

**UPDATED AUTHORIZATION
PERSONAL HISTORY QUESTIONNAIRE (PHQ) AND SELF-DISCLOSURE**

**All information provided will be treated as PERSONAL-CONFIDENTIAL and
observed only by persons with an authorized NEED-TO-KNOW.**

In order to meet the requirements of the Nuclear Regulatory Commission (NRC), the nuclear power plant (NPP) to which you are applying for unescorted access authorization requires that you consent to undergo a background screening process. The purpose of the screening process is to determine your trustworthiness and reliability to work within the protected and vital areas of a NPP. Information from this form will be used to conduct a background investigation for access authorization purposes as required by the NRC.

You must provide all information requested in a complete and accurate manner. Your signature on the document is your certification that the information you have provided is complete and correct. Providing deliberate or willful misleading statements to any NPP with the intent to gain access is a violation of Federal regulations. Any misrepresentation, deliberate misstatement, falsification or willful omission may constitute cause for denial or revocation of unescorted access authorization. Failure to report and list reasons for any previous suspension, revocation or denial of unescorted access to a NPP or other entity subject to either the NRC access authorization or FFD regulation may be sufficient cause for denial or revocation of unescorted access authorization or security clearance. If such an instance is detected the plant is required to advise the NRC. The NRC may investigate you and, if appropriate, criminal and civil sanctions may be imposed against you if deemed material by the NRC. When such instances have previously occurred, the result has been a lengthy (five-year) or permanent exclusion from work at nuclear power plants in the United States.

The facts concerning your criminal history or fitness-for-duty record may be subject to interpretation due to varying categorizations of similar offenses between States. It is therefore required that you disclose all information that has any potential for being considered as derogatory to minimize the likelihood of discrepancies between the information you provided and that obtained from other sources. All information requested is needed for the purpose established by NRC regulation. Results of the investigation will be available as specified in your signed Consent form, to entities authorized by the NRC pursuant to unescorted access authorization programs. In some of the sections of the PHQ you are required to provide your personal information; in other sections you will be required to acknowledge that you understand certain on-going requirements or personal responsibilities. The information requested may include any or all of the following topics: verification of identify, self-disclosure data, employment/unemployment history (including military service and/or education in lieu of employment), criminal history, credit history, character references, residences, and fitness-for-duty history. When not in use, your written information is stored in a secure environment, which may include being electronically placed in a secure database, to prevent unauthorized disclosure of personal information.

**UPDATED AUTHORIZATION
PERSONAL HISTORY QUESTIONNAIRE (PHQ) AND SELF-DISCLOSURE**

INSTRUCTIONS FOR THE COMPLETION OF THE PERSONAL HISTORY QUESTIONNAIRE:

Unless otherwise instructed, you are required to complete all portions of this PHQ to be considered for unescorted access (UA) at a nuclear power plant (NPP). Please type or print the specific answers to all questions and requests for information. **Line out, initial and date mistakes. Do not use White Out.** Write "None" or "N/A" when the question is not applicable. Some questions are followed by requests for additional data. Enter all **dates in the format month, day and year**. Attach additional pages to the PHQ if the length of an explanation exceeds the space provided. After completing, review the questionnaire to ensure there are no omissions and your printed name and social security number are included on each page—number each page sequentially. When asked **Yes** or **No**. Place an **"X"** or **"✓"** in the applicable [].

I have read and understand the instructions for filling out this PHQ _____

Have you ever applied for or been granted unescorted access (UA) at a NPP? _____ ^{Initial} [] Yes [] No

If Yes, last UA terminated at _____ on: _____
Plant Name *Date*

SECTION I—PERSONAL DATA

Provide personal information in blanks provided since you last held Unescorted Access which was terminated favorably, which was on (Date: _____)

Ensure that the telephone number you provide is current in the event you need to be contacted for clarification or for additional information, if necessary.

_____ *Last name* _____ *First name (legal)* _____ *Middle Name* _____ *US SSN (Social Security)*

Other Names: _____
Maiden name, aliases, nicknames and when used

Date of Birth: ____ / ____ / ____ COUNTRY of citizenship: _____

Place of Birth: _____
City *State if US* **COUNTRY**

Date and Port of Entry into US: ____ / ____ / ____ _____
Date of Entry *Port of Entry*

_____ *Naturalization Number* _____ *Alien Registration Number*

_____ *Visa Type* _____ *Visa Number* _____ *Expiration Date*

If you don't have a SSN provide alternate: _____
Identification number/Type *Source (e.g., passport)*

PHQ—Page 1 of pages

SECTION I—PERSONAL DATA—RESIDENCES (Cont'd.)

