



Estimated burden per response to comply with this voluntary information collection request: 15 minutes. This information is requested by NRC to determine the acceptability of the user and the scheduling and services needed. Send comments regarding burden estimate to the Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0181), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

APPLICATION/PERMIT FOR USE OF THE TWO WHITE FLINT NORTH (TWFN) AUDITORIUM

INSTRUCTIONS: Please submit with this application a copy, sample, or description of any material or item(s) proposed for distribution or display. Complete the check list of service needs for public-use space on the reverse of this form. Failure to complete this form will result in denial of a permit.

IMPORTANT: If the applicant proposes to represent an organization, a letter or other documentation that the applicant has authority to represent that organization must be submitted with this form.

1. PROPOSED DATE(S)	FROM (MM/DD/YYYY)	HOUR	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	TO (MM/DD/YYYY)	HOUR	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
----------------------------	-------------------	------	-------------------------------	-------------------------------	-----------------	------	-------------------------------	-------------------------------

2. NAME OF APPLICANT (First, Middle Initial, Last)	BUSINESS TELEPHONE NUMBER (Include Area Code)
--	---

BUSINESS ADDRESS (Street, Suite/Apt. No., City, State, ZIP Code)

3. NAME OF PERSON OR ORGANIZATION SPONSORING, PROMOTING, OR CONDUCTING THE PROPOSED ACTIVITY	BUSINESS TELEPHONE NUMBER (Include Area Code)
--	---

BUSINESS ADDRESS (Street, Suite/Apt. No., City, State, ZIP Code)

4. NAME OF PERSON(S) WHO WILL SUPERVISE/BE RESPONSIBLE FOR THE PROPOSED ACTIVITY	BUSINESS TELEPHONE NUMBER (Include Area Code)
--	---

BUSINESS ADDRESS (Street, Suite/Apt. No., City, State, ZIP Code)

5. DESCRIPTION OF PROPOSED ACTIVITY

6. CERTIFICATION

AN APPLICANT PROPOSING TO ENGAGE IN THE SOLICITATION OF FUNDS MUST CHECK ONE OF THE FOLLOWING STATEMENTS:

I CERTIFY THAT:

- I represent and will be soliciting funds for the sole benefit of a religion or religious group.
- My organization has received an official Internal Revenue Service (IRS) ruling or letter of determination stating that the organization or its parent organization qualifies for tax-exempt status under 26 U.S.C. 501(c)(3),(c)(4), or (c)(5).
- My organization has applied to the IRS for a determination of tax-exempt status under 26 U.S.C. 501(c)(3),(c)(4), or (c)(5) and that the IRS has not yet issued a final administrative ruling or determination of such status.

I certify that I am authorized to sign this application on behalf of the named organization. I have read and fully comprehend all fees, rules, and regulations contained in the policies and procedures associated with the use of the Two White Flint North Auditorium. I fully accept liability for any damages that may occur during the scheduled use or any additional charges that may result from the designated use of the auditorium.

SIGNATURE - APPLICANT	DATE
-----------------------	------

**APPLICATION/PERMIT FOR USE OF THE TWO WHITE FLINT
NORTH (TWFN) AUDITORIUM (Continued)**

CHECK LIST OF SERVICE NEEDS FOR PUBLIC-USE SPACE

AUDITORIUM *(Check items needed)*

CATERING KITCHEN

- MICROPHONE
- PODIUM
- DIAS CONFIGURATION

WILL FOOD OR DRINK BE SERVED DURING PROGRAM HOURS? YES NO

**It is the user's responsibility to ensure that the kitchen is
clean and in order before leaving the premises.**

NRC USE ONLY BELOW THIS LINE

SCHEDULE OF HOURLY COSTS FOR SERVICES

All programs are after NRC normal hours of operation. The following is a schedule of hourly costs for services.

FEE SCHEDULE	FEE	FROM	A.M.	P.M.	TO	A.M.	P.M.	COST
PER HOUR	\$ 348							

TOTAL

ADMINISTRATIVE REVIEW

APPROVED DISAPPROVED

IF DISAPPROVED, REASON FOR DISAPPROVAL

REVIEWING OFFICIAL *(Typed or printed name and title)*

SIGNATURE

DATE

SECURITY REVIEW

APPROVED DISAPPROVED

REVIEWING OFFICIAL *(Typed or printed name and title)*

SIGNATURE

DATE

PERMIT FOR USE OF THE TWO WHITE FLINT NORTH AUDITORIUM

BASED UPON ADMINISTRATIVE AND SECURITY REVIEWS, THIS APPLICATION IS:

APPROVED

DISAPPROVED

REVIEWING OFFICIAL *(Typed or printed name and title)*

SIGNATURE

DATE