


**PERSONALLY IDENTIFIABLE INFORMATION - WITHHOLD UNDER 10 CFR 2.390**

<b>NRC FORM 398</b> (MM-YYYY) 10 CFR 55.31, 55.33, 55.35, 55.47, 55.53, and 55.57.		 <b>U.S. NUCLEAR REGULATORY COMMISSION</b>  <b>PERSONAL QUALIFICATION STATEMENT -- LICENSEE</b>		<b>APPROVED BY OMB: NO. 3150-0090</b> <b>EXPIRES: (MM/DD/YYYY)</b> <small>Estimated burden per response to comply with this mandatory collection request: 2.56 hours. NRC requires this information to ensure that applicants/licensees meet all the requirements for taking reactor operator examinations. Send comments regarding burden estimate to the Information Services Branch (O1-F21), 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, (3150-0090), 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.</small>		<b>DATE RECEIVED</b> <i>(To be completed by NRC)</i>			
1. Last Name		2. First Name		3. Middle Initial		4. Birth Date: (MM/DD/YYYY)		5. E-mail Address (See box 27a. Electronic correspondence option)	
6. Address (Number & Street, line 1)		7. Address (Suite, Unit No, etc., line 2)		8. City		9. State		10. Zip Code	
11. Type of Application (Check applicable boxes)				12. GFE and Deferrals/Excusals/Waivers (See instructions, check all that apply and justify in item 25)					
<input type="checkbox"/> A. NEW		<input type="checkbox"/> E. REAPPLICATION		<input type="checkbox"/> a. DEFERRAL		<input type="checkbox"/> b. EXCUSAL		<input type="checkbox"/> c. WAIVER	
<input type="checkbox"/> B. RENEWAL		<input type="checkbox"/> 1 - FIRST DENIAL		<input type="checkbox"/> 1 - ELIGIBILITY		<input type="checkbox"/> 1 - WRITTEN (Category)		<input type="checkbox"/> 1 - WRITTEN (Category)	
<input type="checkbox"/> C. UPGRADE		<input type="checkbox"/> 2 - SECOND DENIAL		<input type="checkbox"/> 2 - EXPERIENCE		<input type="checkbox"/> 2 - OPERATING (Category)		<input type="checkbox"/> 2 - OPERATING (Category)	
<input type="checkbox"/> D. MULTI-UNIT (amend to include additional unit)		<input type="checkbox"/> 3 - THIRD DENIAL		<input type="checkbox"/> d. DATE PASSED GFE		<input type="checkbox"/> 3 - MEDICAL			
		<input type="checkbox"/> 4 - WITHDRAWAL		(MM)		(YY)		<input type="checkbox"/> 4 - OTHER	
13. Type of License Applied for: <input type="checkbox"/> OPERATOR (RO) <input type="checkbox"/> SENIOR OPERATOR (SRO) <input type="checkbox"/> LIMITED (LSRO)									
14. Docket and Licensing Information									
Docket Number		<input type="checkbox"/> RO		License Number(s)		Expiration Date(s)		Facility Docket Number (Separate multiple docket numbers by ";")	
055 -		<input type="checkbox"/> LSRO						<input type="checkbox"/> 050	
		<input type="checkbox"/> SRO						<input type="checkbox"/> 052	
15. Name of Applicant's Facility		<input type="checkbox"/> 050		16. Facility Docket Number		17. Additional Facility Docket Number(s) (Multi-unit Licenses)			
		<input type="checkbox"/> 052							
18. Current Position at Facility									
<input type="checkbox"/> A. Plant Supervisor/Manager			<input type="checkbox"/> E. Shift Technical Advisor/Shift Engineer			<input type="checkbox"/> I. Trainee			
<input type="checkbox"/> B. Assistant Plant Superintendent/Manager			<input type="checkbox"/> F. Instructor			<input type="checkbox"/> J. Non-Licensed Operator			
<input type="checkbox"/> C. Shift Supervisor			<input type="checkbox"/> G. Senior Control Room Operator			<input type="checkbox"/> K. Other			
<input type="checkbox"/> D. Staff Engineer			<input type="checkbox"/> H. Control Room Operator						
19. Education									
a. High School		b. College		DEGREE CODES ("Highest Degree" obtained)		c. Vocational/Technical		Number of Months	
<input type="checkbox"/> Graduate		Major Area(s) of Study		Number of Years		Type of Training		Certificate Received	
<input type="checkbox"/> GED Equivalency		Engineering						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> No		Other:						<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Power Reactor Operator Training Program									
a. Has the applicant completed the Operator Training Program accredited by the National Nuclear Accrediting Board?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Is a "Plant-Referenced Simulator" (As defined in 10 CFR 55.4) used in the Operator Training Program?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Training (Since Last Application - See Instructions)									
a. Classroom		From (MM/YYYY)		To (MM/YYYY)		No. of Weeks			
1 - Nuclear Power Plant Fundamentals								d. Extra Person on Shift in Control Room	
2 - Plant Systems								e. Time on Shift Above 20% Power	
3 - Plant Procedures								f. Requalification	
b. Simulator								g. Other (Specify below)	
c. SRO Instruction									
22. Significant Control Manipulations									
DESCRIPTION		PLANT		SIMULATOR		DESCRIPTION		PLANT	
a.		<input type="checkbox"/>		<input type="checkbox"/>		f.		<input type="checkbox"/>	
b.		<input type="checkbox"/>		<input type="checkbox"/>		g.		<input type="checkbox"/>	
c.		<input type="checkbox"/>		<input type="checkbox"/>		h.		<input type="checkbox"/>	
d.		<input type="checkbox"/>		<input type="checkbox"/>		i.		<input type="checkbox"/>	
e.		<input type="checkbox"/>		<input type="checkbox"/>		j.		<input type="checkbox"/>	