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. *City* *State* *Zip code*

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. *City* *State* *Zip code*

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. *City* *State* *Zip code*

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. *City* *State* *Zip code*

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. *City* *State* *Zip code*

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. *City* *State* *Zip code*

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. *City* *State* *Zip code*

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. *City* *State* *Zip code*

Continue filling out additional pages if needed to complete residence history.

.....

PHQ—Page ___ of ___ pages _____
Printed Last Name *SSN*

SECTION I—PERSONAL DATA—FOREIGN TRAVEL

Since your last period of unescorted access, have you traveled to any of the countries listed below?
 [] Yes [] No

Do not include travel when in the service of any US government agency (eg., US Military, State Department, etc.)
 Use continuation pages as necessary

COUNTRY NAME – Circle all country names you visited within the specific time period

Afghanistan	Burundi	Gabon	Kyrgyzstan	Oman	Tajikistan
Albania	Cambodia	Georgia	Laos	Pakistan	Tanzania
Algeria	Cameroon	Guinea	Liberia	Palau	Togo
Andorra*	Cape Verde	Guinea-Bissau	Libya	Qatar	Turkmenistan
Angola*	Central African Republic	Haiti	Macedonia	Russia	Uganda
Armenia	Chad	India	Mali	Rwanda	Ukraine
Azerbaijan*	China, People's Republic of	Iran	Marshall Islands	Sao Tome and Principe	United Arab Emirates
Bahrain*	Comoros	Iraq	Mauritania	Saudi Arabia	Uzbekistan
Belarus	Congo* (Zaire)	Israel	Micronesia	Seychelles	Vanuatu
Benin	Cuba	Kazakhstan	Moldova	Sierra Leone	Vietnam
Botswana	Djibouti	Kenya	Mongolia	Somalia	Yemen
Burkina Faso	Equatorial Guinea	Korea, People's Democratic Republic of	Mozambique	Sudan	Yugoslavia
Burma (Myanmar)	Eritrea	Kuwait	Niger	Syria	

If you answered "YES" and circled one or more of the countries listed, please provide the following details:

Country Name: _____

Date Departed United States: FROM: _____ / _____ / _____

Date Returned to United States: TO: _____ / _____ / _____

Port of Departure: _____

Purpose of Travel: _____

Country Name: _____

Date Departed United States: FROM: _____ / _____ / _____

Date Returned to United States: TO: _____ / _____ / _____

Port of Departure: _____

Purpose of Travel: _____

Use additional continuation sheets, as necessary

PHQ—Page ____ of ____ pages _____
 Printed Last Name SSN

SECTION II—PERSONAL REFERENCES

List three persons who are available for immediate contact and who can comment on your character and reputation. References cannot be related to you and cannot be living in your household. They may be friends, neighbors, or others with whom you have frequent personal and/or business relationships. Provide home address (actual street address), NOT post office box numbers. **List telephone numbers** where each reference can be contacted.

1.

_____/_____/_____
Name Known since

Home Address Number – Street – Apartment No. City State Zip code

Daytime telephone number Evening telephone number

2.

_____/_____/_____
Name Known since

Home Address Number – Street – Apartment No. City State Zip code

Daytime telephone number Evening telephone number

3.

_____/_____/_____
Name Known since

Home Address Number – Street – Apartment No. City State Zip code

Daytime telephone number Evening telephone number

SECTION III—SELF-DISCLOSURE INFORMATION

The Nuclear Regulatory Commission requires that the company investigate your previous employment history and make inquiries of employers to determine whether or not there are any fitness-for-duty (FFD) concerns that must be explored and evaluated prior to granting unescorted access authorization.

Answer each question by **placing an "X" or "✓" for either Yes or No** as it pertains to you. For each **Yes** answer include the specific type of issue, duration and resolution including but not limited to the reason for an unfavorable termination or denial of authorization. Details may include but are not limited to date, name and location name of the employer or potential employer involved (to whom you applied for employment), nature of the violation, any hearing, penalty imposed or other disposition.

Since you last held UAA/UA have you:

1. violated a licensee or employer's fitness-for-duty policy?	[] Yes [] No
2. been denied or had unescorted access authorization terminated unfavorably at any place of employment or at any nuclear power plant for any reason including fitness for duty policy violation or been unfavorably terminated from any employment for a fitness-for-duty reason?	[] Yes [] No
3. used, sold or possessed illegal drugs?	[] Yes [] No
4. abused legal drugs or alcohol?	[] Yes [] No
5. ever subverted or attempted to subvert a drug or alcohol testing program?	[] Yes [] No
6. refused to take a drug or alcohol test?	[] Yes [] No
7. been subject to a plan (except self-referral) for treating substance abuse?	[] Yes [] No
8. been subject to a law enforcement authority or court of law action for alcohol or drug use related to any of the following:	
The use, sale or possession of illegal drugs?	[] Yes [] No
The abuse of legal drugs or alcohol?	[] Yes [] No
The refusal to take a drug or alcohol test?	[] Yes [] No
9. been subject to employment action taken for alcohol or drug abuse involving any of the following:	
A change in job responsibilities or removal from a job?	[] Yes [] No
Mandated implementation of a plan for substance abuse treatment in order to avoid a change in or removal from a job?	[] Yes [] No
10. Are you currently in a fitness-for-duty follow-up testing program?	[] Yes [] No

