



Donald C. Shelton
Vice President - Nuclear
Davis-Besse

300 Madison Avenue
Toledo, OH 43652-0001
(419) 249-2300

Docket Number 50-346

License Number NPF-3

Serial Number 1-946

April 12, 1991

Mr. A. B. Davis
Regional Administrator
United States Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, IL 60137

Subject: Non-Certified License Applications for May 13, 1991

Dear Mr. Davis:

On May 13, 1991, the Nuclear Regulatory Commission is scheduled to administer Reactor and Senior Reactor Operator Examinations for the Davis-Besse Nuclear Power Station. Attached are unsigned license applications (Form NRC-398) and medical certifications (Form NRC-398) for the below listed License Candidates:

Reactor Operator (RO)

William J. Amyx
Kevin B. McLain
Darren A. Taylor
Gregory W. Walter
Donald G. Wood, Jr.

Senior Reactor Operator (SRO)

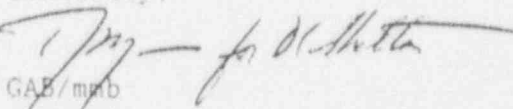
James M. Bonfiglio
James E. Fawcett*
Charles A. Hawley
Dennis M. Jones
David J. Lange

* Senior Reactor Operator Upgrade

Upon completion of Toledo Edison's certification of the license candidates, signed applications will be submitted by April 26, 1991.

If you have any questions, please contact Mr. R. W. Schrauder, Manager - Nuclear Licensing, at (419) 249-2366.

Sincerely,


GAB/mmb

cc: P. M. Byron, DB-1 NRC Senior Resident Inspector
J. R. Hall, NRC Senior Project Manager
M. D. Lynch, NRC Senior Project Manager
Utility Radiological Safety Board

Operating Companies
Cleveland Electric Illuminating
Toledo Edison

9104220188 910412
FDR ADOCK 05000346
V FDR

190017

IE42
71

PERSONAL QUALIFICATION STATEMENT—LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH
THIS INFORMATION COLLECTION REQUEST 20 HRS
FORWARD COMMENTS REGARDING BURDEN ESTIMATE
TO THE INFORMATION AND RECORDS MANAGEMENT
BRANCH (P-530) U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555 AND TO THE PAPERWORK
REDUCTION PROJECT (3150-0090) OFFICE OF MANAGE-
MENT AND BUDGET WASHINGTON, DC 20503

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)				4. TYPE OF APPLICATION (Check applicable box(es))			
Lange, David John 27037 Shawnee Drive Perrysburg, Ohio 43551				<input checked="" type="checkbox"/> 1. HOT <input type="checkbox"/> 2. COLD <input checked="" type="checkbox"/> 3. NEW <input type="checkbox"/> 4. RENEWAL <input type="checkbox"/> 5. UPGRADE <input type="checkbox"/> 6. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input checked="" type="checkbox"/> 7. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE)			
2. CITIZENSHIP		3. BIRTH DATE		8. REAPPLICATION		9. WAIVER REQUESTED (Justify on Reverse)	
<input checked="" type="checkbox"/> A. UNITED STATES <input type="checkbox"/> B. OTHER (Specify)		MONTH DAY YEAR 09 15 53		<input type="checkbox"/> 1. FIRST <input type="checkbox"/> 2. SECOND <input type="checkbox"/> 3. THIRD		<input type="checkbox"/> 1. WRITTEN (Category) <input type="checkbox"/> 2. OPERATING (Category) <input type="checkbox"/> 3. ELIGIBILITY <input type="checkbox"/> 4. MEDICAL <input type="checkbox"/> 5. OTHER	
5. TYPE OF LICENSE APPLIED FOR				6. PREVIOUS LICENSE(S) HELD			
<input type="checkbox"/> A. OPERATOR <input checked="" type="checkbox"/> B. SENIOR OPERATOR <input type="checkbox"/> C. LIMITED SRO (if & Fuel Handler)				A. DOCKET NUMBER RO SRO B. LICENSE NUMBER C. EXPIRATION DATE MONTH DAY YEAR D. FACILITY DOCKET NUMBER 55-7035 X OP-5150 0 2 0 6 8 2 50-DPR-74 50-DPR-58			
7. NAME AND ADDRESS (include ZIP Code) OF APPLICANT'S EMPLOYER				10. CURRENT POSITION AT FACILITY			
Toledo Edison Company 300 Madison Avenue Toledo, Ohio 43652				<input type="checkbox"/> A. PLANT SUPERINTENDENT <input type="checkbox"/> B. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> C. SHIFT SUPERVISOR <input type="checkbox"/> D. STAFF ENGINEER <input checked="" type="checkbox"/> E. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> F. INSTRUCTOR <input type="checkbox"/> G. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> H. CONTROL ROOM OPERATOR			
8. NAME OF APPLICANT'S FACILITY				9. OTHER (Specify)			
Davis-Besse Nuclear Power Station 50-346							
9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licensee)							
11. EDUCATION							
A. HIGH SCHOOL		B. MAJOR AREA(S) OF STUDY		C. DEGREE CODES (To be used to indicate "HIGHEST DEGREE" obtained)		D. VOCATIONAL/TECHNICAL TRAINING	
<input checked="" type="checkbox"/> GRADUATE <input type="checkbox"/> GED EQUIVALENCY <input type="checkbox"/> NO		ENGINEERING (FIELD) OTHER		0 NONE 1 CERTIFICATE 2 ASSOCIATE 3 BACHELOR 4 MASTER 5 DOCTORAL		MONTHS YEARS D.C. Cook Hot License Trng. Prog. 16 X	
E. NUMBER OF YEARS OF COLLEGE							
12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)							
1. NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)		3. MONTH AND YEAR FROM TO		4. NUMBER OF HOURS			
		5/90 10/90		6			
2. PLANT SYSTEMS CLASSROOM OBSERVATION		7/90 9/90		11			
3. OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT		3/90 4/90		3			
SIMULATOR OPERATING (includes Classroom)		11/90 12/90		3			
SIMULATOR NAMES							
A. Babcock & Wilcox							
B. CERTIFIED STARTUP PROGRAM COMPLETED		X YES NO					
C. NUMBER OF REACTIVITY MANIPULATIONS		7 159					
4. SRO INSTRUCTION		9/90 3/91		6			
5. EXTRA PERSON ON SHIFT IN CONTROL ROOM (12 WEEK MINIMUM)		2/90 2/91		15			
6. TIME ON SHIFT ABOVE 20% POWER (16 WEEK MINIMUM)		9/90 2/91		8			
7. OTHER (Specify)		Emerg./Abnormal Procedures 11/90 12/90		2			
13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)							
NAVY				3. MONTH AND YEAR FROM TO			
1. RO							
2. EOOW/PPWO							
3. EWS/PPWS							
4. ERS/CRW							
5. OTHER (Specify)							
FOSSIL							
6. OPERATOR							
7. SUPERVISOR							
8. PLANT STAFF							
9. OTHER (Specify)							
COMMERCIAL NUCLEAR (Including Research/Test Reactor)							
10. REACTOR OPERATOR (License)				2/80 7/81 18			
11. SENIOR OPERATOR (License)							
12. SHIFT SUPERVISOR (License)							
13. STAFF/SHIFT ENGINEER (License)							
14. AUX/EQUIP OPERATOR (Non-Licensed)				6/76 10/79 40			
15. PLANT STAFF							
16. OTHER (Specify)							
Qualification Instructor (See Section 17)				6/89 Pres. 11			
				8/81 5/89 94			

14. FACILITY OPERATOR TRAINING PROGRAM

a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
--	---	-----------------------------	---	------------------------------	--

15. FOR RENEWALS ONLY

a. HOURS OPERATED FACILITY	b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION	DATE	RESULT	
			PASS	FAIL

16. EXPERIENCE DETAILS

a. POSITION TITLE	FROM	TO	b. FACILITY	c. DUTIES
Qualification Instructor	6/89	Pres.	Davis-Besse Nuclear Power Station	Develops and implements training and requalification programs for non-licensed operators, reactor operator candidates, senior reactor operator candidates, licensed reactor operators, and licensed senior reactor operators; effectively using training resources to meet training objectives.
(See Section 17)				

17. COMMENTS (Specify the item number to which you are responding. Attach additional sheets as necessary.)

Item 16., Experience Details:

See Addendum (Attached)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

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

18a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instances where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensed Testing Facility for alcohol or a controlled substance; and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unlicensed access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employer for use in preparing retraining programs as necessary.

SIGNATURE—APPLICANT

DATE

CHECK APPLICABLE BOX

☒ a. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 50, and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

☐ b. RENEWAL ONLY — I certify that the above named individual meets the approved requalification program (with exceptions noted in item 17) as required by section 50.54 (c)(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.

TRAINING COORDINATOR

SENIOR MANAGEMENT REPRESENTATIVE ON SITE

PRINTED OR TYPED NAME

Richard A. Simpkins

PRINTED OR TYPED NAME

D. C. Shelton

SIGNATURE

DATE

SIGNATURE

DATE

FOR NRC USE

CATEGORY	GRANTED BY		DENIED BY		MEETS REQUIREMENTS	DOES NOT MEET REQUIREMENTS (Explain below)
	HEADQUARTERS	REGION	HEADQUARTERS	REGION		
WRITTEN						
OPERATING						
ELIGIBILITY						
MEDICAL						
OTHER						

SIGNATURE—REVIEWER

DATE

Addendum: Lange, David John

Item 16, Experience Details:

<u>Position Title</u>	<u>From/To</u>	<u>Facility</u>	<u>Duties</u>
Senior Specialist/ Principal Specialist (General Physics Corp.)	9/87-5/89	Davis-Besse Nuclear Power Station	Develops and implements training and requalification programs for non-licensed operators, reactor operator candidates, senior reactor operator candidates, licensed reactor operators, and licensed senior reactor operators; effectively using training resources to meet training objectives.
Senior Specialist/ Principal Specialist (General Physics Corp.)	1/87-8/87	Zion Nuclear Power Station	Involved in development, review and implementation of operations procedures.
Senior Specialist/ Principal Specialist (General Physics Corp.)	9/84-12/86	Vogtle Nuclear Power Plant	Involved in development, review and implementation of Operations procedures.
Senior Specialist/ Principal Specialist (General Physics Corp.)	8/81-8/84	Midland Nuclear Power Plant	Involved in procurement and testing of site specific simulator, including duties as lead simulator instructor. Responsibilities included development and implementation of effective simulator training for Reactor Operator and Senior Reactor Operator candidates.
Operations Instructor	10/79-8/81	D.C. Cook Nuclear Power Plant	Developed and implemented training and requalification programs for non-licensed operators, reactor operator candidates, senior reactor operator candidates, licensed reactor operators, and licensed senior reactor operators; effectively used training resources to meet training objectives. Performed licensed Reactor Operator duties during this time period.

Non-Licensed
Operator

6/76-10/79

D. C. Cook
Nuclear Power
Plant

Under direct supervision in accordance with the Operating License, Technical Specifications, normal and special operating procedures, tend the nuclear steam supply systems, turbo-generators, station auxiliaries and associated equipment; operate radioactive waste disposal and water treatment systems; monitor radiation and assist in the receipt, storage, loading, and unloading of new and spent fuel.

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH
THIS INFORMATION COLLECTION REQUEST 20 HRS
FORWARD COMMENTS REGARDING BURDEN ESTIMATE
TO THE INFORMATION AND RECORDS MANAGEMENT
BRANCH (P-5301) U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555 AND TO THE PAPERWORK
REDUCTION PROJECT (3150-0024) OFFICE OF MANAGE-
MENT AND BUDGET WASHINGTON, DC 20503

NAME OF APPLICANT

David John Lange

FACILITY

Davis-Besse Nuclear Power Station

FACILITY DOCKET NUMBER

50-346

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN

PRINTED NAME OF PHYSICIAN

Dr. Wehrmister

STATE AND LICENSE NUMBER

Ohio 47692

EXAMINATION DATE

2/01/91

BASED ON THE RESULTS OF THE EXAMINATION INCLUDING INFORMATION FURNISHED BY THE APPLICANT THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1980 OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- ☒ 1. NO RESTRICTIONS
- ☐ 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review
- ☐ 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and attach supporting medical evidence for NRC review

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

POWER REACTORS THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

NON-POWER REACTORS THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS, AND I HAVE NO KNOWLEDGE OF THE APPLICANT EXCEEDING THE CUTOFF LEVELS FOR ALCOHOL OR CONTROLLED SUBSTANCES AS ESTABLISHED PURSUANT TO 10 CFR 28.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT INCLUDING ATTACHMENTS MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site)

TITLE

DATE

D. C. Shelton

Vice President - Nuclear

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30323

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
795 Roosevelt Road
Glen Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

PRIVACY ACT STATEMENT

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 U.S. Nuclear Regulatory Commission on NRC Form 306. This information is maintained in a system of records described as follows: 1. Title and described at 51 Federal Register 33157 (September 18, 1986).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.