**PERSONAL QUALIFICATION STATEMENT -- LICENSEE (Continued)**

1. Last Name	2. First Name	3. Middle Initial	Suffix	Docket Number <b>055 -</b>
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**23. Nuclear Experience Details**

POSITION TITLE	FROM DATE (MM/YYYY)	TO DATE (MM/YYYY)	MONTHS	FACILITY	DUTIES

**24. For Renewals Only**

a. Hours Operated Facility	<input type="checkbox"/> < 100 (LESS THAN)	b. Date and result of last written comprehensive requalification exam and annual operating test.	MM/YYYY		Result	
	<input type="checkbox"/> 100 - 1000		W		<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
	<input type="checkbox"/> > 1000 (MORE THAN)		O		<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL

25. Comments

26. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY A FACILITY LICENSEE, IS ATTACHED	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## PERSONAL QUALIFICATION STATEMENT -- LICENSEE (Continued)

1. Last Name	2. First Name	3. Middle Initial	Suffix	Docket Number <b>055 -</b>
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### 27. Signatures

**ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.**

27a. I certify under penalty of perjury that the information in this document and attachments is true and correct in accordance with the instructions. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

Signature - Applicant (Sign In Black Ink)	Date
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☐ **Electronic Correspondence Option:** By checking this box, you are acknowledging that the NRC will be providing operator licensing correspondence electronically.

27b. CHECK APPLICABLE BOX(ES) FOR TYPE OF APPLICATION (i.e., check 1 if item 11 a, c, d, or e is checked; check 2 if item 11 b is checked; and check 3 if item 12 a, b, or c is checked.)

☐ 1. I certify that: (1) the above named individual has successfully completed the facility licensee's requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; (2) the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties; and (3) the facility will be made available for the examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct in accordance with the instructions.

☐ 2. I certify that the above named individual completed the approved requalification program (with the exceptions noted in Item 25) required by section 50.54(i-1) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

☐ 3. I certify that the justifications provided in item 25 support the deferrals, excusals, and/or waivers requested in item 12 for the above named individual. I also certify under penalty of perjury that the information in this document and attachments is true and correct in accordance with the instructions.