Explain any "Yes" answers including date(s), location(s) and description of incident(s):

PHQ—Page ____ of ____ pages _____ Printed Last Name _____ SSN _____

SECTION IV—EMPLOYMENT/UNEMPLOYMENT HISTORY

Provide employment/unemployment information **since you last held unescorted access**. Use continuation pages as necessary.

Start with your current or most recent employment or unemployment period and work back in time. **Do not leave any gaps**. List self-employment and any employment in a foreign country. List full company name (avoid abbreviations). Job sites must be listed for each employer. If you worked multiple job sites while employed by a single employer, list them in Section VII of this PHQ or attach a separate sheet. If a former employer is no longer in business or if you were self-employed, provide the names of two people who can verify that information (e.g., former supervisor, co-worker, customer, client, neighbor, etc.). **Do not list union local unless you are a business agent. Do not list an unemployment office.**

Did you serve in the **Military, as employment**, since you last held unescorted access that was terminated favorably? Yes No

Did you attend an **Educational Institution, in lieu of employment**, since you last held unescorted access that was terminated favorably? Yes No

If **Yes** to either question, fill in the Military and/or Education part of this section and only include other employment/unemployment periods here.

Union Affiliation (If applicable): Name: _____ **Local:** _____

Business agent name Telephone number

Have you been fired, involuntarily terminated, or forced to leave any job or position, except as part of a reduction in force, since you last held unescorted access? Yes No

If **Yes**, explain the circumstances and reason for leaving in the appropriate employment period.

DO NOT LIST FUTURE DATES IN THIS SECTION

EMPLOYMENT (Current employer as of today): From: ___ / ___ / ___ To: **PRESENT**

Name of employer

Address City State Zip code

Position held / Job title Job location (If different than address listed above):

Contact Name Telephone number

Reason for Termination: CURRENTLY EMPLOYED

Eligible for Rehire: N/A **CURRENTLY EMPLOYED**

If **self-employed** provide a second reference:

Name of person who can verify activities Telephone number

PHQ—Page ____ of ____ pages _____

Printed Last Name SSN

SECTION IV—EMPLOYMENT/UNEMPLOYMENT HISTORY (Cont'd.)

DO NOT LIST FUTURE DATES IN THIS SECTION

UNEMPLOYMENT:

From: ___ / ___ / ___ To: ___ / ___ / ___

Activities during this period: _____

Name of person who can verify activities Telephone number

Name of person who can verify activities Telephone number

EMPLOYMENT:

From: ___ / ___ / ___ To: ___ / ___ / ___

Name of employer

Address City State Zip code

Position held / Job title Job location (If different than address listed above)

Contact Name Telephone number

Reason for Termination: _____

Eligible for Rehire: [] Yes [] No

If [] **self-employed** or [] **employer out of business** (select one if applicable), provide a second reference:

Name of person who can verify activities Telephone number

UNEMPLOYMENT:

From: ___ / ___ / ___ To: ___ / ___ / ___

Activities during this period: _____

Name of person who can verify activities Telephone number

Name of person who can verify activities Telephone number

EMPLOYMENT:

From: ___ / ___ / ___ To: ___ / ___ / ___

Name of employer

Address City State Zip code

Position held / Job title Job location (If different than address listed above)

Contact Name Telephone number

Reason for Termination: _____

Eligible for Rehire: [] Yes [] No

If [] **self-employed** or [] **employer out of business** (select one if applicable), provide a second reference:

Name of person who can verify activities Telephone number

PHQ—Page ___ of ___ pages _____
Printed Last Name SSN

SECTION IV—EMPLOYMENT/UNEMPLOYMENT HISTORY (Cont'd.)