PERSONAL QUALIFICATION STATEMENT—LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST IS 20 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (F530), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)				4. TYPE OF APPLICATION (Check applicable boxes)			
Jones, Dennis Michael 303 Birchdale Perrysburg, Ohio 43551				<input checked="" type="checkbox"/> 1. HOT <input type="checkbox"/> 2. COLD <input checked="" type="checkbox"/> 3. NEW <input type="checkbox"/> 4. RENEWAL <input type="checkbox"/> 5. UPGRADE <input type="checkbox"/> 6. MULTI-UNIT (MEND TO INCLUDE ADDITIONAL UNIT) <input checked="" type="checkbox"/> 7. DATA PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (APPLICABLE)			
2. CITIZENSHIP		3. BIRTH DATE		8. REAPPLICATION		9. WAIVER REQUESTED (Justify on Reverse)	
<input checked="" type="checkbox"/> A. UNITED STATES <input type="checkbox"/> B. OTHER (Specify)		MONTH DAY YEAR 09 08 54		<input type="checkbox"/> 1. FIRST <input type="checkbox"/> 2. SECOND <input type="checkbox"/> 3. THIRD		<input type="checkbox"/> 1. WRITTEN/Category <input type="checkbox"/> 2. OPERATING/Category <input type="checkbox"/> 3. ELIGIBILITY <input type="checkbox"/> 4. MEDICAL <input type="checkbox"/> 5. OTHER	
5. TYPE OF LICENSE APPLIED FOR				6. PREVIOUS LICENSE(S) HELD			
<input checked="" type="checkbox"/> A. OPERATOR <input type="checkbox"/> B. SENIOR OPERATOR <input type="checkbox"/> C. LIMITED SRO (e.g., Fuel Handler)				<input type="checkbox"/> A. DOCKET NUMBER RO SRO B. LICENSE NUMBER 55-30797 x OP-30356-2 <input type="checkbox"/> C. EXPIRATION DATE MONTH DAY YEAR 03 15 90 <input type="checkbox"/> D. FACILITY DOCKET NUMBER 50-440			
7. NAME AND ADDRESS (include ZIP Code) OF APPLICANT'S EMPLOYER				10. CURRENT POSITION AT FACILITY			
Toledo Edison Company 300 Madison Avenue Toledo, Ohio 43652				<input type="checkbox"/> A. PLANT SUPERINTENDENT <input type="checkbox"/> B. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> C. SHIFT SUPERVISOR <input type="checkbox"/> D. STAFF ENGINEER <input checked="" type="checkbox"/> E. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> F. INSTRUCTOR <input type="checkbox"/> G. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> H. CONTROL ROOM OPERATOR <input type="checkbox"/> I. AUXILIARY UNIT OPERATOR/TRAINEE/LESSOR BUILDING EQUIPMENT OPERATOR/UNLICENSED OPERATOR <input type="checkbox"/> J. OTHER (Specify)			
8. NAME OF APPLICANT'S FACILITY				9. ADDITIONAL FACILITY DOCKETS (Multi-Unit Licensees)			
Davis-Besse Nuclear Power Station				FACILITY DOCKET NUMBER 50-346			
11. EDUCATION							
A. HIGH SCHOOL		C. MAJOR AREA(S) OF STUDY		D. DEGREE CODES (To be used for "HIGH SCHOOL DEGREE" obtained)		E. VOCATIONAL/TECHNICAL	
<input checked="" type="checkbox"/> GRADUATE <input type="checkbox"/> GED EQUIVALENCY <input type="checkbox"/> NO		ENGINEERING (FIELD) OTHER Liberal Arts		0. NONE 1. CERTIFICATE 2. ASSOCIATE 3. BACHELOR 4. MASTER 5. DOCTORAL		TYPE OF TRAINING Navy Nuc Pwr School 6 x NPTU Prototype 6 x USN MMA School 2 x	
B. NUMBER OF YEARS OF COLLEGE 2		NUMBER OF YEARS 2		DEGREE 2			
12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)				13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)			
1 - NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)				NAVY			
2 - PLANT SYSTEMS CLASSROOM				1. RO			
OBSERVATION				2. EOCW/PPWC			
3 - OPERATING PRACTICE				3. EWS/PPWS 11/81 6/82 8			
CONTROL ROOM OPERATIONS ON SHIFT				4. ERS/CRW 11/78 6/82 36			
SIMULATOR OPERATING (includes Classroom)				5. OTHER (Specify) Nuclear Mach Mate 9/76 6/82 69			
SIMULATOR NAMES				FOSSIL			
4. Babcock & Wilcox				6. OPERATOR			
CERTIFIED STARTUP PROGRAM COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				7. SUPERVISOR			
NUMBER OF REACTIVITY MANIPULATIONS 6				8. PLANT STAFF			
180				9. OTHER (Specify)			
4 - SRO INSTRUCTION				COMMERCIAL NUCLEAR (including Research/Test Reactor)			
5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (3 WEEK MINIMUM)				10. REACTOR OPERATOR (Licensed) 3/86 3/90 20			
6 - TIME ON SHIFT ABOVE 20% POWER (5 WEEK MINIMUM)				11. SENIOR OPERATOR (Licensed)			
7 - REQUALIFICATION				12. SHIFT SUPERVISOR (Licensed)			
8 - OTHER (Specify)				13. STAFF/SHIFT ENGINEER (Licensed)			
Emerg./Abnormal Procedures 11/90 12/90 2				14. AUX/EQUIP OPERATOR (Non-licensed) 6/82 2/86 33			
				15. PLANT STAFF			
				16. OTHER (Specify) Qualification Instructor 3/90 Pres. 1			
				(See Section 17) 1/87 5/89 29			

14. FACILITY OPERATOR TRAINING PROGRAM

A. GRADUATE OF INPC ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING

X

YES

NO

B. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM

YES

X

NO

15. FOR RENEWALS ONLY

A. HOURS OPERATED FACILITY

B. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION

DATE

RESULT

PASS

FAIL

16. EXPERIENCE DETAILS

A. POSITION TITLE	FROM	TO	B. FACILITY	C. DUTIES
Qualification Instructor	3/90	Pres.	Davis-Besse Nuclear Power Station	Develops and implements training and requalification programs for non-licensed operators, reactor operator candidates, senior reactor operator candidates, licensed reactor operators, and licensed senior reactor operators; effectively using training resources to meet training objectives.
(See Section 17)				

17. COMMENTS (Specify the item number or to which you are responding. Attach additional sheets as necessary.)

Item 16., Experience Details:

See Addendum (Attached)

18. NRC FORM 390, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

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

18a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reason for removal or revocation of unlicensed access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employer for use in preparing retraining programs, as necessary.

SIGNATURE—APPLICANT

DATE

CHECK APPLICABLE BOX

X. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations Part 50 and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

5. RENEWAL ONLY — I certify that the above named individual meets the approved requalification program (with appropriate hazard in item 17) as required by section 50.64 (i)-(j) of 10 CFR 50 and that he/she has discharged his/her licensed responsibilities consistently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

TRAINING COORDINATOR

SENIOR MANAGEMENT REPRESENTATIVE ON SITE

PRINTED OR TYPED NAME

Richard A. Simpkins

PRINTED OR TYPED NAME

D. C. Shelton

SIGNATURE

DATE

SIGNATURE

DATE

FOR NRC USE

WAIVER (Check or Complete items, as applicable)

MEETS REQUIREMENTS

DOES NOT MEET REQUIREMENTS (Explain below)

CATEGORY	GRANTED BY		DENIED BY	
	HEADQUARTERS	REGION	HEADQUARTERS	REGION
WRITTEN				
OPERATING				
ELIGIBILITY				
MEDICAL				
OTHER				

SIGNATURE—REVIEWER

DATE

Addendum: Jones, Dennis Michael

Item 16, Experience Details:

<u>Position Title</u>	<u>From/To</u>	<u>Facility</u>	<u>Duties</u>
Licensed Reactor Operator	5/89-3/90	Perry Nuclear Power Plant	Under general directive supervision, in accordance with the station Operating License, Technical Specifications, and normal and special Operating Procedures, operates the nuclear steam supply system, turbine generator, their auxiliaries, and all other equipment to maintain continuous production with maximum safety and efficiency; performs reactor fuel handling operations and other duties.
License Training Instructor	1/87-5/89	Perry Nuclear Power Plant	Develop and implement training and requalification programs for non-licensed operators, reactor operator candidates, senior reactor operator candidates, licensed reactor operators, and licensed senior reactor operators; effectively using training resources to meet training objectives. This rotation of assignment to the Operations Training Unit was during INPO accreditation activities.
Supervising Operator	6/82-1/87	Perry Nuclear Power Plant	Assigned to the procedures unit for the preparation of plant instructions. Temporarily assigned as a system test engineer in the startup test organization. Assigned to an operating crew as a Reactor Operator responsible for the operation of the plant during initial fuel load and the low power testing program. During this period was also assigned to assist in operations procedure reviews as well as duties leading to a Perry Nuclear Power Plant Reactor Operator Certification.

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH
THIS INFORMATION COLLECTION REQUEST IS 10 HRS.
FORWARD COMMENTS REGARDING BURDEN ESTIMATE
TO THE INFORMATION AND RECORDS MANAGEMENT
BRANCH (F530) U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555 AND TO THE PAPERWORK
REDUCTION PROJECT (3150-0024) OFFICE OF MANAGE-
MENT AND BUDGET WASHINGTON, DC 20503

NAME OF APPLICANT

Dennis Michael Jones

FACILITY

Davis-Besse Nuclear Power Station

FACILITY DOCKET NUMBER

50-346

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN

PRINTED NAME (of physician)

Dr. Wehrmister

STATE AND LICENSE NUMBER

Ohio 47692

EXAMINATION DATE

1/11/91

BASED ON THE RESULTS OF THE EXAMINATION INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983 OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- ☒ 1. NO RESTRICTIONS
- ☐ 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review.
- ☐ 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

POWER REACTORS THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

NON-POWER REACTORS THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS, AND I HAVE NO KNOWLEDGE OF THE APPLICANT EXCEEDING THE CUTOFF LEVELS FOR ALCOHOL OR CONTROLLED SUBSTANCES AS ESTABLISHED PURSUANT TO 10 CFR 26.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT INCLUDING ATTACHMENTS MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site) TITLE

D. C. Shelton

Vice President - Nuclear

DATE

In accordance with 10 CFR 55.5 Communications, this form shall be submitted to the NRC as follows, BY MAIL ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30323

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

PRIVACY ACT STATEMENT

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 U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC 16 and described at 51 Federal Register 33157 (September 18, 1986).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954 as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.

14. FACILITY OPERATOR TRAINING PROGRAM

a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
--	-------------------------------------	-----	--------------------------	----	---	--------------------------	-----	-------------------------------------	----

15. FOR RENEWALS ONLY

a. HOURS OPERATED FACILITY	b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION	DATE	RESULT
			PASS <input type="checkbox"/> FAIL <input type="checkbox"/>

16. EXPERIENCE DETAILS

a. POSITION TITLE	FROM	TO	b. FACILITY	c. DUTIES
Reactor Operator	10/85	Pres.	Davis-Besse Nuclear Power Station	Under general directive supervision, in accordance with the Station Operating License, Technical Specifications, and normal and special Operation Procedures, operates the nuclear steam supply system, turbine generator, their auxiliaries, and all other equipment to maintain continuous production with maximum safety and efficiency; performs reactor fuel handling operations and other duties.
(See Section 17)				

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

Item 16., Experience Details:

See Addendum (Attached)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

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

18a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employment; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the use, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employer for use in preparing retaining programs as necessary.

SIGNATURE—APPLICANT

DATE

CHECK APPLICABLE BOX

☒ I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 56, and that the individual has a new, for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

☐ RENEWAL ONLY — I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (1-1) 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.

TRAINING COORDINATOR

SENIOR MANAGEMENT REPRESENTATIVE ON SITE

PRINTED OR TYPED NAME

PRINTED OR TYPED NAME

Richard A. Simpkins

D. C. Shelton

SIGNATURE

DATE

SIGNATURE

DATE

FOR NRC USE

WAIVER (Check or Complete items, as applicable)

MEETS REQUIREMENTS

DOES NOT MEET REQUIREMENTS (Explain below)

CATEGORY	GRANTED BY		DENIED BY	
	HEADQUARTERS	REGION	HEADQUARTERS	REGION
WRITTEN				
OPERATING				
ELIGIBILITY				
MEDICAL				
OTHER				

SIGNATURE—REVIEWER

DATE

Addendum: Fawcett, James Edward

Item 16, Experience Details:

<u>Position Title</u>	<u>From/To</u>	<u>Facility</u>	<u>Duties</u>
Equipment Operator	8/80-9/85	Davis-Besse Nuclear Power Station	Under directive supervision in accordance with the Operating License, Technical Specifications, normal and special operation procedures tends the nuclear steam supply systems, turbo-generators, station auxiliaries and associated equipment; operates radioactive waste disposal and waste treatment systems; monitors radiation and assists in the receipt, storage, loading, and unloading of new and spent fuel.

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH
THIS INFORMATION COLLECTION REQUEST IS 25 HRS.
FORWARD COMMENTS REGARDING BURDEN ESTIMATES
TO THE INFORMATION AND RECORDS MANAGEMENT
BRANCH (P-530), U.S. NUCLEAR REGULATORY COMMISSION,
WASHINGTON, DC 20555 AND TO THE PAPERWORK
REDUCTION PROJECT (3190-0074), OFFICE OF MANAGE-
MENT AND BUDGET, WASHINGTON, DC 20503.

NAME OF APPLICANT

James Edward Fawcett

FACILITY

Davis-Besse Nuclear Power Station

FACILITY DOCKET NUMBER

50-346

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

PRINTED NAME OF PHYSICIAN

Dr. Wehrmister

STATE AND LICENSE NUMBER

Ohio 47692

EXAMINATION DATE

2/28/91

BASED ON THE RESULTS OF THE EXAMINATION INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983 OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- ☒ 1. NO RESTRICTIONS
- ☐ 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review.
- ☐ 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above):

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition):

REMARKS FOR RESTRICTION CHANGE (Block 5 above):

B. NONMEDICAL CERTIFICATION

POWER REACTORS

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

NON-POWER REACTORS

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS, AND I HAVE NO KNOWLEDGE OF THE APPLICANT EXCEEDING THE CUTOFF LEVELS FOR ALCOHOL OR CONTROLLED SUBSTANCES AS ESTABLISHED PURSUANT TO 10 CFR 26.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site)

TITLE

DATE

D. C. Shelton

Vice President - Nuclear

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30323

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

PRIVACY ACT STATEMENT

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 U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC-16 and described at 51 Federal Register 33157 (September 18, 1986).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.

