

# Request for Alternative under 10 CFR 50.55a(z)(1) and 10 CFR 50.55a(z)(2)

Consistent with the NRC regulations, please provide required copies to state and other government agencies, and the NRC regional office.

APPROVED BY OMB NO.

Expiration Date:

Estimated burden per response to comply with this collection request: 2 hours. This form is used to submit COVID-19 related requests for an exemption from certain requirements in 10 CFR Part 50.55a. Send comments regarding burden estimate to the Information Services Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@nrc.gov). and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202 (3150-0018), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a current valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

\* Required

## Application

1. Title of Project: \*

Enter your answer

2. Licensee: \*

Enter your answer

3. Licensee Contact: \*

Enter your answer

4. Licensee Contact Phone Number: \*

Enter your answer

5. Licensee Contact Email Address: \*

*Please enter the email address for which you would like to receive communications regarding this request.*

Enter your answer

6. Plant Identification Number (PIN): \*

Enter your answer

7. Plant Name:

Select your answer



8. Plant Unit(s):

☐ 1

☐ 2

☐ 3

☐ 4

9. Docket Number(s):

*Example: 05000313*

Enter your answer

10. License Number(s):

*Example: DPR-51*

Enter your answer

11. Requested Completion Date:

Please input date in format of M/d/yyyy



12. Applicable Regulation and Inservice Inspection (ISI) or Inservice Testing (IST):

- ☐ 10 CFR 50.55a(z)(1) ISI
- ☐ 10 CFR 50.55a(z)(1) IST
- ☐ 10 CFR 50.55a(z)(2) ISI
- ☐ 10 CFR 50.55a(z)(2) IST

13. Proposed Alternative Number or Identifier:

Enter your answer

14. Applicable American Society of Mechanical Engineers (ASME) Boiler and Pressure Vessel (BPV) Code, or ASME Operations and Maintenance (OM) Code, Edition and Addenda:

Enter your answer

15. ISI or IST Program Interval Number and start/end dates (as applicable):

Enter your answer

16. ASME Code Class:

Enter your answer

17. Applicable Components and/or System Description (if applicable):

Enter your answer

18. Describe the Applicable Code Requirements:

Enter your answer

19. Reason for Request:

Enter your answer

20. Brief Description of the Proposed Alternative (500 characters or less):

Enter your answer

21. Full Description of the Proposed Alternative:

Enter your answer

22. If needed, include additional information for Question 20:

Enter your answer

23. Description of the Basis for Use:

Enter your answer

24. If needed, include additional information for Question 22:

Enter your answer

25. If requesting an alternative based on 10 CFR 50.55a(z)(2), describe hardship or unusual difficulty without compensating increase in the level of quality and safety associated with compliance with applicable code requirement. For requests under 10 CFR 50.55a(z)(1), leave this section blank.

Enter your answer

26. Proposed duration of the alternative:

Enter your answer

27. Include any additional information, as necessary:

Enter your answer

28. Precedents (optional):

Enter your answer

29. References:

Enter your answer

30. Do you have attachments? \*

☐ Yes

☐ No

Submit

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