UNEMPLOYMENT: From: ___ / ___ / ___ To: ___ / ___ / ___

Activities during this period: _____

_____ <i>Name of person who can verify activities</i>	_____ <i>Telephone number</i>
_____ <i>Name of person who can verify activities</i>	_____ <i>Telephone number</i>

EMPLOYMENT: From: ___ / ___ / ___ To: ___ / ___ / ___

_____ <i>Name of employer</i>			
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip code</i>
_____ <i>Position held / Job title</i>		_____ <i>Job location (If different than address listed above):</i>	
_____ <i>Contact Name</i>		_____ <i>Telephone number</i>	

Reason for Termination: _____

Eligible for Rehire: Yes No

If **self-employed** or **employer out of business** (select one if applicable), provide a second reference:

_____ <i>Name of person who can verify activities</i>	_____ <i>Telephone number</i>
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UNEMPLOYMENT: From: ___ / ___ / ___ To: ___ / ___ / ___

Activities during this period: _____

_____ <i>Name of person who can verify activities</i>	_____ <i>Telephone number</i>
_____ <i>Name of person who can verify activities</i>	_____ <i>Telephone number</i>

EMPLOYMENT: From: ___ / ___ / ___ To: ___ / ___ / ___

_____ <i>Name of employer</i>			
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip code</i>
_____ <i>Position held / Job title</i>		_____ <i>Job location (If different than address listed above):</i>	
_____ <i>Contact Name</i>		_____ <i>Telephone number</i>	

Reason for Termination: _____

Eligible for Rehire: Yes No

If **self-employed** or **employer out of business** (select one if applicable), provide a second reference:

_____ <i>Name of person who can verify activities</i>	_____ <i>Telephone number</i>
--	----------------------------------

PHQ—Page ___ of ___ pages _____
Printed Last Name *SSN*

SECTION IV—MILITARY SERVICE AS EMPLOYMENT

Since you last held unescorted access, which was terminated favorably, did you serve in the military as primary job? Yes No

If **Yes** complete this section for each period of service. Add continuation page(s) as needed.

Do you have the DD Form 214 you received upon discharge? Yes No

If **Yes**, present the Original DD Form 214 with this PHQ to access authorization office personnel on your first day at DCPD.

Service period: From: ___ / ___ / ___ To: ___ / ___ / ___

Type of Service: (Select One) Active Duty or National Guard/Reserves on active duty

Reason for Discharge: _____

Character of Service: Honorable or Other

If "Other", explain: _____

Country served: _____ Branch: _____

Name of Supervisor or Commander Telephone number

Last Command / Duty Station / Base / Unit Telephone number

Address of Duty Station / Base / Unit City State Zip code

Your Grade or Rank at discharge: Job location (If different than address listed above):

SECTION IV—EDUCATION IN LIEU OF EMPLOYMENT

NOTE: You must include an official educational institution transcript for each education period listed.

Since you last held unescorted access, which was terminated favorably, were you enrolled, with education as your primary activity, in an educational institution in lieu of employment? Yes No

If **Yes**, complete this section for each enrollment. Add continuation page(s) as needed.

Attended: _____ From: ___ / ___ / ___ To: ___ / ___ / ___
Name of educational institution

Address of educational institution City State Zip code

Degree Major / Field of study

Were you the subject of any disciplinary action at this education institution? Yes No

If **Yes**, provide details: _____

Did you graduate? Yes No

If **No**, provide reason for leaving: _____

PHQ—Page ___ of ___ pages _____
Printed Last Name SSN

SECTION V—CREDIT HISTORY

HAVE YOU HAD ANY OF THE FOLLOWING:

- A bankruptcy: [] YES [] NO
A financial judgement against you? [] YES [] NO
A charge off? [] YES [] NO
A tax lien? [] YES [] NO
Other financial difficulties within the past seven (7) years? [] YES [] NO

If yes, provide details below:

Three horizontal lines for providing details.

If you have a credit history documented in a national credit bureau file, consider this form completed and go on to Section VI. Your credit will be checked through the national credit agencies. NOTE: If you have placed a security freeze on your credit file, the credit file must be unfrozen in order for the required credit check to be completed. Changing the status of your credit file is your responsibility.

If you do not have an established credit history (e.g., loans, credit cards, etc.), list three sources of credit (e.g., landlords, local gas station, a bank, department store charge account or any personal sources of credit. Explain why you have no credit history and any problems you have experienced with any creditor during the past seven years—space at the top of this form to be used for explanation.

1. Credit Reference: From: ___ / ___ / ___ To: ___ / ___ / ___

Name of creditor, Telephone number, Address of creditor, City, State, Zip code

2. Credit Reference: From: ___ / ___ / ___ To: ___ / ___ / ___

Name of creditor, Telephone number, Address of creditor, City, State, Zip code

3. Credit Reference: From: ___ / ___ / ___ To: ___ / ___ / ___

Name of creditor, Telephone number, Address of creditor, City, State, Zip code

Comments on credit history: Three horizontal lines for text.

PHQ—Page ___ of ___ pages Printed Last Name SSN

SECTION VI—LEGAL ACTIONS

CAUTION: Providing false or deliberate misleading statements or omissions of fact may be sufficient grounds for denial of unescorted access.