PERSONAL QUALIFICATION STATEMENT—LICENSEE

TO REMAIN VALID THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 20 HRS
FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (P-530) U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090) OFFICE OF MANAGEMENT AND BUDGET WASHINGTON, DC 20503

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)				4. TYPE OF APPLICATION (Check applicable boxes)			
Bonfiglio, James Michael 171 Mark Lane Perrysburg, Ohio 43551				<input checked="" type="checkbox"/> 1. HOT <input type="checkbox"/> 2. COLD <input checked="" type="checkbox"/> 3. NEW <input type="checkbox"/> 4. RENEWAL <input type="checkbox"/> 5. UPGRADE <input type="checkbox"/> 6. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> 7. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE)			
2. CITIZENSHIP		3. BIRTH DATE		8. REAPPLICATION		9. WAIVER REQUESTED (Justify on Reverse)	
<input checked="" type="checkbox"/> A. UNITED STATES <input type="checkbox"/> B. OTHER (Specify)		MONTH DAY YEAR 01 24 58		<input type="checkbox"/> 1. FIRST <input type="checkbox"/> 2. SECOND <input type="checkbox"/> 3. THIRD		<input type="checkbox"/> 1. WRITTEN CATEGORY <input type="checkbox"/> 2. OPERATING (Exp. 30%) <input type="checkbox"/> 3. ELIGIBILITY <input type="checkbox"/> 4. MEDICAL <input type="checkbox"/> 5. OTHER	
5. TYPE OF LICENSE APPLIED FOR				6. PREVIOUS LICENSE(S) HELD			
<input checked="" type="checkbox"/> A. OPERATOR <input checked="" type="checkbox"/> B. SENIOR OPERATOR <input type="checkbox"/> C. LIMITED SRO (e.g. Fuel Handler)				A. DOCKET NUMBER RO SRO B. LICENSE NUMBER C. EXPIRATION DATE D. FACILITY DOCKET NUMBER 55-31439 X SOP-30914 060690 50-456 50-457			
7. NAME AND ADDRESS (include ZIP Code) OF APPLICANT'S EMPLOYER				10. CURRENT POSITION AT FACILITY			
Toledo Edison Company 300 Madison Avenue Toledo, Ohio 43652				<input type="checkbox"/> A. PLANT SUPERINTENDENT <input type="checkbox"/> B. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> C. SHIFT SUPERVISOR <input type="checkbox"/> D. STAFF ENGINEER <input checked="" type="checkbox"/> E. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> F. INSTRUCTOR <input type="checkbox"/> G. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> H. CONTROL ROOM OPERATOR <input type="checkbox"/> I. AUXILIARY UNIT OPERATOR <input type="checkbox"/> J. ATOM TRAINING TURBINE BUILDING EQUIPMENT OPERATOR (NON LICENSED OPERATOR) <input type="checkbox"/> K. OTHER (Specify)			
8. NAME OF APPLICANT'S FACILITY FACILITY DOCKET NUMBER							
Davis-Besse Nuclear Power Station 50-346							
9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licensee)							
11. EDUCATION							
A. HIGH SCHOOL		B. MAJOR AREA(S) OF STUDY		C. DEGREE CODES (To be used for "HIGHEST DEGREE" obtained)		D. VOCATIONAL/TECHNICAL	
<input checked="" type="checkbox"/> GRADUATE <input type="checkbox"/> GED EQUIVALENCY <input type="checkbox"/> NO		ENGINEERING (FIELD)		0. NONE 1. CERTIFICATE 2. ASSOCIATE 3. BACHELOR 4. MASTER 5. DOCTORAL		TYPE OF TRAINING Navy Nuc. School 6 X NPTU Prototype 6 X (See Section 17)	
E. NUMBER OF YEARS OF COURSE							
6		189					
12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)				13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)			
1 - NUCLEAR POWER PLANT FUNDAMENTALS (Class room)				NAVY			
2 - PLANT SYSTEMS CLASSROOM OBSERVATION				1. RO			
3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT				2. EOW/PPWO			
SIMULATOR OPERATING (Includes Classroom)				3. EWS/PPWS			
SIMULATOR NAMES				4. ERS/CRW			
A. Babcock & Wilcox				5. OTHER (Specify)			
B. CERTIFIED STARTUP PROGRAM COMPLETED				Shutdown Reactor Operator 6/79 6/85 73			
C. NUMBER OF REACTIVITY MANIPULATIONS				FOSSIL			
6 189				6. OPERATOR			
4 - SRO INSTRUCTION				7. SUPERVISOR			
5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (12-HOUR MINIMUM)				8. PLANT STAFF			
9/90 2/91 13				9. OTHER (Specify)			
6 - REQUALIFICATION				COMMERCIAL NUCLEAR (Including Research/Test Reactor)			
7 - OTHER (Specify)				10. REACTOR OPERATOR (License)			
Emerg./Abnormal Procedures 11/90 12/90 2				11. SENIOR OPERATOR (License)			
				12. SHIFT SUPERVISOR (License)			
				13. STAFF/SHIFT ENGINEER (License)			
				14. AUX/EQUIP OPERATOR (Non-licensed)			
				15. PLANT STAFF			
				16. OTHER (Specify)			
				Qualification Instructor 3/90 Pres. 3			
				(See Section 17) 7/85 3/90 57			

14. FACILITY OPERATOR TRAINING PROGRAM

a. GRADUATE OF INFO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING

X

YES

NO

b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM

YES

X

NO

15. FOR RENEWALS ONLY

a. HOURS OPERATED FACILITY

b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION

DATE

RESULT

PASS

FAIL

16. EXPERIENCE DETAILS

a. POSITION TITLE	FROM	TO	b. FACILITY	c. DUTIES
Qualification Instructor	3/90	Pres.	Davis-Besse Nuclear Power Station	Develops and implements training and requalification programs for non-licensed operators, reactor operator candidates, senior reactor operator candidates, licensed reactor operators, and licensed senior reactor operators; effectively using training resources to meet training objectives.
(See Section 17)				

17. COMMENTS (Specify the item number to which you are referring. Attach additional sheets as necessary.)

Item 11.2, Vocational/Technical Training:

See Addendum (Attached)

Item 16., Experience Details:

See Addendum (Attached)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

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

18a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance; and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the use, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reason for removal or revocation of unreported access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs as necessary.

SIGNATURE—APPLICANT

DATE

CHECK APPLICABLE BOX

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

☐ b. RENEWAL ONLY — I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (a)(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.

TRAINING COORDINATOR

SENIOR MANAGEMENT REPRESENTATIVE ON SITE

PRINTED OR TYPED NAME

Richard A. Simpkins

PRINTED OR TYPED NAME

D. C. Shelton

SIGNATURE

DATE

SIGNATURE

DATE

FOR NRC USE

WAIVER (Check or Complete items, as applicable)

MEETS REQUIREMENTS

DOES NOT MEET REQUIREMENTS (Explain below)

CATEGORY	GRANTED BY		DENIED BY	
	HEADQUARTERS	REGION	HEADQUARTERS	REGION
WRITTEN				
OPERATING				
ELIGIBILITY				
MEDICAL				
OTHER				

SIGNATURE—REVIEWER

DATE

Addendum: Bonfiglio, James Michael

Item 11.d., Vocational/Technical Training:

<u>Type of Training</u>	<u>Number of Months</u>	<u>Certificate Received</u>
- Leadership and Management Education Trng.	1/2	yes
- O ₂ Generator Electrical Maintenance	1	yes
- Noise Measurement and Reduction	1/2	yes
- Auxiliary Equipment Controllers	1/2	yes
- Basic Electricity and Electronics	2	yes
- Electrician's Mate "A"	3	yes
- Electrician's Mate "C-7"	8	yes
- Variable Speed Controllers	1/2	yes
- Career Information and Counselling	1/4	yes
- Temperature Monitoring and Salinity	1/4	yes

Item 16., Experience Details:

<u>Position Title</u>	<u>From/To</u>	<u>Facility</u>	<u>Duties</u>
Instructor/General Instructor - SRO	7/85-3/90	Braidwood Nuclear Power Station Units 1 and 2	Develop and implement training and requalification programs for non-licensed operators, reactor operator candidates, senior reactor operator candidates, licensed reactor operators, and licensed senior reactor operators; effectively using training resources to meet training objectives. Administration of Licensed Operator requalification exams, as well as perform licensed SRO duties on a dual-unit facility.

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH
THIS INFORMATION COLLECTION REQUEST 25 HRS
FORWARD COMMENTS REGARDING BURDEN ESTIMATE
TO THE INFORMATION AND RECORDS MANAGEMENT
BRANCH (P-530) U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555 AND TO THE PAPERWORK
REDUCTION PROJECT (3190-0024) OFFICE OF MANAGE-
MENT AND BUDGET WASHINGTON, DC 20503

NAME OF APPLICANT

James Michael Bonfiglio

FACILITY

Davis-Besse Nuclear Power Station

FACILITY DOCKET NUMBER

50-346

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN

PRINTED NAME OF PHYSICIAN

Dr. Wehrmister

STATE AND LICENSE NUMBER

Ohio 47692

EXAMINATION DATE

1/18/91

BASED ON THE RESULTS OF THE EXAMINATION INCLUDING INFORMATION FURNISHED BY THE APPLICANT THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983 OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- ☒ 1. NO RESTRICTIONS
- ☐ 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review.
- ☐ 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

POWER REACTORS

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

NON-POWER REACTORS

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS, AND I HAVE NO KNOWLEDGE OF THE APPLICANT EXCEEDING THE CUTOFF LEVELS FOR ALCOHOL OR CONTROLLED SUBSTANCES AS ESTABLISHED PURSUANT TO 10 CFR 26.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT INCLUDING ATTACHMENTS MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site)

TITLE

DATE

D. C. Shelton

Vice President - Nuclear

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL, ADDRESSED TO

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30323

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60127

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

PRIVACY ACT STATEMENT

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 U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC-16 and described at 51 Federal Register 32157 (September 18, 1986).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.

PERSONAL QUALIFICATION STATEMENT—LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 10 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (P-530), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)				4. TYPE OF APPLICATION (Check applicable boxes)			
Wood, Donald George Jr. 2250 Wickford Lane Fremont, Ohio 43420				<input checked="" type="checkbox"/> 1. HOT <input type="checkbox"/> 2. COLD <input checked="" type="checkbox"/> 3. NEW <input type="checkbox"/> 4. RENEWAL <input type="checkbox"/> 5. UPGRADE <input type="checkbox"/> 6. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input checked="" type="checkbox"/> 7. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE)			
2. CITIZENSHIP		3. BIRTH DATE		8. REAPPLICATION		9. WAIVER REQUESTED (Specify on Reverse)	
<input checked="" type="checkbox"/> a. UNITED STATES <input type="checkbox"/> b. OTHER (Specify)		MONTH DAY YEAR 1 0 0 2 5 5		<input type="checkbox"/> 1. FIRST <input type="checkbox"/> 2. SECOND <input type="checkbox"/> 3. THIRD		<input type="checkbox"/> 1. WRITTEN <input type="checkbox"/> 2. OPERATING (Specify) <input type="checkbox"/> 3. ELIGIBILITY <input type="checkbox"/> 4. MEDICAL <input type="checkbox"/> 5. OTHER	
5. TYPE OF LICENSE APPLIED FOR				6. PREVIOUS LICENSE(S) HELD			
<input checked="" type="checkbox"/> a. OPERATOR <input type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED SRO (a. Fuel Handler)				a. DOCKET NUMBER RO SRO b. LICENSE NUMBER c. EXPIRATION DATE MONTH DAY YEAR 55- 50-			
7. NAME AND ADDRESS (include ZIP Code) OF APPLICANT'S EMPLOYER				10. CURRENT POSITION AT FACILITY			
Toledo Edison Company 300 Madison Avenue Toledo, Ohio 43652				<input checked="" type="checkbox"/> a. PLANT SUPERINTENDENT <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> c. SHIFT SUPERVISOR <input type="checkbox"/> d. STAFF ENGINEER <input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> f. INSTRUCTOR <input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> h. CONTROL ROOM OPERATOR			
8. NAME OF APPLICANT'S FACILITY FACILITY DOCKET NUMBER				11. EDUCATION			
Davis-Besse Nuclear Power Station 50-346				a. HIGH SCHOOL b. MAJOR AREA(S) OF STUDY c. NUMBER OF YEARS d. HIGHEST DEGREE <input checked="" type="checkbox"/> GRADUATE ENGINEERING (FIELD) Mechanical Engineering 2 0 <input type="checkbox"/> GED EQUIVALENCY <input type="checkbox"/> NO OTHER			
9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licensees)				e. VOCATIONAL/TECHNICAL f. NUMBER OF MONTHS g. HIGHEST DEGREE TYPE OF TRAINING Navy Nuc Pwr School 6 x Navy Nuc Pwr School 6 x Prototype (See Section 17)			
12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)				13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)			
1 - NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) FROM TO NUMBER OF WEEKS 3/90 10/90 14 2 - PLANT SYSTEMS CLASSROOM 7/90 3/91 15 OBSERVATION 3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (includes Classroom) 11/90 12/90 4 SIMULATOR NAMES a. Babcock & Wilcox b. CERTIFIED STARTUP PROGRAM COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF REACTIVITY MANIPULATIONS PLANT 7 SIMULATOR 184				NAVY 1. RO 2. EOW/PPWO 3. EWS/PPWS 4. ERS/CRW 6/78 8/80 26 5. OTHER (Specify) FOSSIL 6. OPERATOR 7. SUPERVISOR 8. PLANT STAFF 9. OTHER (Specify) COMMERCIAL NUCLEAR (including Research/Test Reactors) 10. REACTOR OPERATOR (License) 11. SENIOR OPERATOR (License) 12. SHIFT SUPERVISOR (License) 13. STAFF/SHIFT ENGINEER (License) 14. AUX./EQUIP. OPERATOR (Non-license) 15. PLANT STAFF 16. OTHER (Specify)			
4 - SRO INSTRUCTION 5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (12 WEEK MINIMUM) 5/90 2/91 14 6 - TIME ON SHIFT ABOVE 20% POWER (15 WEEK MINIMUM) 9/90 2/91 11 7 - REQUALIFICATION 8 - OTHER (Specify) Emerg./Abnormal Procedures 11/90 12/90 2				9/82 Pres. 90			

14. FACILITY OPERATOR TRAINING PROGRAM

A. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING	<input checked="" type="checkbox"/>	YES	NO	B. CERTIFIED ON NRC FORM 474 "SIMULATION FACILITY CERTIFICATION" OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM	<input checked="" type="checkbox"/>	YES	NO
--	-------------------------------------	-----	----	---	-------------------------------------	-----	----

15. FOR RENEWALS ONLY

A. HOURS OPERATED FACILITY	B. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION	DATE	RESULT
			PASS FAIL

16. EXPERIENCE DETAILS

A. POSITION TITLE	FROM	TO	B. FACILITY	C. DUTIES
Equipment Operator	10/85	Pres.	Davis-Besse Nuclear Power Station	Under directive supervision in accordance with the Operating License, Technical Specifications, normal and special operation procedures tends the nuclear steam supply systems, turbo-generators, station auxiliaries and associated equipment; operates radioactive waste disposal and water treatment systems; monitors radiation and assists in the receipt, storage, loading, and unloading of new and spent fuel.
(See Section 17)				

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

Item 11.d, Vocational/Technical:

See Addendum (Attached)

Item 16., Experience Details:

See Addendum (Attached)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

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

I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs as necessary.