### Training Coordinator

Typed or Printed Name and Title (Training Coordinator)

Signature (Training Coordinator) (Sign In Black Ink)	Date
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### Senior Management Representative on Site

Typed or Printed Name and Title (Senior Management Representative on Site)

Signature (Senior Management Representative on Site) (Sign In Black Ink)	Date
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### FOR NRC USE

Deferral/Excusal/Waiver Requests (Check or Complete items, as applicable)		GRANTED BY		DENIED BY	
		HEADQUARTERS	REGION	HEADQUARTERS	REGION
Deferral	Eligibility				
	Experience				
Excusal	Written				
	Operating				
Waiver	Written				
	Operating				
	Medical				
	Other				

Explanation:

☐ MEETS REQUIREMENTS ☐ DOES NOT MEET REQUIREMENTS

Signature (Sign In Black Ink)	Date
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**PERSONAL QUALIFICATION STATEMENT -- LICENSEE (INSTRUCTIONS)**

You must complete items 1-11, 13-18, 20, 25-27, plus changes since your last application, and other items as specified below. For additional guidance refer to NUREG-1021, "Operator Licensing Examination Standards for Power Reactors," or NUREG-1478, "Non-Power Reactor Operator Licensing Examiner Standards."

**11. TYPE OF APPLICATION**

**A. NEW** - "X" if you are a new applicant at this facility (i.e., this is your first request to take the site-specific NRC exam at this facility). Complete items 12.d, 13, 18-23 (10 CFR 55.31). If 20.a and 20.b are checked "Yes" then item 21 does not have to be completed.

**B. RENEWAL** - "X" if you are renewing a current license. Complete items 20, 21.f and 24 (10 CFR 55.57); if items 20.a and 20.b are checked "Yes" then item 21.f does not have to be completed.

**C. UPGRADE** - "X" if you hold an RO license and are applying to upgrade your license to an SRO at the same facility. Complete items 12, 21 and 23 relevant to the SRO upgrade. If items 20.a and 20.b are checked "Yes" then item 21 does not have to be completed.

**D. MULTI-UNIT** - "X" if you hold a license at your facility and are applying to amend your current license to an additional unit. Complete items 12, 19, and 21-23. Complete item 21 as it applies to unit differences.

**E. REAPPLICATION** - "X" if you have previously been denied a license. Indicate whether you are applying after a first denial, second denial, or third denial. Describe, in detail, in items 21 and 25, the additional training completed since the last denial (10 CFR 55.35). Complete items 12, 19, 22-23. If you previously withdrew an application, check item 11.E.4.

**12. GFE and Excusals/Deferrals/Waivers** - Refer to NUREG-1021 or NUREG-1478 for additional guidance.

**a. Deferral** - "X" if you are requesting a deferral of certain requirements to be able to sit for the scheduled NRC exam. Check which requirements (1 - Eligibility or 2 - Experience) you are requesting deferral of. Indicate the expected completion time for these requirements in item 25.

**b. Excusal** - "X" if you are requesting to have a previously passed portion of the NRC exam excused (10 CFR 55.35(b)). Indicate which requirements of the requested portion you are requesting excusal from (1 - Written or 2 - Operating), and indicate the category.

**For Power Reactors:**

For written exam excusals, check box 12.b.1 and enter a category of "SSR" for the site-specific RO exam or "SSS" for the site-specific RO and SRO exams. For operating test excusals, check box 12.b.2 and enter a category of "SIM" for simulator operating test ONLY, "JPM" for the complete JPM operating test ONLY, "SYS" for the systems portion of the JPM operating test ONLY (i.e., for an "Admin-only" JPM retake exam), or OPT to request excusal from both the simulator operating test and the complete JPM operating test. Provide justification in item 25. Also indicate the expected date of the NRC exam.