List all legal actions in the past 3 years or since your last held unescorted access, which was terminated favorably, whichever period is shorter. Additionally, if you were fingerprinted report the occurrence, and if you currently have any criminal charges pending, report the charge. You must list felony, misdemeanor, or serious traffic offenses (including guilty pleas and "*nolo contendere*"-meaning no contest); any suspended sentences, pretrial diversions, dismissals, "*nolle prosequi*" (meaning not prosecuted), serious civil charges, military charges (including court martial or non-judicial punishment) but does not include minor violations such as parking tickets or minor civil actions such as zoning violations or minor traffic violations such as moving violations when your were not physically taken into custody. (You may omit non-injury traffic or parking offenses but you must include any alcohol/drug-related traffic offenses.)

In the past 3 years or since your last UAA/UA was terminated favorably, whichever period is shorter:

1. been held, detained, taken into custody, charged, arrested, indicted, fined, forfeited bond, cited, or convicted for a violation of any law, regulation or ordinance (e.g., felony, misdemeanor, traffic or military criminal history, etc.) or do you now have such a case pending?	[] Yes [] No
2. been charged, arrested or convicted of an alcohol or a controlled substance related offense, which includes; driving under the influence / while intoxicated (DUI / DWI), or have such a case pending?	[] Yes [] No
3. been charged, arrested or convicted of an infraction of the law for which you were fined more than \$500?	[] Yes [] No
4. failed to appear in court for any offense(s)?	[] Yes [] No
5. Are you currently under indictment, on probation, parole, work release, or subject to any other control of a court?	[] Yes [] No

If you answered **Yes** to any question above, explain all occurrences and specific details in the space provided. Add continuation pages as necessary.

Court documents, showing case disposition, must be included with this form for any legal action you disclose in this section.

1. Legal Action: ___ / ___ / ___ _____
Date Court or Agency involved and location

_____ *Offense* _____ *Current status*

2. Legal Action: ___ / ___ / ___ _____
Date Court or Agency involved and location

_____ *Offense* _____ *Current status*

PHQ—Page ___ of ___ pages _____
Printed Last Name SSN

SECTION VI—FINGERPRINT INFORMATION FOR FBI CRIMINAL HISTORY

The Nuclear Regulatory Commission regulation (10 CFR § 73.57) which implements Public Law 99-399 "Omnibus Diplomatic Security And Anti-Terrorism Act Of 1986" requires licensees to take the fingerprints of persons seeking unescorted access to nuclear power facilities or access to safeguards information and submit those prints to the FBI (through the NRC), requesting criminal history checks.

Criminal history records are reviewed to assure that individuals with criminal histories impacting upon their trustworthiness and reliability are not permitted access to a nuclear facility or to safeguards information. If, after reviewing any criminal history record information provided by the FBI, you believe that it is incorrect or incomplete in any respect and wish to change, correct, or update the record or to explain any matter in the record, you may initiate challenge procedures. These procedures include direct application by you, challenging the criminal history record to the Assistant Director, Federal Bureau of Investigation, Identification Division, Washington, DC 20537-9700. You will have ten (10) days to initiate action to challenge the FBI criminal history records information after it has been made available for your review.

Your criminal record or personal information collected and maintained as a result of the fingerprints may not be disclosed to persons other than yourself, your authorized representative, or to those who have a need to know the information in performing assigned duties in the process of granting or denying unescorted access to the nuclear power facility or access to safeguards information. The information obtained from a criminal history record check will be made available to any other NRC licensee pursuant to an access clearance for you at another facility.

Criminal history information obtained through the FBI may also be made available for examination by authorized representatives of the NRC in the course of their duties to determine compliance with regulations and laws. The criminal history record information will be retained as required by regulation after unescorted access to the nuclear power facility or to safeguards information has been denied or terminated.

I have the following additional comments concerning criminal history: _____

Applicant's Signature *Date*



PHQ—Page ____ of ____ pages _____
Printed Last Name *SSN*

SECTION VIII—ACKNOWLEDGMENT STATEMENT

I have read, understand and acknowledge the purpose of this personal history statement (PHQ) and that I have furnished the requested information under the stated conditions. I have read and understand the information concerning NRC required fingerprints and criminal history record.

The information that I have provided in this PHQ is correct and complete to the best of my knowledge and belief. I make this statement with knowledge that any false or misleading statement or omission of any fact may be sufficient cause for denial of UAA/UA. I understand that the information I have provided in this form will be verified by authorized background investigators and will be used only for access authorization purposes.