SIGNATURE—APPLICANT

DATE

CHECK APPLICABLE BOX

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

☐ RENEWAL ONLY — I certify that the above named individual meets the approved requalification program (with exceptions noted in Item 17) as required by section 50.54 (a) 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.

TRAINING COORDINATOR

PRINTED OR TYPED NAME

Richard A. Simpkins

SIGNATURE

DATE

SENIOR MANAGEMENT REPRESENTATIVE ON SITE

PRINTED OR TYPED NAME

D. C. Shelton

SIGNATURE

DATE

FOR NRC USE

CATEGORY	GRANTED BY		DENIED BY		MEETS REQUIREMENTS	DOES NOT MEET REQUIREMENTS (Explain below)
	HEADQUARTERS	REGION	HEADQUARTERS	REGION		
WRITTEN						
OPERATING						
ELIGIBILITY						
MEDICAL						
OTHER						

SIGNATURE—REVIEWER

DATE

Addendum: Wood, Donald George Jr.

Item 11.d., Vocational/Technical Training:

<u>Type of Training</u>	<u>Number of Months</u>	<u>Certificate Received</u>
- Machinist Mate "A"	2	yes
- R11 and LiBr Air Conditioning School	1	yes
- Basic Academics for Nuclear Power Reactors (General Physics Corp.)	3	yes

Item 16, Experience Details:

<u>Position Title</u>	<u>From/To</u>	<u>Facility</u>	<u>Duties</u>
"B" Man	4/84-10/85	LaSalle County Generating Station	Under directive supervision in accordance with the Operating License, Technical Specifications, normal and special operation procedures tends the nuclear steam supply systems, turbo-generators, station auxiliaries and associated equipment; operates radioactive waste disposal and water treatment systems.
Nuclear Plant Operator	9/82-1/84	W. H. Zimmer Nuclear Power Station	Under directive supervision in accordance with the Operating License, Technical Specifications, normal and special operation procedures tends the nuclear steam supply systems, turbo-generators, station auxiliaries and associated equipment; operates radioactive waste disposal and water treatment systems; monitors radiation and assists in the receipt, storage, loading and unloading of new and spent fuel.

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH
THIS INFORMATION COLLECTION REQUEST IS 25 HRS.
FORWARD COMMENTS REGARDING BURDEN ESTIMATE
TO THE INFORMATION AND RECORDS MANAGEMENT
BRANCH (P-330) U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555 AND TO THE PAPERWORK
REDUCTION PROJECT (J190-0024) OFFICE OF MANAGE-
MENT AND BUDGET WASHINGTON, DC 20503

NAME OF APPLICANT

Donald George Wood Jr.

FACILITY

Davis-Besse Nuclear Power Station

FACILITY DOCKET NUMBER

50-346

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN

PRINTED NAME (of physician)

Dr. Wehrmister

STATE AND LICENSE NUMBER

Ohio 47692

EXAMINATION DATE

12/03/90

BASED ON THE RESULTS OF THE EXAMINATION INCLUDING INFORMATION FURNISHED BY THE APPLICANT THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS J.4-1993 OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

1. NO RESTRICTIONS

☒ 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES

3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES

4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review.

5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

POWER REACTORS

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

NON-POWER REACTORS

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS, AND I HAVE NO KNOWLEDGE OF THE APPLICANT EXCEEDING THE CUTOFF LEVELS FOR ALCOHOL OR CONTROLLED SUBSTANCES AS ESTABLISHED PURSUANT TO 10 CFR 26.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site) TITLE

D. C. Shelton

Vice President - Nuclear

DATE

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30323

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Mark Lane, Suite 210
Walnut Creek, CA 94596

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(i)(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 U.S. Nuclear Regulatory Commission on NRC Form 308. This information is maintained in a system of records designated as NRC-16 and described at 51 Federal Register 33157 (September 18, 1986).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954 as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that the will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law, and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.

PERSONAL QUALIFICATION STATEMENT—LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 20 HRS
FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (P-30) U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090) OFFICE OF MANAGEMENT AND BUDGET WASHINGTON, DC 20503

1 APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (Include ZIP Code) Walter, Gregory William 29565 W. Curtice Road Curtice, Ohio 43412				4 TYPE OF APPLICATION (Check applicable box(es)) <input checked="" type="checkbox"/> 1 HOT <input type="checkbox"/> 2 COLD <input checked="" type="checkbox"/> 3 NEW <input type="checkbox"/> 4 RENEWAL <input type="checkbox"/> 5 UPGRADE <input type="checkbox"/> 6 MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input checked="" type="checkbox"/> 7 DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE)				8 REAPPLICATION <input type="checkbox"/> 1 FIRST <input type="checkbox"/> 2 SECOND <input type="checkbox"/> 3 THIRD				9 WAIVER REQUESTED (Justify on Reverse) <input type="checkbox"/> 1 WRITTEN CATEGORY <input type="checkbox"/> 2 OPERATING CATEGORY <input type="checkbox"/> 3 ELIGIBILITY <input type="checkbox"/> 4 MEDICAL <input type="checkbox"/> 5 OTHER			
2 CITIZENSHIP <input checked="" type="checkbox"/> A. UNITED STATES <input type="checkbox"/> B. OTHER (Specify):				3 BIRTH DATE MONTH DAY YEAR 1 1 2 9 5 8				10 DATE PASSED EXAMINATION MM YY 10 90							
5 TYPE OF LICENSE APPLIED FOR <input checked="" type="checkbox"/> A. OPERATOR <input type="checkbox"/> B. SENIOR OPERATOR <input type="checkbox"/> C. LIMITED SRO (e.g. Fuel Handler)				6 PREVIOUS LICENSE(S) HELD A. DOCKET NUMBER RO SHO B. LICENSE NUMBER C. EXPIRATION DATE MONTH DAY YEAR D. FACILITY DOCKET NUMBER											
7 NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER Toledo Edison Company 300 Madison Avenue Toledo, Ohio 43652				10 CURRENT POSITION AT FACILITY <input checked="" type="checkbox"/> A. PLANT SUPERINTENDENT <input type="checkbox"/> B. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> C. SHIFT SUPERVISOR <input type="checkbox"/> D. STAFF ENGINEER <input type="checkbox"/> E. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> F. INSTRUCTOR <input type="checkbox"/> G. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> H. CONTROL ROOM OPERATOR <input checked="" type="checkbox"/> I. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING EQUIPMENT OPERATOR/NON-LICENSED OPERATOR <input type="checkbox"/> J. OTHER (Specify):											
8 NAME OF APPLICANT'S FACILITY Davis-Besse Nuclear Power Station 50-346				9 FACILITY DOCKET NUMBER 50-											
11 EDUCATION															
A. HIGH SCHOOL <input checked="" type="checkbox"/> GRADUATE <input type="checkbox"/> GED EQUIVALENCY <input type="checkbox"/> NO		C. MAJOR AREA(S) OF STUDY ENGINEERING (FIELD): OTHER:		DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) 0 NONE 1 CERTIFICATE 2 ASSOCIATE 3 BACHELOR 4 MASTER 5 DOCTORAL		B. VOCATIONAL/TECHNICAL TYPE OF TRAINING MONTHS CREDITS									
6. NUMBER OF YEARS OF COLLEGE		7. NUMBER OF YEARS OF MILITARY		8. NUMBER OF MONTHS OF TRAINING		9. CREDITS EARNED									
1 - NUCLEAR POWER PLANT FUNDAMENTALS (Classroom) 3/90 10/90 14		2 - PLANT SYSTEMS CLASSROOM 7/90 3/91 15		3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT		4 - SRO INSTRUCTION									
5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (3 WEEK MINIMUM) 5/90 2/91 13		6 - REQUALIFICATION		7 - OTHER (Specify):		8 - PLANT STAFF									
9 - TIME ON SHIFT ABOVE 20% POWER (5 WEEK MINIMUM) 9/90 2/91 11		10 - SIMULATOR OPERATING (Includes Classroom) 11/90 12/90 4		11 - SIMULATOR NAMES		12 - PLANT STAFF									
12 - CERTIFIED STARTUP PROGRAM COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		13 - NUMBER OF REACTIVITY MANIPULATIONS PLANT 6 196		14 - Babcock & Wilcox		15 - PLANT STAFF									
15 - EMERG./ABNORMAL PROCEDURES 11/90 12/90 2		16 - OTHER (Specify):		17 - PLANT STAFF		18 - PLANT STAFF									
19 - PLANT STAFF		20 - PLANT STAFF		21 - PLANT STAFF		22 - PLANT STAFF									
23 - PLANT STAFF		24 - PLANT STAFF		25 - PLANT STAFF		26 - PLANT STAFF									
27 - PLANT STAFF		28 - PLANT STAFF		29 - PLANT STAFF		30 - PLANT STAFF									
31 - PLANT STAFF		32 - PLANT STAFF		33 - PLANT STAFF		34 - PLANT STAFF									
35 - PLANT STAFF		36 - PLANT STAFF		37 - PLANT STAFF		38 - PLANT STAFF									
39 - PLANT STAFF		40 - PLANT STAFF		41 - PLANT STAFF		42 - PLANT STAFF									
43 - PLANT STAFF		44 - PLANT STAFF		45 - PLANT STAFF		46 - PLANT STAFF									
47 - PLANT STAFF		48 - PLANT STAFF		49 - PLANT STAFF		50 - PLANT STAFF									
51 - PLANT STAFF		52 - PLANT STAFF		53 - PLANT STAFF		54 - PLANT STAFF									
55 - PLANT STAFF		56 - PLANT STAFF		57 - PLANT STAFF		58 - PLANT STAFF									
59 - PLANT STAFF		60 - PLANT STAFF		61 - PLANT STAFF		62 - PLANT STAFF									
63 - PLANT STAFF		64 - PLANT STAFF		65 - PLANT STAFF		66 - PLANT STAFF									
67 - PLANT STAFF		68 - PLANT STAFF		69 - PLANT STAFF		70 - PLANT STAFF									
71 - PLANT STAFF		72 - PLANT STAFF		73 - PLANT STAFF		74 - PLANT STAFF									
75 - PLANT STAFF		76 - PLANT STAFF		77 - PLANT STAFF		78 - PLANT STAFF									
79 - PLANT STAFF		80 - PLANT STAFF		81 - PLANT STAFF		82 - PLANT STAFF									
83 - PLANT STAFF		84 - PLANT STAFF		85 - PLANT STAFF		86 - PLANT STAFF									
87 - PLANT STAFF		88 - PLANT STAFF		89 - PLANT STAFF		90 - PLANT STAFF									
91 - PLANT STAFF		92 - PLANT STAFF		93 - PLANT STAFF		94 - PLANT STAFF									
95 - PLANT STAFF		96 - PLANT STAFF		97 - PLANT STAFF		98 - PLANT STAFF									
99 - PLANT STAFF		100 - PLANT STAFF		101 - PLANT STAFF		102 - PLANT STAFF									
103 - PLANT STAFF		104 - PLANT STAFF		105 - PLANT STAFF		106 - PLANT STAFF									
107 - PLANT STAFF		108 - PLANT STAFF		109 - PLANT STAFF		110 - PLANT STAFF									
111 - PLANT STAFF		112 - PLANT STAFF		113 - PLANT STAFF		114 - PLANT STAFF									
115 - PLANT STAFF		116 - PLANT STAFF		117 - PLANT STAFF		118 - PLANT STAFF									
119 - PLANT STAFF		120 - PLANT STAFF		121 - PLANT STAFF		122 - PLANT STAFF									
123 - PLANT STAFF		124 - PLANT STAFF		125 - PLANT STAFF		126 - PLANT STAFF									
127 - PLANT STAFF		128 - PLANT STAFF		129 - PLANT STAFF		130 - PLANT STAFF									
131 - PLANT STAFF		132 - PLANT STAFF		133 - PLANT STAFF		134 - PLANT STAFF									
135 - PLANT STAFF		136 - PLANT STAFF		137 - PLANT STAFF		138 - PLANT STAFF									
139 - PLANT STAFF		140 - PLANT STAFF		141 - PLANT STAFF		142 - PLANT STAFF									
143 - PLANT STAFF		144 - PLANT STAFF		145 - PLANT STAFF		146 - PLANT STAFF									
147 - PLANT STAFF		148 - PLANT STAFF		149 - PLANT STAFF		150 - PLANT STAFF									
151 - PLANT STAFF		152 - PLANT STAFF		153 - PLANT STAFF		154 - PLANT STAFF									
155 - PLANT STAFF		156 - PLANT STAFF		157 - PLANT STAFF		158 - PLANT STAFF									
159 - PLANT STAFF		160 - PLANT STAFF		161 - PLANT STAFF		162 - PLANT STAFF									
163 - PLANT STAFF		164 - PLANT STAFF		165 - PLANT STAFF		166 - PLANT STAFF									
167 - PLANT STAFF		168 - PLANT STAFF		169 - PLANT STAFF		170 - PLANT STAFF									
171 - PLANT STAFF		172 - PLANT STAFF		173 - PLANT STAFF		174 - PLANT STAFF									
175 - PLANT STAFF		176 - PLANT STAFF		177 - PLANT STAFF		178 - PLANT STAFF									
179 - PLANT STAFF		180 - PLANT STAFF		181 - PLANT STAFF		182 - PLANT STAFF									
183 - PLANT STAFF		184 - PLANT STAFF		185 - PLANT STAFF		186 - PLANT STAFF									
187 - PLANT STAFF		188 - PLANT STAFF		189 - PLANT STAFF		190 - PLANT STAFF									
191 - PLANT STAFF		192 - PLANT STAFF		193 - PLANT STAFF		194 - PLANT STAFF									
195 - PLANT STAFF		196 - PLANT STAFF		197 - PLANT STAFF		198 - PLANT STAFF									
199 - PLANT STAFF		200 - PLANT STAFF		201 - PLANT STAFF		202 - PLANT STAFF									
203 - PLANT STAFF		204 - PLANT STAFF		205 - PLANT STAFF		206 - PLANT STAFF									
207 - PLANT STAFF		208 - PLANT STAFF		209 - PLANT STAFF		210 - PLANT STAFF									
211 - PLANT STAFF		212 - PLANT STAFF		213 - PLANT STAFF		214 - PLANT STAFF									
215 - PLANT STAFF		216 - PLANT STAFF		217 - PLANT STAFF		218 - PLANT STAFF									
219 - PLANT STAFF		220 - PLANT STAFF		221 - PLANT STAFF		222 - PLANT STAFF									
223 - PLANT STAFF		224 - PLANT STAFF		225 - PLANT STAFF		226 - PLANT STAFF									
227 - PLANT STAFF		228 - PLANT STAFF		229 - PLANT STAFF		230 - PLANT STAFF									
231 - PLANT STAFF		232 - PLANT STAFF		233 - PLANT STAFF		234 - PLANT STAFF									
235 - PLANT STAFF		236 - PLANT STAFF		237 - PLANT STAFF		238 - PLANT STAFF									
239 - PLANT STAFF		240 - PLANT STAFF		241 - PLANT STAFF		242 - PLANT STAFF									
243 - PLANT STAFF		244 - PLANT STAFF		245 - PLANT STAFF		246 - PLANT STAFF									
247 - PLANT STAFF		248 - PLANT STAFF		249 - PLANT STAFF		250 - PLANT STAFF									
251 - PLANT STAFF		252 - PLANT STAFF		253 - PLANT STAFF		254 - PLANT STAFF									
255 - PLANT STAFF		256 - PLANT STAFF		257 - PLANT STAFF		258 - PLANT STAFF									
259 - PLANT STAFF		260 - PLANT STAFF		261 - PLANT STAFF		262 - PLANT STAFF									
263 - PLANT STAFF		264 - PLANT STAFF		265 - PLANT STAFF		266 - PLANT STAFF									
267 - PLANT STAFF		268 - PLANT STAFF		269 - PLANT STAFF		270 - PLANT STAFF									
271 - PLANT STAFF		272 - PLANT STAFF		273 - PLANT STAFF		274 - PLANT STAFF									
275 - PLANT STAFF		276 - PLANT STAFF		277 - PLANT STAFF		278 - PLANT STAFF									
279 - PLANT STAFF		280 - PLANT STAFF		281 - PLANT STAFF		282 - PLANT STAFF									
283 - PLANT STAFF		284 - PLANT STAFF		285 - PLANT STAFF		286 - PLANT STAFF									
287 - PLANT STAFF		288 - PLANT STAFF		289 - PLANT STAFF		290 - PLANT STAFF									
291 - PLANT STAFF		292 - PLANT STAFF		293 - PLANT STAFF		294 - PLANT STAFF									
295 - PLANT STAFF		296 - PLANT STAFF		297 - PLANT STAFF		298 - PLANT STAFF									
299 - PLANT STAFF		300 - PLANT STAFF		301 - PLANT STAFF		302 - PLANT STAFF									
303 - PLANT STAFF		304 - PLANT STAFF		305 - PLANT STAFF		306 - PLANT STAFF									
307 - PLANT STAFF		308 - PLANT STAFF		309 - PLANT STAFF		310 - PLANT STAFF									
311 - PLANT STAFF		312 - PLANT STAFF		313 - PLANT STAFF		314 - PLANT STAFF									
315 - PLANT STAFF		316 - PLANT STAFF		317 - PLANT STAFF		318 - PLANT STAFF									
319 - PLANT STAFF		320 - PLANT STAFF		321 - PLANT STAFF		322 - PLANT STAFF									
323 - PLANT STAFF		324 - PLANT STAFF		325 - PLANT STAFF		326 - PLANT STAFF									
327 - PLANT STAFF		328 - PLANT STAFF		329 - PLANT STAFF		330 - PLANT STAFF									
331 - PLANT STAFF		332 - PLANT STAFF													

