



Instructions:

- 1. PRINT legibly, use BLACK INK --- stay inside the boxes
- 2. VERIFY Header information is complete and correct
- 3. Complete Badge No. field at bottom; Sign & Date

Index No. PX-3864-OUO
 Page No. 1 of 1
 Issue No. 020



Managed and Operated by
 Consolidated Nuclear Security, LLC

Training Completion Report

(Ref. WI 02.03.02.03.03. WI 02.03.02.03.05, WI 02.03.02.03.06)

Employee Name _____

Badge No. (or SSN)

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Item Name

Subcontractor and Uncleared
Visitor Training

Item No.

	5	5	3	.	0	5
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Item Type

S	T
---	---

Item Revision Date

1	0	2	4	1	6
M	M	D	D	Y	Y

Test Version

1	6	1	0	1
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Instructor Badge No

--	--	--	--	--	--

Score

--	--	--

Complete

Y	N

RIDS

A

Workflow Route No.

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TSR Related?

	X
Y	N

This training completion report will be used to activate your account in the training database.
 Please fill out the form completely and legibly, as all information is needed.

Print Company Name: _____

Plant Contact: _____

Date of Birth: _____

ACKNOWLEDGMENT

*By signing and returning this report,
 I acknowledge that I have read and understand the information given in:*

*Subcontractor and Uncleared Visitor Training
 #553.05*

**Further, I acknowledge that failure to follow and comply with the rules and requirements of
 this facility could result in immediate removal of access privileges;
 And in some circumstances, civil and/or criminal prosecution.**

**PLEASE VERIFY ALL INFORMATION IS CORRECT
 SIGN AND DATE**

OFFICIAL USE ONLY

May be exempt from public release under the Freedom of Information Act (5 U.S.C. 552) exemption number(s) and category: 6-Personal Privacy
 Department of Energy review required before public release: Name/Org: Stan Stambaugh, STA, PTX Date: 10-18-2016
 Guidance (if applicable) N/A

Badge No. (or SSN)

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Employee Signature: _____

Training Completion Date:

M	M	D	D	Y	Y

