

<u>U.S. DEPARTMENT OF COMMERCE</u> Bureau of Industry and Security <u>U.S. NUCLEAR REGULATORY COMMISSION</u> Office of Nuclear Material Safety and Safeguards		Date Received (Leave Blank)
<b>ADDITIONAL PROTOCOL REPORT</b>		
<b>FORM AP-2: CONTACT INFORMATION</b>		
<b>Submit this form to report information about the location where reportable activities are conducted. You must submit this form for an Initial, Annual Update, Processing of IAEA Safeguards-Terminated Waste, Import Confirmation, Supplemental Information or Amended Report.</b>		
2.1	Location Name and Reporting Code (once assigned):	
2.2	Location Information Reporting Status: <input type="checkbox"/> New information <input type="checkbox"/> Information with no changes <input type="checkbox"/> Information with changes	
2.3	Owner or Operator Name: Telephone Number (24 hour): _____ Fax Number (24 hour): _____	
2.4	Street Address:	
	City:	State:      Zip Code:
2.5	Provide the geographic coordinates for the location where the reportable activity(ies) take place.	
	a. Latitude (Deg/Min/Sec/N): _____	
	b. Longitude (Deg/Min/Sec/W): _____	
<b>Designate an Access Point of Contact (A-POC) and at least one Alternate A-POC for complementary access notifications involving this address.</b>		
2.6	Name of A-POC:	
	A-POC's Primary Telephone Number:	ext.
	A-POC's Alternate Telephone Number:	ext.
	A-POC's Fax Number:	
	A-POC's E-mail Address:	
2.7	Name of Alternate A-POC:	
	Alt. A-POC's Primary Telephone Number:	ext.
	Alt. A-POC's Alternate Telephone Number:	ext.
	Alt. A-POC's Fax Number:	
	Alt. A-POC's E-mail Address:	
2.8	<input type="checkbox"/> Check this box if this location contains an area subject to an NRC or an NRC Agreement State license or is otherwise subject to inspection under NRC regulations (10 CFR).	
2.9	<input type="checkbox"/> Check this box if a Continuation Form (Form AP-16) has been used to provide additional information for any of the above questions.	

## FORM AP-2: Contact Information

Reporting requirements are set forth in 15 CFR Part 783 of the U.S. Department of Commerce (DOC) Regulations and 10 CFR Parts 75 and 110 of the U.S. Nuclear Regulatory Commission (NRC) Regulations.

### **INSTRUCTIONS:**

This form must be submitted for the following types of reports: Initial, Annual Update, Processing of Safeguards-Terminated Material, Export, Import Confirmation, Supplemental Information or Amended.

**Question 2.1 Location Name and Reporting Code:** Provide the name of your location. A unique reporting code will be assigned and reported to each reportable location by BIS once an Initial Report has been submitted. The Reporting Code must appear on all future forms pertaining to the location.

**Question 2.2 Address Information Status:** Indicate the information status by checking the appropriate box (i.e., “New Information” to report information for the first time, “Information with no changes” or “Information with changes” if a report for this activity was previously submitted).

**Question 2.3 Owner Name and Contact Information:** Provide the name, telephone number and fax number of the owner or operator for this location. The telephone number provided should be a number that is answered by a live operator or individual on a 24-hour basis and the fax number must be for a machine that is checked regularly on a 24-hour basis. Please do not provide numbers that are answered by an answering service or by voice-mail. BIS or NRC must be able to notify the owner or operator immediately upon receipt of an IAEA request for complementary access.

**Question 2.4 Address:** Provide a street address for the main gate, visitor control

center or main office entrance (where the reportable activity is taking place) that would be sufficient to permit an IAEA inspector to find this location should the IAEA request a complementary access. DO NOT PROVIDE A POST OFFICE BOX. Use Form AP-16 as a continuation form, as necessary.

### **Question 2.5 Latitude and Longitude:**

Provide the latitude and longitude for the center of the location using the following formats:

Latitude:

00(degree)/00(minutes)/00(seconds)/N

Longitude:

00(degree)/00(minutes)/00(seconds)/W

### **Questions 2.6 and 2.7 Designation of an**

**Access Point of Contact (A-POC) and an**

**Alternate A-POC:** Designate an A-POC and

an Alternate A-POC for complementary

access notifications involving this address.

The A-POC should have sufficient authority to facilitate IAEA complementary access.

The primary or alternate telephone number provided for each individual must be

numbers that are answered either by a live operator or by the individual on a 24-hour

basis. This number should not be answered by an answering service or by voice-mail.

BIS or NRC must be able to notify the A-POC or Alternate A-POC upon receipt of an

IAEA request for complementary access. Use Form AP-16 as a continuation form for

any additional Alternate A-POCs.

### **Question 2.8 NRC Licensee:**

Check the box if this location contains an area subject to an

NRC or an NRC Agreement State license or

is otherwise subject to inspection under the

NRC regulations (10 CFR).

### **Question 2.9 Continuation Form:**

Check this box if a Continuation Form, Form AP-

16, has been used to provide additional

information for any of the above questions.