14. FACILITY OPERATOR TRAINING PROGRAM

A. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	B. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
--	---	-----------------------------	---	------------------------------	--

15. FOR RENEWALS ONLY

A. HOURS OPERATED FACILITY	B. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION	DATE	RESULT
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

16. EXPERIENCE DETAILS

A. POSITION TITLE	FROM	TO	B. FACILITY	C. DUTIES
Equipment Operator	3/84	Pres.	Davis-Besse Nuclear Power Station	Under directive supervision in accordance with the Operating License, Technical Specifications, normal and special operation procedures tends the nuclear steam supply systems, turbo-generators, station auxiliaries and associated equipment; operates radioactive waste disposal and water treatment systems; monitors radiation and assists in the receipt, storage, loading, and unloading of new and spent fuel.

17. COMMENTS (Specify the item number to which you are responding. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

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

18a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensed Testing Facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unclassified access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employer for use in preparing retaining programs, as necessary.

SIGNATURE—APPLICANT

DATE

CHECK APPLICABLE BOX

☒ I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 50 and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

☐ RENEWAL ONLY — I certify that the above named individual meets the approved requalification program (with exceptions noted in item 17) as required by section 50.54 (a) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities consistently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

TRAINING COORDINATOR

SENIOR MANAGEMENT REPRESENTATIVE ON SITE

PRINTED OR TYPED NAME

Richard A. Simpkins

PRINTED OR TYPED NAME

D. C. Shelton

SIGNATURE

DATE

SIGNATURE

DATE

FOR NRC USE

CATEGORY	GRANTED BY		DENIED BY		MEETS REQUIREMENTS	DOES NOT MEET REQUIREMENTS (Explain below)
	HEADQUARTERS	REGION	HEADQUARTERS	REGION		
WRITTEN						
OPERATING						
ELIGIBILITY						
MEDICAL						
OTHER						

SIGNATURE—REVIEWER _____ DATE _____

**CERTIFICATION OF MEDICAL EXAMINATION
BY FACILITY LICENSEE**

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH
THIS INFORMATION COLLECTION REQUEST IS 10 HRS.
FORWARD COMMENTS REGARDING BURDEN ESTIMATE
TO THE INFORMATION AND RECORDS MANAGEMENT
BRANCH (P-30) U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555 AND TO THE PAPERWORK
REDUCTION PROJECT (3150-0074) OFFICE OF MANAGE-
MENT AND BUDGET WASHINGTON, DC 20503

NAME OF APPLICANT

Gregory William Walter

FACILITY

Davis-Besse Nuclear Power Station

FACILITY DOCKET NUMBER

50-346

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN

PRINTED NAME OF PHYSICIAN

Dr. Wehrmister

STATE AND LICENSE NUMBER

Ohio 47692

EXAMINATION DATE

12/06/90

BASED ON THE RESULTS OF THE EXAMINATION INCLUDING INFORMATION FURNISHED BY THE APPLICANT THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1977 OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- ☐ 1. NO RESTRICTIONS
- ☒ 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 4. RESTRICTED LICENSE OR EXCEPTION - Provide details below and attach supporting medical evidence for NRC review
- ☐ 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL - Provide details below and attach supporting medical evidence for NRC review

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

POWER REACTORS

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

NON-POWER REACTORS

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS, AND I HAVE NO KNOWLEDGE OF THE APPLICANT EXCEEDING THE CUTOFF LEVELS FOR ALCOHOL OR CONTROLLED SUBSTANCES AS ESTABLISHED PURSUANT TO 10 CFR 28.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT INCLUDING ATTACHMENTS MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site)

TITLE

DATE

D. C. Shelton

Vice President - Nuclear

In accordance with 10 CFR 55.5 Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30323

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

PRIVACY ACT STATEMENT

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 U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC-16 and described at 51 Federal Register 33157 (September 18, 1986).

AUTHORITY Sections 107 and 181(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S) Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS Chief Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.

PERSONAL QUALIFICATION STATEMENT—LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH
THIS INFORMATION COLLECTION REQUEST 20 HRS
FORWARD COMMENTS REGARDING BURDEN ESTIMATE
TO THE INFORMATION AND RECORDS MANAGEMENT
BRANCH (P-530), U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555 AND TO THE PAPERWORK
REDUCTION PROJECT (3150-0090), OFFICE OF MANAGEMENT
AND BUDGET, WASHINGTON, DC 20503

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)

Taylor, Darren Alfred
2349 W. Greccourt
Toledo, Ohio 43615

4. TYPE OF APPLICATION (Check applicable boxes)

<input checked="" type="checkbox"/> 1. NOT	<input type="checkbox"/> 2. REAPPLICATION	<input type="checkbox"/> 3. WAIVER REQUESTED (Justify on Reverse)
<input type="checkbox"/> 2. COLD	<input type="checkbox"/> 1. FIRST	<input type="checkbox"/> 1. WRITTEN (Category)
<input checked="" type="checkbox"/> 3. NEW	<input type="checkbox"/> 2. SECOND	<input type="checkbox"/> 2. OPERATING (Date)
<input type="checkbox"/> 4. RENEWAL	<input type="checkbox"/> 3. THIRD	<input type="checkbox"/> 3. ELIGIBILITY
<input type="checkbox"/> 5. UPGRADE		<input type="checkbox"/> 4. MEDICAL
<input type="checkbox"/> 6. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)		<input type="checkbox"/> 5. OTHER
<input checked="" type="checkbox"/> 7. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (If Applicable)	MM YY 10 90	

2. CITIZENSHIP

☒ a. UNITED STATES
☐ b. OTHER (Specify)

3. BIRTH DATE

MONTH DAY YEAR
03 04 60

5. TYPE OF LICENSE APPLIED FOR

☒ a. OPERATOR
☐ b. SENIOR OPERATOR
☐ c. LIMITED SRO (e.g., Fuel Handler)

a. DOCKET NUMBER

55-

6. PREVIOUS LICENSE(S) HELD

b. LICENSE NUMBER	c. EXPIRATION DATE MONTH DAY YEAR	d. FACILITY DOCKET NUMBER
		50-

7. NAME AND ADDRESS (include ZIP Code) OF APPLICANT'S EMPLOYER

Toledo Edison Company
300 Madison Avenue
Toledo, Ohio 43652

10. CURRENT POSITION AT FACILITY

<input type="checkbox"/> a. PLANT SUPERINTENDENT	<input checked="" type="checkbox"/> b. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING EQUIPMENT OPERATOR/NON LICENSED OPERATOR
<input type="checkbox"/> c. ASSISTANT PLANT SUPERINTENDENT	
<input type="checkbox"/> d. SHIFT SUPERVISOR	
<input type="checkbox"/> e. STAFF ENGINEER	<input type="checkbox"/> f. OTHER (Specify)
<input type="checkbox"/> g. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER	
<input type="checkbox"/> h. INSTRUCTOR	
<input type="checkbox"/> i. SENIOR CONTROL ROOM OPERATOR	
<input type="checkbox"/> j. CONTROL ROOM OPERATOR	

8. NAME OF APPLICANT'S FACILITY

Davis-Besse Nuclear Power Station 50-346

FACILITY DOCKET NUMBER

9. ADDITIONAL FACILITY DOCKETS (Multi-unit licenses)

11. EDUCATION

a. HIGH SCHOOL	b. MAJOR AREA(S) OF STUDY	c. NUMBER OF YEARS	d. HIGHEST DEGREE	e. DEGREE CODES (To be used by "HIGHEST DEGREE" obtained)	f. VOCATIONAL/TECHNICAL TYPE OF TRAINING	g. NUMBER OF MONTHS	h. CERTIFICATE DATE
<input checked="" type="checkbox"/> GRADUATE	ENGINEERING (FIELD)	3	0	0 NONE 1 CERTIFICATE 2 ASSOCIATE 3 BACHELOR 4 MASTER 5 DOCTORAL			
<input type="checkbox"/> GED EQUIVALENCY	Electrical						
<input type="checkbox"/> NO	OTHER						
i. NUMBER OF YEARS OF COLLEGE		3					

12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)

1. NUCLEAR POWER PLANT FUNDAMENTALS (Class room)	a. MONTH AND YEAR		b. NUMBER OF HRS
	FROM	TO	
2. PLANT SYSTEMS CLASSROOM OBSERVATION	7/90	3/91	15
3. OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT			
SIMULATOR OPERATING (Includes Classroom)	11/90	12/90	4
SIMULATOR NAMES			
a. Babcock & Wilcox			
b. CERTIFIED STARTUP PROGRAM COMPLETED	<input checked="" type="checkbox"/>	YES	NO
c. NUMBER OF REACTIVITY MANIPULATIONS	5	192	
4. SRO INSTRUCTION			
5. EXTRA PERSON ON SHIFT IN CONTROL ROOM	5/90	2/91	13
a. 13 WEEK MINIMUM			
b. TIME ON SHIFT ABOVE 20% POWER	9/90	2/91	9
6. REQUALIFICATION			
7. OTHER (Specify)	Emerg./Abnormal Procedures	11/90 12/90	2

13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)

NAVY	a. MONTH AND YEAR		b. NUMBER OF HRS
	FROM	TO	
1. RO			
2. EOW/PPWO			
3. EWS/PPWS			
4. ERS/CRW			
5. OTHER (Specify)	Shutdown Reactor Operator	6/83 9/85	27
FOSSIL			
6. OPERATOR			
7. SUPERVISOR			
8. PLANT STAFF			
9. OTHER (Specify)			
COMMERCIAL NUCLEAR (Including Research/Test Reactor)			
10. REACTOR OPERATOR (License)			
11. SENIOR OPERATOR (License)			
12. SHIFT SUPERVISOR (License)			
13. STAFF/SHIFT ENGINEER (License)			
14. AUX./EQUIP OPERATOR (Non-licensed)	9/85	Pres.	56
15. PLANT STAFF			
16. OTHER (Specify)			

14. FACILITY OPERATOR TRAINING PROGRAM

A. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING

X

YES

NO

B. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM

YES

X

NO

15. FOR RENEWALS ONLY

A. HOURS OPERATED FACILITY

B. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION

DATE

RESULT

PASS

FAIL

16. EXPERIENCE DETAILS

A. POSITION TITLE	FROM	TO	B. FACILITY	C. DUTIES
Equipment Operator	9/85	Pres.	Davis-Besse Nuclear Power Station	Under directive supervision in accordance with the Operating License, Technical Specifications, normal and special operation procedures tends the nuclear steam supply systems, turbo-generators, station auxiliaries and associated equipment; operates radioactive waste disposal and waste treatment systems; monitors radiation and assists in the receipt, storage, loading, and unloading of new and spent fuel.