**For Non-Power Reactors:**

For written exam excusals, check box 12.b.1 and enter a category of "A": to request an excusal of category A, enter a category of "B" to request an excusal of category B, enter a category of "C" to request an excusal of category C. For operating test excusals, check box 12.b.2 and enter a category of "ALL" to request excusal of an operating test. Individual categories will not be excused.

**c. Waiver** - "X" if you are requesting a waiver. For waivers of the written examination and/or operating test, check 12.c.1 and/or 12.c.2 respectively and identify the examination categories using the same designations identified in the instructions for 12.b above. For medical waivers, check 12.c.3. For GFE waivers, check 12.c.4. For all waivers, provide additional justification information in item 25.

**d. Date passed GFE** - This is not applicable to research and test reactors, licenses limited to fuel handling (LSRO), renewal or upgrade applications (items 11.b and 11.c). Enter month and year you passed GFE for the type of facility (BWR/PWR) identified in item 15. If this date is more than two years prior to the date of your application, item 12.c.4 must be checked, and the method used to justify the GFE waiver must be described in item 25.

**19. EDUCATION** - For college, enter the major area(s) of study, the number of years spent in each major area of study and the highest degree obtained (using degree codes listed on the form). For vocational/technical, enter the number of months for each type of training and whether a certificate was awarded. If additional space is needed, use item 25.

**20. POWER REACTOR OPERATOR TRAINING PROGRAM** - Check the appropriate box in items 20.a and 20.b.

Checking "Yes" in item 20.a indicates that you have completed a SAT-based training program that is accredited by the National Nuclear Accrediting Board and meets the education and experience requirements outlined in the National Academy for Nuclear Training in its current guidelines for initial training and qualification of licensed operators. If "Yes" is checked in both items 20.a and 20.b, then items 21 and 23 do not have to be completed with the following exceptions: (1) certified instructors seeking an SRO license must complete item 23; (2) any exceptions, deferrals, or waivers from the education and experience requirements outlined by the National Academy for Nuclear Training must be explained in item 25.

**21. TRAINING** - All re-qualification training time is to be accounted for in item 21.f (unless items 20.a and 20. b are checked "Yes"). Do not "double list" the time spent in re-qualification training for classroom or simulator time under items 21.a or 21.b.

**22. SIGNIFICANT CONTROL MANIPULATIONS** - If you are a NEW applicant (item 11.a), you must provide evidence that you have successfully manipulated the controls of the facility for which a license is sought. Describe (date, time, type, and magnitude) at least five significant control manipulations that affect reactivity or power level and whether the manipulations were performed in the plant or on the simulator (10 CFR 55.31(a)(5), 10 CFR 55.46(c)). If needed, use item 25 or attach information.

**23. EXPERIENCE DETAILS** - For each position held, provide position title, time in position (from/to and number of months), facility, and a description of duties performed while in that position. Do not double count time. If you had overlapping duties, the time should reflect the amount of time you were assigned to those particular duties. In no case should the number of months reported exceed the number of months that are in that time period. If more space is needed, use item 25 or attach additional information.

**PERSONAL QUALIFICATION STATEMENT -- LICENSEE (INSTRUCTIONS)(continued)**

**24. FOR RENEWALS ONLY** - (a) Check the box that most accurately reflects your approximate number of operating hours since previous renewal or issuance of license if first renewal. (b) Enter the date and results of your most recent comprehensive written requalification examination and annual operating test (10 CFR 55.57).

**25. COMMENTS** - Use this space to include any extra information or clarification for other items on the application form. If the space provided is not sufficient, you may attach extra information with your application.

**26. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED** - NRC Form 396 must accompany this application unless a waiver of the medical examination is being requested in item 12.c.3 (10 CFR 55.23).