I understand that if I am certified UAA or granted UA, it is my responsibility, under the Behavioral Observation Program (BOP), to report any legal action to my PG&E supervisor or to the PG&E access/FFD supervisor no later than the next working day after the legal action occurred and before entering the protected area of the plant. I must also report any legal actions from the time I complete this PHQ until I am certified UAA or granted UA. An evaluation will be made regarding the impact of the legal action on my UAA/UA. The determination of what constitutes a legal action is a matter of state law but, in general, the term legal action means:

A formal action taken by a law enforcement authority or court of law, including being held, detained, taken into custody, charged, arrested, indicted, fined, forfeited bond, cited, or convicted for a violation of any law, regulation or ordinance this includes felony, misdemeanor, serious traffic offenses, serious civil charges or military charges but does not include minor violations such as parking tickets or minor civil actions such as zoning violations or minor traffic violations such as moving violations when the individual was not taken physically into custody, and includes the mandated implementation of a plan for treatment or mitigation in order to avoid a permanent record of an arrest or conviction in response to the following: (1)The use, sale or possession of illegal drugs; (2)The abuse of legal drugs or alcohol; or (3) The refusal to take a drug or alcohol test.

I have been advised of my right to request to review the information developed to assure its accuracy and completeness. I understand that the information collected during the conduct of the background investigation will be retained and must be made available to any other nuclear power plant where I may request access. It will only be used in determining my eligibility to be certified UAA or granted UA. This information will be retained for a period of time after the last termination of my UAA/UA.

- I have the following additional comments concerning this statement: _____

I CERTIFY that I have read and understand this acknowledgement statement (Section VIII of PHQ) and all information provided within the Personal History Questionnaire is true, accurate, complete and correct to best of my knowledge. False or misleading statements or omissions of fact may lead to denial of unescorted access.

- Once my unescorted access authorization is certified or granted, I will be subject to the Behavioral Observation Program (BOP), an administrative program by which individual behavior is monitored to identify variations to what is considered normal or accepted standards.
- It is my responsibility to promptly report a legal action to my PG&E supervisor or to the PG&E access/FFD supervisor. Promptly is defined as "no later than the next working day after the legal action occurred and before entering the protected area of the plant". Failure to report a legal action promptly may result in the denial and/or suspension of unescorted access authorization and disciplinary action.

Applicant's Signature/Acknowledgement

Social Security No.

Applicant's Printed Full Name

Date

END OF PERSONAL HISTORY QUESTIONNAIRE

NOTIFICATION OF LEGAL ACTION

Federal Regulations require that individuals applying for or who have been granted Unescorted Access Authorization at Nuclear Power Plants report legal actions. A legal action will be judged based upon its potential to impact upon your trustworthiness. This is part of the Behavioral Observation Program.

To comply with this regulation, you are required to report **ANY** legal action (not minor traffic), to your PG&E supervisor or to the PG&E access/FFD supervisor no later than the next working day after the occurrence, and **before** you enter the plant protected area.

A legal action is defined as:

A formal action taken by a law enforcement authority or court of law, including being held, detained, taken into custody, charged, arrested, indicted, fined, forfeited bond, cited or convicted for a violation of any law, regulation or ordinance this includes felony, misdemeanor, serious traffic offenses, serious civil charges or military charges but does not include minor violations such as parking tickets or minor civil actions such as zoning violations or minor traffic violation such as moving violations when the individual was not taken physically into custody or required to appear in court, and includes the mandated implementation of a plan for treatment or mitigation in order to avoid a permanent record of an arrest or conviction in response to the following activities:

1. **The use, sale, or possession of illegal drugs;**
2. **The abuse of legal drugs or alcohol; or**
3. **The refusal to take a drug or alcohol test.**

If you are unsure whether an incident is a legal action requiring notification, you should err on the side of caution and report it to your PG&E supervisor or the PG&E access/FFD supervisor.

Failure to report a legal action as required may result in suspension or revocation of unescorted access authorization and disciplinary action and termination.

By my signature below, I certify that I have read this notification and understand my obligation to promptly report any legal actions to my PG&E supervisor or the PG&E access/FFD supervisor.