17. COMMENTS (Specify the item number to which you are responding. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

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

I, the undersigned, certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensed Testing Facility for alcohol or a controlled substance; and the test results recorded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employer for use in preparing retraining programs as necessary.

SIGNATURE—APPLICANT

DATE

CHECK APPLICABLE BOX

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

☐ RENEWAL ONLY — I certify that the above named individual meets the approved requalification program (with exceptions noted in item 17) as required by section 50.54 (i)-(j) 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.

TRAINING COORDINATOR

PRINTED OR TYPED NAME

Richard A. Simpkins

SIGNATURE

DATE

SENIOR MANAGEMENT REPRESENTATIVE ON SITE

PRINTED OR TYPED NAME

D. C. Shelton

SIGNATURE

DATE

FOR NRC USE

WAIVER (Check or Complete items, as applicable)

CATEGORY	GRANTED BY		DENIED BY		MEETS REQUIREMENTS	DOES NOT MEET REQUIREMENTS (Explain below)
	HEADQUARTERS	REGION	HEADQUARTERS	REGION		
WRITTEN						
OPERATING						
ELIGIBILITY						
MEDICAL						
OTHER						

SIGNATURE—REVIEWER

DATE

**CERTIFICATION OF MEDICAL EXAMINATION
BY FACILITY LICENSEE**

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH
THIS INFORMATION COLLECTION REQUEST 25 HRS
FORWARD COMMENTS REGARDING BURDEN ESTIMATE
TO THE INFORMATION AND RECORDS MANAGEMENT
BRANCH (P-530) U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555 AND TO THE PAPERWORK
REDUCTION PROJECT (3150-0024) OFFICE OF MANAGE-
MENT AND BUDGET WASHINGTON, DC 20503

NAME OF APPLICANT

Darren Alfred Taylor

FACILITY

Davis-Besse Nuclear Power Station

FACILITY DOCKET NUMBER

50-346

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN

PRINTED NAME OF PHYSICIAN

Dr. Wehrmister

STATE AND LICENSE NUMBER

Ohio 47692

EXAMINATION DATE

11/30/90

BASED ON THE RESULTS OF THE EXAMINATION INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983 OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- ☒ 1. NO RESTRICTIONS
- ☐ 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review
- ☐ 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and attach supporting medical evidence for NRC review

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

POWER REACTORS

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

NON-POWER REACTORS

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS, AND I HAVE NO KNOWLEDGE OF THE APPLICANT EXCEEDING THE CUTOFF LEVELS FOR ALCOHOL OR CONTROLLED SUBSTANCES AS ESTABLISHED PURSUANT TO 10 CFR 26.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT INCLUDING ATTACHMENTS MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site)

TITLE

DATE

D. C. Shelton

Vice President - Nuclear

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows, BY MAIL ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30323

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(i)(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 U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC-16 and described at 51 Federal Register 33157 (September 18, 1986).

AUTHORITY: Sections 107 and 181(i) of the Atomic Energy Act of 1954 as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.

PERSONAL QUALIFICATION STATEMENT—LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH
THIS INFORMATION COLLECTION REQUEST 20 HRS
FORWARD COMMENTS REGARDING BURDEN ESTIMATE
TO THE INFORMATION AND RECORDS MANAGEMENT
BRANCH (P-530) U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555 AND TO THE PAPERWORK
REDUCTION PROJECT (3150-0090) OFFICE OF MANAGE-
MENT AND BUDGET WASHINGTON, DC 20503

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)				4. TYPE OF APPLICATION (Check applicable box(es))			
Amyx, William Jeffrey 11695 W. Genzman Road Oak Harbor, Ohio 43449				<input checked="" type="checkbox"/> 1. HOT <input type="checkbox"/> 2. COLD <input checked="" type="checkbox"/> 3. NEW <input type="checkbox"/> 4. RENEWAL <input type="checkbox"/> 5. UPGRADE <input type="checkbox"/> 6. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input checked="" type="checkbox"/> 7. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE)			
2. CITIZENSHIP		3. BIRTH DATE		8. REAPPLICATION		9. WAIVER REQUESTED (Justify on Reverse)	
<input checked="" type="checkbox"/> A. UNITED STATES <input type="checkbox"/> B. OTHER (Specify)		MONTH DAY YEAR 0 9 2 1 5 6		<input type="checkbox"/> 1. FIRST <input type="checkbox"/> 2. SECOND <input type="checkbox"/> 3. THIRD		<input type="checkbox"/> 1. WRITTEN COMMENT <input type="checkbox"/> 2. OPERATING (Cite 50 CFR) <input type="checkbox"/> 3. ELIGIBILITY <input type="checkbox"/> 4. MEDICAL <input type="checkbox"/> 5. OTHER	
5. TYPE OF LICENSE APPLIED FOR				6. PREVIOUS LICENSE(S) HELD			
<input checked="" type="checkbox"/> A. OPERATOR <input type="checkbox"/> B. SENIOR OPERATOR <input type="checkbox"/> C. LIMITED SRO (e.g., Fuel Handler)				A. DOCKET NUMBER RO SRO B. LICENSE NUMBER C. EXPIRATION DATE MONTH DAY YEAR D. FACILITY DOCKET NUMBER			
55-				50-			
7. NAME AND ADDRESS (include ZIP Code) OF APPLICANT'S EMPLOYER				10. CURRENT POSITION AT FACILITY			
Toledo Edison Company 300 Madison Avenue Toledo, Ohio 43652				<input checked="" type="checkbox"/> A. PLANT SUPERINTENDENT <input type="checkbox"/> B. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> C. SHIFT SUPERVISOR <input type="checkbox"/> D. STAFF ENGINEER <input type="checkbox"/> E. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> F. INSTRUCTOR <input type="checkbox"/> G. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> H. CONTROL ROOM OPERATOR <input checked="" type="checkbox"/> I. AUXILIARY UNIT OPERATOR/ TRAINER/ TURBINE BUILDING EQUIPMENT OPERATOR/ NON LICENSED OPERATOR <input type="checkbox"/> J. OTHER (Specify)			
8. NAME OF APPLICANT'S FACILITY				9. FACILITY DOCKET NUMBER			
Davis-Besse Nuclear Power Station				50-346			
9. ADDITIONAL FACILITY DOCKETS (Multi-Unit Licensees)							
11. EDUCATION							
A. HIGH SCHOOL		C. MAJOR AREA(S) OF STUDY		D. DEGREE CODES (To be used for "HIGHEST DEGREE" obtained)		E. VOCATIONAL/TECHNICAL	
<input checked="" type="checkbox"/> GRADUATE <input type="checkbox"/> GED EQUIVALENCY <input type="checkbox"/> NO		ENGINEERING (F/E/O/S) OTHER <u>General Studies</u>		0. NONE 1. CERTIFICATE 2. ASSOCIATE 3. BACHELOR 4. MASTER 5. DOCTORAL		TYPE OF TRAINING NUMBER OF MONTHS	
B. NUMBER OF YEARS OF COLLEGE 1		1 0					
12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)							
1 - NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)		3/90 10/90		14			
2 - PLANT SYSTEMS CLASSROOM OBSERVATION		7/90 3/91		15			
3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT							
SIMULATOR OPERATING (includes Classroom)		11/90 12/90		4			
SIMULATOR NAMES							
A. Babcock & Wilcox							
B. CERTIFIED STARTUP PROGRAM COMPLETED		X YES NO					
NUMBER OF REACTIVITY MANIPULATIONS		5 181					
4 - SRO INSTRUCTION							
5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (12 WEEK MINIMUM)		5/90 2/91		13			
A. TIME ON SHIFT ABOVE 20% POWER (15 WEEK MINIMUM)		9/90 2/91		11			
6 - REQUALIFICATION							
7 - OTHER (Specify)		Emerg./Abnormal Procedures		11/90 12/90		2	
13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)							
NAVY				1. RO			
2. EOW/PPWO							
3. EWS/PPWS							
4. ERS/CRW				6/79 1/81 20			
5. OTHER (Specify)							
FOSSIL				6. OPERATOR			
7. SUPERVISOR							
8. PLANT STAFF							
9. OTHER (Specify)							
COMMERCIAL NUCLEAR (including Research/Test Reactors)							
10. REACTOR OPERATOR (License)							
11. SENIOR OPERATOR (License)							
12. SHIFT SUPERVISOR (License)							
13. STAFF/SHIFT ENGINEER (License)							
14. AUX/EQUIP OPERATOR (Non-licensed)				3/81 Pres. 102			
15. PLANT STAFF							
16. OTHER (Specify)							

14. FACILITY OPERATOR TRAINING PROGRAM

a. GRADUATE OF INRC ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING

X

YES

NO

b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM

YES

X

NO

15. FOR RENEWALS ONLY

a. HOURS OPERATED FACILITY

b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION

DATE

RESULT

PASS

FAIL

16. EXPERIENCE DETAILS

a. POSITION TITLE	FROM	TO	b. FACILITY	c. DUTIES
Equipment Operator	5/85	Pres.	Davis-Besse Nuclear Power Station	Under directive supervision in accordance with the Operating License, Technical Specifications, normal and special operation procedures tends the nuclear steam supply systems, turbo-generators, station auxiliaries and associated equipment; operates radioactive waste disposal and water treatment systems; monitors radiation and assists in the receipt, storage, loading, and unloading of new and spent fuel.
(See Section 17)				

17. COMMENTS (Specify the item number to which you are addressing. Attach addresser sheets as necessary.)

Item 16., Experience Details:

See Addendum (Attached)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

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

18a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instances where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance; and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instances where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employer for use in preparing retention programs as necessary.

SIGNATURE-APPLICANT

DATE

CHECK APPLICABLE BOX

X a. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 50 and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

b. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in item 17) as required by section 50.54 (i)-(j) 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.

TRAINING COORDINATOR

SENIOR MANAGEMENT REPRESENTATIVE ON SITE

PRINTED OR TYPED NAME

Richard A. Simpkins

PRINTED OR TYPED NAME

D. C. Shelton

SIGNATURE

DATE

SIGNATURE

DATE

FOR NRC USE

WAIVER (Check or Complete items, as applicable)

CATEGORY	GRANTED BY		DENIED BY		MEETS REQUIREMENTS	DOES NOT MEET REQUIREMENTS (Explain below)
	HEADQUARTERS	REGION	HEADQUARTERS	REGION		
WRITTEN						
OPERATING						
ELIGIBILITY						
MEDICAL						
OTHER						
					SIGNATURE-REVIEWER	DATE

Addendum: Amyx, William Jeffrey

Item 16, Experience Details:

<u>Position Title</u>	<u>From/To</u>	<u>Facility</u>	<u>Duties</u>
Equipment Operator	3/81-3/84	Consumer's Power Co. Midland Nuclear Station	Under directive supervision in accordance with the Operating License, Technical Specifications, normal and special operation procedures tends the nuclear steam supply systems, turbo-generators, station auxiliaries and associated equipment; operates radioactive waste disposal and water treatment systems; monitors radiation and assists in the receipt, storage, loading, and unloading of new spent fuel.

**CERTIFICATION OF MEDICAL EXAMINATION
BY FACILITY LICENSEE**

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH
THIS INFORMATION COLLECTION REQUEST IS NRS
FORWARD COMMENTS REGARDING BURDEN ESTIMATE
TO THE INFORMATION AND RECORDS MANAGEMENT
BRANCH 19301 U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555 AND TO THE PAPERWORK
REDUCTION PROJECT (3150-0024) OFFICE OF MANAGE-
MENT AND BUDGET WASHINGTON, DC 20503

NAME OF APPLICANT

William Jeffrey Amyx

FACILITY

Davis-Besse Nuclear Power Station

FACILITY DOCKET NUMBER

50-346

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN

PRINTED NAME (of physician)

Dr. Wehrmister

STATE AND LICENSE NUMBER

Ohio 47692

EXAMINATION DATE

11/30/90

BASED ON THE RESULTS OF THE EXAMINATION INCLUDING INFORMATION FURNISHED BY THE APPLICANT THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983 OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

1. NO RESTRICTIONS

☒

2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES

3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES

4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review

5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and attach supporting medical evidence for NRC review

PROPOSED WORDING OF RESTRICTION (Check 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

POWER REACTORS

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

NON-POWER REACTORS

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS, AND I HAVE NO KNOWLEDGE OF THE APPLICANT EXCEEDING THE CUTOFF LEVELS FOR ALCOHOL OR CONTROLLED SUBSTANCES AS ESTABLISHED PURSUANT TO 10 CFR 26.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site)

TITLE

DATE

D. C. Shelton

Vice President - Nuclear

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30323

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
796 Roosevelt Road
Glen Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(i)(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 U.S. Nuclear Regulatory Commission on NRC Form 306. This information is maintained in a system of records designated as NRC-18 and described at 51 Federal Register 33157 (September 18, 1986).

