that apply:			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> 1) Unescorted Access is required to Nuclear Power Plants. </div> <div style="width: 50%;"> <input type="checkbox"/> 5) Require operation of government vehicles or transport passengers for the NRC. </div> <div style="width: 50%;"> <input type="checkbox"/> 2) Access is required to Safeguards Information. </div> <div style="width: 50%;"> <input type="checkbox"/> 6) Will operate hazardous equipment at NRC facilities. </div> <div style="width: 50%;"> <input type="checkbox"/> 3) Access is required to Sensitive IT Systems and Data. </div> <div style="width: 50%;"> <input type="checkbox"/> 7) Required to carry firearms. </div> <div style="width: 50%;"> <input type="checkbox"/> 4) Unescorted Access to NRC Headquarters, Region, or Technical Training Facility. </div> <div style="width: 50%;"> <input type="checkbox"/> 8) Found to use or admit to use of illegal drugs. </div> </div>			

**CONTRACT SECURITY AND/OR
CLASSIFICATION REQUIREMENTS (Continued)**

10. Classification and/or Designation Guidance (to be completed by the COR if contractor will have access to SGI and/or Classified information).

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11. Does this contract contain any subcontractors?

If "No", Leave area blank. (Note: It is the responsibility of the COR to notify FSB if the contractor adds a subcontractor to the contract during the execution of the contract. The sub-contractors may require a facility clearance before work can be allowed).

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Yes

☐

No

Subcontractor Company name, address and Defense Security Service cage code. (if applicable)

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12. Review of contractor/subcontractor reports, documents for classified, SGI, SGI-M, and/or SUNSI will be reviewed by:

Typed or Printed Name and Title of NRC Employee to review for SUNSI

Typed or Printed Name and Title of a Qualified Designator for SGI and SGI-M (i.e., person must be qualified per MD 12.7)

Typed or Printed Name and Title of Authorized Derivative Classifier (for Classified Information)

13. Required Distribution of NRC Form 187 for Review (Check all appropriate boxes)

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1) Originating NRC office or Division (Item 14A.)

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3) Division of Facilities and Security (Item 14C.)

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2) Information Security Branch Chief (If contractor has access to classified information and/or SGI) (Item 14B.)

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4) Division of Acquisition Management (Item 14D.)

14. Approvals

A. Typed or Printed Name of Director, Office or Division

Signature

Date

B. Typed or Printed Name of Chief, Information Security Branch

Signature

Date

C. Typed or Printed Name of Director, Division of Facilities and Security

Signature

Date

D. Typed or Printed Name of Director, Acquisitions Management Division

Signature

Date

REMARKS

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**CLASSIFICATION RECORD**

Authorized classifiers **MUST COMPLETE THIS FORM** for each classification or declassification review performed. Enter only the number of characters required in each space.

Estimated burden per response to comply with this mandatory information collection request: 6 minutes. This submittal is required by NRC to report classification or declassification of documents in accordance with Executive Order 13526. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), 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, (3150-0052), 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.

SECTION A - TO BE COMPLETED FOR ALL CLASSIFICATION ACTIONS

1. AUTHORIZED CLASSIFIER'S NAME (Last, First, M.I.)	2. AUTHORIZED CLASSIFIER'S NUMBER	3. FORM COMPLETION DATE (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. DOCUMENT TITLE	5. FACILITY/OFFICE SYMBOL	6. DOCUMENT DATE (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
7. TYPE OF ACTION Select Type of Action	8. OVERALL CLASSIFICATION CODE Select Overall Classification Code	

SECTION B - TO BE COMPLETED FOR ORIGINAL CLASSIFICATION ACTIONS

9. REASON FOR CLASSIFICATION (Select all that apply)	10. DECLASSIFICATION INSTRUCTION
<input type="checkbox"/> (a) military plans, weapons systems, or operations;	<input type="checkbox"/> 1 DATE IN 10 YEARS OR LESS (Complete Item 11 and Skip Item 12)
<input type="checkbox"/> (b) foreign government information;	<input type="checkbox"/> 2 EVENT IN 10 YEARS OR LESS (Skip Item 11 and Complete Item 12)
<input type="checkbox"/> (c) intelligence activities (including covert action), intelligence sources or methods, or cryptology;	<input type="checkbox"/> 3 DATE NOT TO EXCEED 25 YEARS (Complete Item 11 and Skip Item 12)
<input type="checkbox"/> (d) foreign relations or foreign activities of the United States, including confidential sources;	<input type="checkbox"/> 4 25X EXEMPTION WITH DATE (Complete Item 11 and Skip Item 12)
<input type="checkbox"/> (e) scientific, technological, or economic matters relating to the national security;	<input type="checkbox"/> 5 25X EXEMPTION WITH EVENT (Skip Item 11 and Complete Item 12)
<input type="checkbox"/> (f) United States Government programs for safeguarding nuclear materials or facilities;	<input type="checkbox"/> 6 50X EXEMPTION WITH DATE (Complete Item 11 and Skip Item 12)
<input type="checkbox"/> (g) vulnerabilities or capabilities of systems, installations, infrastructures, projects, plans, or protection services relating to the national security; or	<input type="checkbox"/> 7 50X EXEMPTION WITH EVENT (Skip Item 11 and Complete Item 12)
<input type="checkbox"/> (h) the development, production, or use of weapons of mass destruction.	
11. DECLASSIFICATION DATE (MM/DD/YYYY)	12. DECLASSIFICATION EVENT
<input type="text"/>	<input type="text"/>

SECTION C - TO BE COMPLETED FOR DERIVATIVE CLASSIFICATION ACTIONS

13. AUTHORIZED SOURCE FOR CLASSIFICATION AND SOURCE DATE	14. DECLASSIFICATION INSTRUCTION
<input type="text"/>	<input type="checkbox"/> 1 DATE IN 10 YEARS OR LESS (Complete Item 15 and Skip Item 16)
	<input type="checkbox"/> 2 EVENT IN 10 YEARS OR LESS (Skip Item 15 and Complete Item 16)
	<input type="checkbox"/> 3 DATE NOT TO EXCEED 25 YEARS (Complete Item 15 and Skip Item 16)
	<input type="checkbox"/> 4 25X EXEMPTION WITH DATE (Complete Item 15 and Skip Item 16)
	<input type="checkbox"/> 5 25X EXEMPTION WITH EVENT (Skip Item 15 and Complete Item 16)
	<input type="checkbox"/> 6 50X EXEMPTION WITH DATE (Complete Item 15 and Skip Item 16)
	<input type="checkbox"/> 7 50X EXEMPTION WITH EVENT (Skip Item 15 and Complete Item 16)
	<input type="checkbox"/> 8 NO FUTURE ACTION (Skip Item 15 and Item 16)
15. DECLASSIFICATION DATE (MM/DD/YYYY)	16. DECLASSIFICATION EVENT
<input type="text"/>	<input type="text"/>

SECTION D - TO BE COMPLETED FOR DECLASSIFICATION ACTIONS

17. REASON FOR DECLASSIFICATION REVIEW			18. NUMBER OF PAGES DECLASSIFIED
<input type="checkbox"/> 1. MANDATORY REVIEW	<input type="checkbox"/> 3. CHALLENGE REQUEST	<input type="checkbox"/> 5. FOIA APPEAL	<input type="text"/>
<input type="checkbox"/> 2. SYSTEMATIC REVIEW	<input type="checkbox"/> 4. FOIA REQUEST	<input type="checkbox"/> 6. AUTOMATIC DECLASSIFICATION	