**27. SIGNATURES** - You must sign and date item 27a. If you prefer to check the Electronic Correspondence Option, you will be authorizing the NRC to forego receiving paper documents and receiving your operator license related correspondence using the Electronic Information Exchange. The NRC will automatically create a digital certificate for you to allow you to access your documents from a secure location for quicker access to your documents. If you do not check this box, the NRC will provide your correspondence using ground mail. Obtain signatures of your training coordinator and the senior management representative on site.

**ADDRESSES**

In accordance with 10 CFR 55.5, Communications, this form shall be submitted by mail to the appropriate NRC office. Where practicable, submission shall be electronic; examples include via Electronic Information Exchange or CD-ROM. Electronic submissions must be made in a manner that enables the NRC to receive, read, authenticate, distribute, and archive the submission, and process and retrieve it a single page at a time. Detailed guidance on making electronic submissions can be obtained by visiting the NRC's Web site at <http://www.nrc.gov/site-help/e-submittals.html>; by e-mail to [MSHD.Resource@nrc.gov](mailto:MSHD.Resource@nrc.gov); or by writing the Office of the Chief Information Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555 -0001.

This form may also be submitted by mail, addressed to:

**REGIONAL ADMINISTRATOR, REGION I  
U.S. NUCLEAR REGULATORY COMMISSION  
2100 RENAISSANCE BOULEVARD, SUITE 100  
KING OF PRUSSIA, PA 19406-2713**

**REGIONAL ADMINISTRATOR, REGION III  
U.S. NUCLEAR REGULATORY COMMISSION  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, IL 60532-4352**

**REGIONAL ADMINISTRATOR, REGION II  
U.S. NUCLEAR REGULATORY COMMISSION  
245 PEACHTREE CENTER AVENUE, NE., SUITE 1200  
ATLANTA, GA 30303-1257**

**REGIONAL ADMINISTRATOR, REGION IV  
U.S. NUCLEAR REGULATORY COMMISSION  
1600 E. LAMAR BOULEVARD  
ARLINGTON, TX 76011-4511**

**U.S. NUCLEAR REGULATORY COMMISSION  
RESEARCH AND TEST REACTORS  
OVERSIGHT BRANCH  
OFFICE OF NUCLEAR REACTOR REGULATION  
WASHINGTON, DC 20555-0001**

**PRIVACY ACT STATEMENT  
NRC FORM 398  
PERSONAL QUALIFICATION STATEMENT -- LICENSEE**

Pursuant to 5 U.S.C. 552(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) on NRC Form 398. This information is maintained as part of a system of records designated as NRC-16, described at 81 FR 81331 (November 17, 2016), or the most recent *Federal Register* publication of the NRC's "Republication of Systems of Records Notices" that is located in NRC's Agencywide Documents Access and Management System (ADAMS).

**1. AUTHORITY:** 42 U.S.C. 2131-2141; 10 CFR Part 55.

**2. PRINCIPAL PURPOSE(S):** To ensure that applicants/licensees meet all the requirements for taking reactor operator examinations.

**3. ROUTINE USE(S):** Information may be used to determine if the individual meets the requirements of 10 CFR part 55 to take an examination or to be issued an operators license; to provide researchers with information for reports and statistical evaluations related to selection, training, and examination of facility operators; to provide examination, testing material, and results to facility management. Information may be disclosed to an appropriate Federal, State, local or Foreign agency in the event the information indicates a violation or potential violation of law; in the course of an administrative or judicial proceeding; to an appropriate Federal, State, local and foreign agency to the extent relevant and necessary for an NRC decision about you; in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence; to a Congressional office to respond to their inquiry made at your request; to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis; or to appropriate persons and entities for purposes of response and remedial efforts in the event of a suspected or confirmed breach of data from this system of records.

**4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** Disclosing this information is voluntary. However, if the information requested is not provided, NRC will not be able to evaluate whether the applicant meets the requirements of 10 CFR Part 55.

**5. SYSTEM MANAGER(S) AND ADDRESS:** Chief, Operator Licensing and Training Branch, Division of Inspection and Regional Support, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.