AUTHORITY: Sections 107 and 181(i) of the Atomic Energy Act of 1954 as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

PERSONAL QUALIFICATION STATEMENT—LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 20 HRS
FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (P.530) U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090) OFFICE OF MANAGEMENT AND BUDGET WASHINGTON, DC 20503

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code) Hawley, Charles Alfred 9387 Sheffield Road Perrysburg, OH 43551				4. TYPE OF APPLICATION (Check applicable boxes) <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 1. HOT</td> <td><input type="checkbox"/> REAPPLICATION</td> <td><input type="checkbox"/> WAIVER REQUESTED (Justify on Reverse)</td> </tr> <tr> <td><input type="checkbox"/> 2. COLD</td> <td><input type="checkbox"/> 1. FIRST</td> <td><input type="checkbox"/> WRITTEN (Category)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 3. NEW</td> <td><input type="checkbox"/> 2. SECOND</td> <td><input type="checkbox"/> 2. OPERATING (Category)</td> </tr> <tr> <td><input type="checkbox"/> 4. RENEWAL</td> <td><input type="checkbox"/> 3. THIRD</td> <td><input type="checkbox"/> 3. ELIGIBILITY</td> </tr> <tr> <td><input type="checkbox"/> 5. UPGRADE</td> <td></td> <td><input type="checkbox"/> 4. MEDICAL</td> </tr> <tr> <td><input type="checkbox"/> 6. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)</td> <td></td> <td><input type="checkbox"/> 5. OTHER</td> </tr> </table>				<input checked="" type="checkbox"/> 1. HOT	<input type="checkbox"/> REAPPLICATION	<input type="checkbox"/> WAIVER REQUESTED (Justify on Reverse)	<input type="checkbox"/> 2. COLD	<input type="checkbox"/> 1. FIRST	<input type="checkbox"/> WRITTEN (Category)	<input checked="" type="checkbox"/> 3. NEW	<input type="checkbox"/> 2. SECOND	<input type="checkbox"/> 2. OPERATING (Category)	<input type="checkbox"/> 4. RENEWAL	<input type="checkbox"/> 3. THIRD	<input type="checkbox"/> 3. ELIGIBILITY	<input type="checkbox"/> 5. UPGRADE		<input type="checkbox"/> 4. MEDICAL	<input type="checkbox"/> 6. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)		<input type="checkbox"/> 5. OTHER																																																														
<input checked="" type="checkbox"/> 1. HOT	<input type="checkbox"/> REAPPLICATION	<input type="checkbox"/> WAIVER REQUESTED (Justify on Reverse)																																																																																					
<input type="checkbox"/> 2. COLD	<input type="checkbox"/> 1. FIRST	<input type="checkbox"/> WRITTEN (Category)																																																																																					
<input checked="" type="checkbox"/> 3. NEW	<input type="checkbox"/> 2. SECOND	<input type="checkbox"/> 2. OPERATING (Category)																																																																																					
<input type="checkbox"/> 4. RENEWAL	<input type="checkbox"/> 3. THIRD	<input type="checkbox"/> 3. ELIGIBILITY																																																																																					
<input type="checkbox"/> 5. UPGRADE		<input type="checkbox"/> 4. MEDICAL																																																																																					
<input type="checkbox"/> 6. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)		<input type="checkbox"/> 5. OTHER																																																																																					
2. CITIZENSHIP <input checked="" type="checkbox"/> a. UNITED STATES <input type="checkbox"/> b. OTHER (Specify):		3. BIRTH DATE <table style="width:100%;"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>01</td> <td>15</td> <td>48</td> </tr> </table>		MONTH	DAY	YEAR	01	15	48	<input checked="" type="checkbox"/> 7. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (If Applicable) <table style="width:100%;"> <tr> <td>MM</td> <td>YY</td> </tr> <tr> <td>06</td> <td>89</td> </tr> </table>		MM	YY	06	89																																																																								
MONTH	DAY	YEAR																																																																																					
01	15	48																																																																																					
MM	YY																																																																																						
06	89																																																																																						
5. TYPE OF LICENSE APPLIED FOR <input type="checkbox"/> a. OPERATOR <input checked="" type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED SRO (e.g. Fuel Handler)		6. PREVIOUS LICENSE(S) HELD <table style="width:100%;"> <tr> <td>a. DOCKET NUMBER</td> <td>RO/SRO</td> <td>b. LICENSE NUMBER</td> <td>c. EXPIRATION DATE</td> <td>d. FACILITY DOCKET NUMBER</td> </tr> <tr> <td>55-</td> <td></td> <td></td> <td></td> <td>50-</td> </tr> </table>		a. DOCKET NUMBER	RO/SRO	b. LICENSE NUMBER	c. EXPIRATION DATE	d. FACILITY DOCKET NUMBER	55-				50-																																																																										
a. DOCKET NUMBER	RO/SRO	b. LICENSE NUMBER	c. EXPIRATION DATE	d. FACILITY DOCKET NUMBER																																																																																			
55-				50-																																																																																			
7. NAME AND ADDRESS (include ZIP Code) OF APPLICANT'S EMPLOYER Toledo Edison Company 300 Madison Avenue Toledo, Ohio 43652		10. CURRENT POSITION AT FACILITY <table style="width:100%;"> <tr> <td><input type="checkbox"/> a. PLANT SUPERINTENDENT</td> <td><input type="checkbox"/> LAUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR/NON LICENSED OPERATOR</td> </tr> <tr> <td><input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT</td> <td></td> </tr> <tr> <td><input type="checkbox"/> c. SHIFT SUPERVISOR</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> d. STAFF ENGINEER</td> <td><input type="checkbox"/> e. OTHER (Specify):</td> </tr> <tr> <td><input type="checkbox"/> f. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER</td> <td></td> </tr> <tr> <td><input type="checkbox"/> g. INSTRUCTOR</td> <td></td> </tr> <tr> <td><input type="checkbox"/> h. SENIOR CONTROL ROOM OPERATOR</td> <td></td> </tr> <tr> <td><input type="checkbox"/> i. CONTROL ROOM OPERATOR</td> <td></td> </tr> </table>				<input type="checkbox"/> a. PLANT SUPERINTENDENT	<input type="checkbox"/> LAUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR/NON LICENSED OPERATOR	<input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT		<input type="checkbox"/> c. SHIFT SUPERVISOR		<input checked="" type="checkbox"/> d. STAFF ENGINEER	<input type="checkbox"/> e. OTHER (Specify):	<input type="checkbox"/> f. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER		<input type="checkbox"/> g. INSTRUCTOR		<input type="checkbox"/> h. SENIOR CONTROL ROOM OPERATOR		<input type="checkbox"/> i. CONTROL ROOM OPERATOR																																																																			
<input type="checkbox"/> a. PLANT SUPERINTENDENT	<input type="checkbox"/> LAUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR/NON LICENSED OPERATOR																																																																																						
<input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT																																																																																							
<input type="checkbox"/> c. SHIFT SUPERVISOR																																																																																							
<input checked="" type="checkbox"/> d. STAFF ENGINEER	<input type="checkbox"/> e. OTHER (Specify):																																																																																						
<input type="checkbox"/> f. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER																																																																																							
<input type="checkbox"/> g. INSTRUCTOR																																																																																							
<input type="checkbox"/> h. SENIOR CONTROL ROOM OPERATOR																																																																																							
<input type="checkbox"/> i. CONTROL ROOM OPERATOR																																																																																							
8. NAME OF APPLICANT'S FACILITY Davis-Besse Nuclear Power Station		FACILITY DOCKET NUMBER 50-346		9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)																																																																																			
11. EDUCATION																																																																																							
a. HIGH SCHOOL <input checked="" type="checkbox"/> GRADUATE <input type="checkbox"/> GED EQUIVALENCY <input type="checkbox"/> NO		b. MAJOR AREA(S) OF STUDY ENGINEERING (FIELD): Mechanical OTHER:		c. DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) 0. NONE 1. CERTIFICATE 2. ASSOCIATE 3. BACHELOR 4. MASTER 5. DOCTORAL																																																																																			
d. VOCATIONAL/TECHNICAL TYPE OF TRAINING:		e. NUMBER OF MONTHS RECEIVED:		f. CERTIFICATE RECEIVED YES NO																																																																																			
g. NUMBER OF YEARS OF COLLEGE 4		h. NUMBER OF YEARS OF HIGHEST DEGREE (3)		i. NUMBER OF MONTHS OF TRAINING 18																																																																																			
12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)																																																																																							
<table style="width:100%;"> <tr> <th rowspan="2">1 - NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)</th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF MONTHS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td>2 - PLANT SYSTEMS CLASSROOM</td> <td>4/88</td> <td>2/89</td> <td>12</td> </tr> <tr> <td>3 - OPERATING PRACTICE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTROL ROOM OPERATIONS ON SHIFT</td> <td>11/88</td> <td>12/88</td> <td>3</td> </tr> <tr> <td>SIMULATOR OPERATING (Includes Classroom)</td> <td>3/89</td> <td>12/90</td> <td>7</td> </tr> <tr> <td colspan="4">SIMULATOR NAMES</td> </tr> <tr> <td colspan="4">a. Babcock & Wilcox</td> </tr> <tr> <td colspan="4">b. CERTIFIED STARTUP PROGRAM COMPLETED</td> </tr> <tr> <td colspan="4">X YES NO</td> </tr> <tr> <td colspan="4">NUMBER OF REACTIVITY MANIPULATIONS</td> </tr> <tr> <td colspan="4">PLAN 6 390</td> </tr> <tr> <td>4 - SRO INSTRUCTION</td> <td>3/89</td> <td>3/91</td> <td>10</td> </tr> <tr> <td>5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (12 WEEK MINIMUM)</td> <td>5/89</td> <td>2/91</td> <td>13</td> </tr> <tr> <td>6 - TIME ON SHIFT ABOVE 20% POWER (15 WEEK MINIMUM)</td> <td>5/89</td> <td>2/91</td> <td>13</td> </tr> <tr> <td>7 - REQUALIFICATION</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">8 - OTHER (Specify):</td> </tr> <tr> <td colspan="4">Pool Reactor Startups 1/89 1/89 1</td> </tr> <tr> <td colspan="4">Emerg./Abnormal Procedures 4/89 12/90 3</td> </tr> </table>						1 - NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)	a. MONTH AND YEAR		b. NUMBER OF MONTHS	FROM	TO	2 - PLANT SYSTEMS CLASSROOM	4/88	2/89	12	3 - OPERATING PRACTICE				CONTROL ROOM OPERATIONS ON SHIFT	11/88	12/88	3	SIMULATOR OPERATING (Includes Classroom)	3/89	12/90	7	SIMULATOR NAMES				a. Babcock & Wilcox				b. CERTIFIED STARTUP PROGRAM COMPLETED				X YES NO				NUMBER OF REACTIVITY MANIPULATIONS				PLAN 6 390				4 - SRO INSTRUCTION	3/89	3/91	10	5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (12 WEEK MINIMUM)	5/89	2/91	13	6 - TIME ON SHIFT ABOVE 20% POWER (15 WEEK MINIMUM)	5/89	2/91	13	7 - REQUALIFICATION				8 - OTHER (Specify):				Pool Reactor Startups 1/89 1/89 1				Emerg./Abnormal Procedures 4/89 12/90 3											
1 - NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)	a. MONTH AND YEAR		b. NUMBER OF MONTHS																																																																																				
	FROM	TO																																																																																					
2 - PLANT SYSTEMS CLASSROOM	4/88	2/89	12																																																																																				
3 - OPERATING PRACTICE																																																																																							
CONTROL ROOM OPERATIONS ON SHIFT	11/88	12/88	3																																																																																				
SIMULATOR OPERATING (Includes Classroom)	3/89	12/90	7																																																																																				
SIMULATOR NAMES																																																																																							
a. Babcock & Wilcox																																																																																							
b. CERTIFIED STARTUP PROGRAM COMPLETED																																																																																							
X YES NO																																																																																							
NUMBER OF REACTIVITY MANIPULATIONS																																																																																							
PLAN 6 390																																																																																							
4 - SRO INSTRUCTION	3/89	3/91	10																																																																																				
5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (12 WEEK MINIMUM)	5/89	2/91	13																																																																																				
6 - TIME ON SHIFT ABOVE 20% POWER (15 WEEK MINIMUM)	5/89	2/91	13																																																																																				
7 - REQUALIFICATION																																																																																							
8 - OTHER (Specify):																																																																																							
Pool Reactor Startups 1/89 1/89 1																																																																																							
Emerg./Abnormal Procedures 4/89 12/90 3																																																																																							
13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)																																																																																							
<table style="width:100%;"> <tr> <th rowspan="2">NAVY</th> <th colspan="2">a. MONTH AND YEAR</th> <th rowspan="2">b. NUMBER OF MONTHS</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td>1. RO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. EOW/PPWO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. EWS/PPWS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4. ERS/CRW</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. OTHER (Specify):</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">FOSSIL</td> </tr> <tr> <td>6. OPERATOR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7. SUPERVISOR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8. PLANT STAFF</td> <td>10/76</td> <td>3/78</td> <td>18</td> </tr> <tr> <td>9. OTHER (Specify):</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">COMMERCIAL NUCLEAR (Including Research/Test Reactors)</td> </tr> <tr> <td>10. REACTOR OPERATOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11. SENIOR OPERATOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12. SHIFT SUPERVISOR (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13. STAFF/SHIFT ENGINEER (Licensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>14. AUX./EQUIP. OPERATOR (Nonlicensed)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15. PLANT STAFF</td> <td>6/73</td> <td>Pres.</td> <td>82</td> </tr> <tr> <td>16. OTHER (Specify):</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">(See Section 17)</td> </tr> </table>						NAVY	a. MONTH AND YEAR		b. NUMBER OF MONTHS	FROM	TO	1. RO				2. EOW/PPWO				3. EWS/PPWS				4. ERS/CRW				5. OTHER (Specify):				FOSSIL				6. OPERATOR				7. SUPERVISOR				8. PLANT STAFF	10/76	3/78	18	9. OTHER (Specify):				COMMERCIAL NUCLEAR (Including Research/Test Reactors)				10. REACTOR OPERATOR (Licensed)				11. SENIOR OPERATOR (Licensed)				12. SHIFT SUPERVISOR (Licensed)				13. STAFF/SHIFT ENGINEER (Licensed)				14. AUX./EQUIP. OPERATOR (Nonlicensed)				15. PLANT STAFF	6/73	Pres.	82	16. OTHER (Specify):				(See Section 17)			
NAVY	a. MONTH AND YEAR		b. NUMBER OF MONTHS																																																																																				
	FROM	TO																																																																																					
1. RO																																																																																							
2. EOW/PPWO																																																																																							
3. EWS/PPWS																																																																																							
4. ERS/CRW																																																																																							
5. OTHER (Specify):																																																																																							
FOSSIL																																																																																							
6. OPERATOR																																																																																							
7. SUPERVISOR																																																																																							
8. PLANT STAFF	10/76	3/78	18																																																																																				
9. OTHER (Specify):																																																																																							
COMMERCIAL NUCLEAR (Including Research/Test Reactors)																																																																																							
10. REACTOR OPERATOR (Licensed)																																																																																							
11. SENIOR OPERATOR (Licensed)																																																																																							
12. SHIFT SUPERVISOR (Licensed)																																																																																							
13. STAFF/SHIFT ENGINEER (Licensed)																																																																																							
14. AUX./EQUIP. OPERATOR (Nonlicensed)																																																																																							
15. PLANT STAFF	6/73	Pres.	82																																																																																				
16. OTHER (Specify):																																																																																							
(See Section 17)																																																																																							

14. FACILITY OPERATOR TRAINING PROGRAM

a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
--	-------------------------------------	-----	--------------------------	----	---	--------------------------	-----	-------------------------------------	----

15. FOR RENEWALS ONLY

a. HOURS OPERATED FACILITY	b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION	DATE	RESULT
			PASS <input type="checkbox"/> FAIL <input type="checkbox"/>

16. EXPERIENCE DETAILS

a. POSITION TITLE	FROM	TO	b. FACILITY	c. DUTIES
Integrated Planning & Facility Modification Manager	8/86	Pres.	Davis-Besse Nuclear Power Station	Supervise an on-site organization of engineers whose mission is to provide engineering design management services for modifications to the Davis-Besse Nuclear Power station and provide technical and engineering services to support Davis-Besse operation and maintenance. This includes providing engineering required for resolution of plant operational/maintenance problems and improvement of plant performance.