Signature	Social Security Number
Printed Full Name	Date
Company	

CONSENT

1. Pacific Gas and Electric Company has my consent to:
 - a. Collect personal information about me in order to verify the information's accuracy;
 - b. Conduct a background investigation (BI) in accordance with U. S. Nuclear Regulatory Commission (NRC) regulations to verify information I have provided on a Personal History Questionnaire and other information, as necessary;
 - c. Retain personal information provided for investigation; and
 - d. Transfer information from other licensees, as necessary, including: (i) information pertaining to the denial of unescorted access authorization (UAA) or unescorted access (UA), or denial of access to a nuclear power plant under construction, to determine whether to grant me unescorted access to a NRC-licensed facility and to allow me to maintain such access; or (ii) information pertaining to denial of access to Safeguards Information.
2. The information collected will be used only for the purposes of determining UAA/ UA in accordance with 10 CFR 73.56, Personnel Access Authorization Requirements for Nuclear Power Plants, separate fitness-for-duty (FFD) authorization in accordance with 10 CFR Part 26, Fitness for Duty Programs, access to a nuclear power plant under construction, and/or access to Safeguards Information in accordance with 10 CFR 73.21, 73.22 or 73.23, Protection of Safeguards Information, unless I provide a separate release to the licensee for another purpose.
3. I understand that evidence of criminal conduct detected during the conduct of a BI must be reported to the appropriate law enforcement agency.
4. I authorize the use of signed copies of this consent in place of an originally signed consent document.
5. The NRC requires that the information collected be used in determining that an individual is trustworthy, reliable, and fit for duty prior to granting and while maintaining UAA/UA. The results of this determination must be available to other NRC licensed facilities.
6. Any of the following actions related to the providing and sharing of personal information is sufficient cause for denial or unfavorable termination of UAA/UA, access to a nuclear power plant under construction, and/or access to Safeguards Information:
 - a. Refusal to provide written consent for the background investigation and/or the suitable inquiry;
 - b. Refusal to provide information or the falsification of any personal information required under 73.56, Personnel Access Authorization Requirements for Nuclear Power Plants, 10 CFR Part 26, Fitness-for-Duty Programs, and/or 10 CFR 73.21, 73.22 or 73.23, Protection of Safeguards Information, including, but not limited to, the failure to report any previous denial or unfavorable termination of authorization;
 - c. Refusal to provide written consent for the sharing of personal information with other licensees or other entities required under 10 CFR 73.56, Personnel Access Authorization Requirements for Nuclear Power Plants, 10 CFR Part 26, Fitness-for-Duty Programs, and/or 10 CFR 73.21, 73.22 or 73.23, Protection of Safeguards ; and
 - d. Failure to report any legal actions.
7. I understand that the domestic commercial nuclear industry uses a computerized, restricted-access data system, the Personnel Access Data System (PADS), to share information necessary to process applications of workers for UAA/UA to nuclear facilities, access to a nuclear power plant under construction, and/or access to Safeguards Information. I further understand that this system is intended to permit nuclear facility licensees and their accepted contractors/vendors to meet regulatory requirements mandating that certain information be available to any facility licensee by retaining certain access information in a central computer database.
8. I understand that the information may be transferred, electronically or otherwise, to other licensees and contractor/vendors or the agents of each. This information will include, but is not limited to:
 - a. Name and Social Security Number;
 - b. Place of birth and physical characteristics;
 - c. Dates when any of the following are completed: background investigation, psychological evaluation, fitness-for-duty testing, suitable inquiry checks;
 - d. FBI criminal history;
 - e. Dates when UAA/UA, access to a nuclear power plant construction site, and/or access to Safeguards Information has been authorized or terminated;
 - f. Date of any denial of UAA/UA and the company holding the relevant information;
 - g. Dates associated with FFD testing (pre-access, post-event, for cause and follow-up) and treatment;
 - h. Annual radiation exposure history;
 - i. Respiratory equipment qualification/fit testing;
 - j. Medical qualification for respirator use;
 - k. Data concerning training required for UAA/UA, access to a nuclear power plant construction site, access to Safeguards Information and work qualification; and
 - l. Direction to seek additional information directly from another licensee.
9. I authorize any individual, organization, institution, or entity that now has, or obtains in the future, access-related information about me (examples of which are provided in the above paragraph), whether or not such information is included in the PADS database, to release any such information in order to perform the investigation and evaluation required for UAA/UA, access to a nuclear power plant construction site and/or access to Safeguards Information.