17. COMMENTS (Specify the item number to which you are referring. Attach additional sheets as necessary.)

Item 16, Experience Details:

See Addendum (Attached)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

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

18a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retaining programs, as necessary.

SIGNATURE—APPLICANT

DATE

CHECK APPLICABLE BOX

- ☒ a. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 56, and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.
- ☐ b. RENEWAL ONLY — I certify that the above named individual meets the approved requalification program (with exceptions noted in item 17) as required by section 50.54 (c)(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.

TRAINING COORDINATOR

SENIOR MANAGEMENT REPRESENTATIVE ON SITE

PRINTED OR TYPED NAME

PRINTED OR TYPED NAME

Richard A. Simpkins

D. C. Shelton

SIGNATURE

DATE

SIGNATURE

DATE

FOR NRC USE

CATEGORY	GRANTED BY		DENIED BY		MEETS REQUIREMENTS	DOES NOT MEET REQUIREMENTS (Explain below)
	HEADQUARTERS	REGION	HEADQUARTERS	REGION		
WRITTEN						
OPERATING						
ELIGIBILITY						
MEDICAL						
OTHER						

SIGNATURE—REVIEWER _____ DATE _____

Addendum: Hawley, Charles Alfred

Item 16, Experience Details:

<u>Position Title</u>	<u>From/To</u>	<u>Facility</u>	<u>Duties</u>
Project Engineer	1/84-8/86	H. B. Robinson Nuclear Power Plant	Minimize forced outage and lost capacity by providing supervision of systems engineering services to ensure proper installation, operation, maintenance, testing, and problem resolution for optimum system performance and reliability.
Resident Engineer	3/80-1/84	Marble Hill Nuclear Power Plant	Coordinate and perform initial construction startup testing and assist Operations Department in the performance of pre-operational testing on Westinghouse Nuclear Steam Supply Systems and related safety systems.
Design Engineer	4/78-2/80	Louisville Insulating & Supply Co.	Designed and installed pre-insulated panels and reflective insulation per ASME, Section II requirements at various fossil and nuclear facilities.
Construction/ Startup Engineer Bechtel Power Co.	10/76-3/78	Presque Isle Generating Units, Cleveland Cliffs Iron Ore Co.	Coordinate and perform initial construction startup testing and assist Operations Department in the performance of pre-operational testing on three (3) fossil units.
Field Engineer	6/73-9/76	Davis-Besse Nuclear Power Station	Coordinate and perform initial construction startup testing and assist Operations Department in the performance of pre-operational testing on Babcock and Wilcox Nuclear Steam Supply Systems and related safety systems.

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH
THIS INFORMATION COLLECTION REQUEST IS 26 HRS
FORWARD COMMENTS REGARDING BURDEN ESTIMATE
TO THE INFORMATION AND RECORDS MANAGEMENT
BRANCH (P-530) U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555 AND TO THE PAPERWORK
REDUCTION PROJECT (J150-0024) OFFICE OF MANAGE-
MENT AND BUDGET WASHINGTON, DC 20503

NAME OF APPLICANT
Charles Alfred Hawley

FACILITY
Davis-Besse Nuclear Power Station

FACILITY DOCKET NUMBER
50-346

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN

PRINTED NAME of physician
Dr. Wehrmister

STATE AND LICENSE NUMBER
Ohio 47692

EXAMINATION DATE
1/17/91

BASED ON THE RESULTS OF THE EXAMINATION INCLUDING INFORMATION FURNISHED BY THE APPLICANT THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983 OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- X 1. NO RESTRICTIONS
2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review
5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and attach supporting medical evidence for NRC review

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

POWER REACTORS THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

NON-POWER REACTORS THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS, AND I HAVE NO KNOWLEDGE OF THE APPLICANT EXCEEDING THE CUTOFF LEVELS FOR ALCOHOL OR CONTROLLED SUBSTANCES AS ESTABLISHED PURSUANT TO 10 CFR 26.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site) TITLE

DATE

D. C. Shelton

Vice President - Nuclear

In accordance with 10 CFR 55.5 Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30323

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

PRIVACY ACT STATEMENT

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 U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC-16 and described at 51 Federal Register 33157 (September 18, 1986).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.

PERSONAL QUALIFICATION STATEMENT—LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 20 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (P-530) U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090) OFFICE OF MANAGEMENT AND BUDGET WASHINGTON, DC 20503

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)				4. TYPE OF APPLICATION (Check applicable boxes)			
McLain, Kevin Brian 2746 Bleeker St. Oregon, OH 43616				<input checked="" type="checkbox"/> 1. HOT <input type="checkbox"/> 2. COLD <input checked="" type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input checked="" type="checkbox"/> 9. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE)			
2. CITIZENSHIP		3. BIRTH DATE		REAPPLICATION		1. WAIVER REQUESTED (Justify on Reverse)	
<input checked="" type="checkbox"/> a. UNITED STATES <input type="checkbox"/> b. OTHER (Specify)		MONTH DAY YEAR 0 4 27 6 10		<input type="checkbox"/> 1. FIRST <input type="checkbox"/> 2. SECOND <input type="checkbox"/> 3. THIRD		<input type="checkbox"/> 1. WRITTEN (Category) <input type="checkbox"/> 2. OPERATING (Category) <input type="checkbox"/> 3. ELIGIBILITY <input type="checkbox"/> 4. MEDICAL <input type="checkbox"/> 5. OTHER	
5. TYPE OF LICENSE APPLIED FOR				6. PREVIOUS LICENSE(S) HELD			
<input checked="" type="checkbox"/> a. OPERATOR <input type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED SRO (a. Fuel Handler)				a. DOCKET NUMBER RO SRO b. LICENSE NUMBER c. EXPIRATION DATE MONTH DAY YEAR d. FACILITY DOCKET NUMBER			
7. NAME AND ADDRESS (include ZIP Code) OF APPLICANT'S EMPLOYER				10. CURRENT POSITION AT FACILITY			
Toledo Edison Company 300 Madison Avenue Toledo, Ohio 43652				<input checked="" type="checkbox"/> a. PLANT SUPERINTENDENT <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> c. SHIFT SUPERVISOR <input type="checkbox"/> d. STAFF ENGINEER <input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> f. INSTRUCTOR <input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> h. CONTROL ROOM OPERATOR			
8. NAME OF APPLICANT'S FACILITY				9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)			
Davis-Besse Nuclear Power Station				50-346			
11. EDUCATION							
a. HIGH SCHOOL		c. MAJOR AREA(S) OF STUDY		DEGREE CODES (To be used for "HIGHEST DEGREE" obtained)		4. VOCATIONAL/TECHNICAL	
<input checked="" type="checkbox"/> GRADUATE <input type="checkbox"/> GEO EQUIVALENCY <input type="checkbox"/> NO		ENGINEERING (FIELD) Assoc. in Science OTHER		0 NONE 1 CERTIFICATE 2 ASSOCIATE 3 BACHELOR 4 MASTER 5 DOCTORAL		TYPE OF TRAINING Air Conditioning & Refrigeration	
b. NUMBER OF YEARS OF COLLEGE 2						NUMBER OF MONTHS 2 CERTIFICATE RECEIVED YES NO	
12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)							
1 - NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)				5/89 6/90 14			
2 - PLANT SYSTEMS CLASSROOM				8/89 3/91 17			
OBSERVATION							
3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT							
SIMULATOR OPERATING (Includes Classroom)				11/89 8/90 5			
SIMULATOR NAMES							
a. Babcock & Wilcox							
b. CERTIFIED STARTUP PROGRAM COMPLETED				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
NUMBER OF REACTIVITY MANIPULATIONS				5 284			
4 - SRO INSTRUCTION							
5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (12 WEEK MINIMUM)				11/89 7/90 15			
a. TIME ON SHIFT ABOVE 20% POWER (15 WEEK MINIMUM)				11/89 7/90 9			
6 - REQUALIFICATION							
7 - OTHER (Specify)				Emerg./Abnormal Procedures 1/90 3/90 2			
13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)							
NAVY				1 MONTH AND YEAR FROM TO 12 WEEKS OF WORK			
1 - RO							
2 - EOOW/PPWO							
3 - EWS/PPWS				9/84 10/85 13			
4 - ERS/CRW							
5 - OTHER (Specify) Chief Reactor Auxiliaries Operator				11/83 9/84 10			
FOSSIL							
6 - OPERATOR							
7 - SUPERVISOR							
8 - PLANT STAFF							
9 - OTHER (Specify)							
COMMERCIAL NUCLEAR (Including Research/Test Reactor)							
10 - REACTOR OPERATOR (Licensed)							
11 - SENIOR OPERATOR (Licensed)							
12 - SHIFT SUPERVISOR (Licensed)							
13 - STAFF/SHIFT ENGINEER (Licensed)							
14 - AUX./EQUIP OPERATOR (Nonlicensed)				1/86 Pres. 51			
15 - PLANT STAFF							
16 - OTHER (Specify)							

14. FACILITY OPERATOR TRAINING PROGRAM

a. QUALITY OF NRC ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEM APPROACH TO TRAINING	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	b. CERTIFIED ON NRC FORM 474 ("SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
---	---	-----------------------------	---	------------------------------	--

15. FOR RENEWALS ONLY

a. NRC APPROVED FACILITY	b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION	DATE	RESULT
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

16. EXPERIENCE DETAILS

a. POSITION TITLE	FROM	TO	b. FACILITY	c. DUTIES
Equipment Operator	1/86	Pres.	Davis-Besse Nuclear Power	Under directive supervision in accordance with the Operating License, Technical Specifications normal and special operation procedures tends the nuclear steam supply systems, turbo-generators, station auxiliaries and associated equipment, operates radioactive waste disposal and water treatment systems; monitors radiation and assists in the receipt, storage, loading, and unloading of new and spent fuel.

17. CONTINUE RT-1 (Specify the item number to which you are elaborating. Attach additional sheets as necessary.)

18. NRC FORM 396, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED

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

18a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensed Testing Facility for alcohol or a controlled substance and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs as necessary.

SIGNATURE - APPLICANT

DATE

CHECK APPLICABLE BOX

- ☒ I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55, and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.
- ☐ RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in item 17) as required by section 50.54 (i)-(j) 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.

TRAINING COORDINATOR

SENIOR MANAGEMENT REPRESENTATIVE ON SITE

PRINTED OR TYPED NAME

Richard A. Simpkins

PRINTED OR TYPED NAME

D. C. Shelton

SIGNATURE

DATE

SIGNATURE

DATE

FOR NRC USE

CATEGORY	GRANTED BY		DENIED BY		MEETS REQUIREMENTS	DOES NOT MEET REQUIREMENTS (Explain below)
	HEADQUARTERS	REGION	HEADQUARTERS	REGION		
WRITTEN						
OPERATING						
ELIGIBILITY						
MEDICAL						
OTHER						

SIGNATURE - REVIEWER

DATE

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH
THIS INFORMATION COLLECTION REQUEST: 25 HRS.
FORWARD COMMENTS REGARDING BURDEN ESTIMATE
TO THE INFORMATION AND RECORDS MANAGEMENT
BRANCH (F530) U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555 AND TO THE PAPERWORK
REDUCTION PROJECT (3150-0074) OFFICE OF MANAGE-
MENT AND BUDGET WASHINGTON, DC 20503

NAME OF APPLICANT

Kevin Brian McLain

FACILITY

Davis-Besse Nuclear Power Station

FACILITY DOCKET NUMBER

50-346

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN

PRINTED NAME of physician

Dr. Wehrmister

STATE AND LICENSE NUMBER

Ohio 47692

EXAMINATION DATE

3/21/91

BASED ON THE RESULTS OF THE EXAMINATION INCLUDING INFORMATION FURNISHED BY THE APPLICANT THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983 OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- ☐ 1. NO RESTRICTIONS
- ☒ 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 4. RESTRICTED LICENSE OR EXCEPTION - Provide details below and attach supporting medical evidence for NRC review
- ☐ 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL - Provide details below and attach supporting medical evidence for NRC review

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

POWER REACTORS

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

NON-POWER REACTORS

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS, AND I HAVE NO KNOWLEDGE OF THE APPLICANT EXCEEDING THE CUTOFF LEVELS FOR ALCOHOL OR CONTROLLED SUBSTANCES AS ESTABLISHED PURSUANT TO 10 CFR 26.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT INCLUDING ATTACHMENTS MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site)

TITLE

DATE

D. C. Shelton

Vice President - Nuclear

In accordance with 10 CFR 55.5 Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30323

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60127

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

PRIVACY ACT STATEMENT

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 U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC 16 and described at 51 Federal Register 33157 (September 18, 1986).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954 as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OR NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility, department, or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief Operator Licensing Branch, Division of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.