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Printed Last Name SSN

CONSENT - Continued

- 10. I authorize the entry into the PADS computer database of any information collected for the purpose of processing my application for, or continued maintenance of, UAA/UA, access to a nuclear power plant construction site, and/or access to Safeguards Information. I authorize the transfer of such information, electronically or otherwise, to other NRC nuclear facility licensees and contractors/vendors. I authorize such licensees and contractors/vendors to use the database information for the purpose of determining my eligibility for UAA/UA, for access to a nuclear power plant construction site, and/or for access to Safeguards Information.
- 11. I understand that information obtained pursuant to this Consent shall be treated as confidential. The release of access-related information about me shall be limited to regulatory agencies and such employees of NRC facility licensees” and their contractors/vendors who have been designated as having a “need to know” the information in order to do their jobs. The following is a listing of individuals that may access information without my consent in order to perform their official duties:
 - a. Myself or my representative, when I have designated the representative in writing for specified UAA/UA and/or FFD matters;
 - b. Assigned Medical Review officers (MROs) and MRO staff;
 - c. NRC representatives;
 - d. Appropriate law enforcement officials under court order;
 - e. A licensee, contractor/vendor, or their agents who have a need to have access to the information to perform their assigned duties under the UAA/UA and/or FFD program, including determinations of fitness, access authorization or FFD program audits, and some human resources functions;
 - f. The presiding officer in a judicial or administrative proceeding that is initiated by the subject individual;
 - g. Persons deciding matters under access authorization or FFD program appeal process; and
 - h. Other persons pursuant to court order.
- 12. I understand that all information about me in the database will be maintained as securely as reasonably practicable for a period of at least 5 years after UAA/UA, access to a nuclear power plant construction site, and/or access to Safeguards Information is last terminated. The types of records maintained include documentation collected during the administration of the access authorization and FFD program.
- 13. All documents pertaining to a 5 year or permanent denial of UAA/UA required by 10 CFR Part 26 will be retained by a licensee making the denial or unfavorable termination of UAA/UA for 40 years or until the NRC determines that the records are no longer needed;
- 14. The records of FFD training and examinations conducted under 10 CFR 26 and 10 CFR 73.21, 73.22, or 73.23 will be maintained for at least 3 years.
- 15. Records identified are normally maintained at Pacific Gas and Electric Company.
- 16. I understand that I have a right to review information collected and maintained by Pacific Gas and Electric Company to assure it is accurate and complete and to correct any inaccurate or incomplete information.
- 17. I understand that, upon my written request to Pacific Gas and Electric Company, and at no cost to me, I will be provided, within 10 working days, with a printed copy of the information about me which is recorded in the database. If, after my review of such information, I can show that any of the information is incorrect or incomplete, such information will be corrected and/or completed as soon as is reasonably practical.
- 18. I understand that at any time and upon written notice to Pacific Gas and Electric Company, I may withdraw this Consent, but this will also constitute a withdrawal of my request for access. I understand that any processing activities that were initiated before receipt of my withdrawal of consent shall continue and the resulting information will be retained in the database. No new inquiries shall be initiated after receipt of my withdrawal of consent. Thereafter, PADS participants are not permitted to retrieve information from the database other than my name, date of birth, identification number, and the fact that my consent has been withdrawn, unless I provide a currently valid Consent or the information sought is required by NRC regulation.
- 19. I hereby release Pacific Gas and Electric Company, other PADS participants, NEI, and the officers, employees, representatives, agents, and records custodians of each, as well as the officers, employees, representatives, agents, and records custodians of any entity or individual supplying or using such information, from any and all liability based on their authorized receipt, disclosure, or use of the information obtained pursuant to this Consent and to determine my eligibility for UAA/UA to nuclear facilities, access to a nuclear power plant under construction, and/or access to Safeguards Information.
- 20. I understand that this Consent is not intended to and does not affect any right or responsibility that I, my employer (if not Pacific Gas and Electric Company), or Pacific Gas and Electric Company may have under Section 211 of the Energy Reorganization Act of 1974, as amended. I further understand that nothing herein (1) affects my right or my responsibility to bring potential safety concerns to my employer (if not Pacific Gas and Electric Company), Pacific Gas and Electric Company, or the NRC; or (2) prohibits me from participating in any proceeding or investigation regarding such a potential safety concern.
- 21. **I have read and understand this Consent and authorize Pacific Gas and Electric Company to take such actions as are described herein or specified by PADS procedures. While I understand that UAA/UA, access to a nuclear power plant construction site and/or access to Safeguards Information is dependent upon my accepting the regulatory requirements of this program, the statements made by me in this Consent and my decision to sign this Consent are voluntary. The statements were not induced by any promise nor have I been subjected to any threat, duress or coercion to sign this Consent.**

Applicant’s Printed Name

Social Security No.

Applicant’s Signature

Date

FAIR CREDIT REPORTING ACT
DISCLOSURE AND AUTHORIZATION STATEMENT

For the purpose of evaluating my application for or maintenance of, nuclear power plant access authorization, I understand the Company, Pacific Gas and Electric Company, may obtain or have prepared a consumer report or investigative consumer report concerning my prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal background record, or mode of living.

I understand that upon written request to Pacific Gas and Electric Company, I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of this investigation. I understand that an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates with whom I am acquainted.

By signing below, I am authorizing Pacific Gas and Electric Company to obtain a consumer or investigative consumer report on me as part of the Company's screening process for access authorization. During the period in which I retain access authorization, I further authorize the Company to obtain additional consumer or investigative consumer reports on me to evaluate my trustworthiness and reliability for purposes of determining continued unescorted access authorization.

By my signature below, I also acknowledge that Pacific Gas and Electric Company has provided me with a summary of my rights under the Federal Fair Credit Reporting Act (attached copy prepared by the Federal Trade Commission).

I have read and understand this Consent and authorize Pacific Gas and Electric Company to take such actions as are described herein.

Applicant's Signature

Social Security Number

Applicant's Full Printed Name

Date Signed

Date of Birth

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Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051