Special Ex under the Ene Illness Compe	posure Cohort Petition  legy Employees Occupational  legislion Act 06-15-08 P12:39				
•		OMB Number: 0920-0639	Expires: 05/31/2007 Page 1 of 7		
Special Ex	posure Cohort Petition — Form B s form and disclosure of Social Security Numi	har are voluntary. Failure to use ti			
this nu	imber will not result in the denial of any right,	Deneme, or privilege to which you	may be entitied.		
	structions on Completing this Form (comp		a separate packet):		
Except for s	signatures, please PRINT all information clea	arly and neatly on the form.	If there is more		
than one pot to them. Ac pose. A ma	d each of Parts A — G in this form and comp atitioner, then each petitioner should complet dditional copies of the first two pages of this t aximum of three petitioners is allowed.	e those sections of parts A – C of the form are provided at the end of the	ne form for this pur-		
the form an	more space to provide additional information additional information additional information page(s)	to Form B.			
If you have request to s	questions about the use of this form, please speak to someone in the Office of Compense 4674.	call the following NIOSH toll-free tion Analysis and Support about	e phone number and an SEC petition:		
	A Labor Organization,	Start at D	on Page 3		
If you	디 An Energy Employee (current or former),	Start at C	on Page 2		
are:	☐ A Survivor (of a former Energy Employee	e), Start at B	on Page 2		
	🖾 A Representative (of a current or former	Energy Employee), Start at A	on Page 1		
A Rep	resentative Information — Complete Secti	on A if you are authorized by a	an Employee or		
Section and security	vivor(s) to petition on behalf of a class.  you a contact person for an organization	2 [] Ves (Go to A 2) X N	lo (Go to A.3)		
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City	/ State	Zip Code			
A.5 Tel	ephone Number:		AMAKATATA AMA		
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A.7 💆	Check the box at left to indicate you have att petition by the survivor(s) or employee(s) ind	ached to the back of this form wi licated in Parts B or C of this form	ntten authorization to n. An authorization		
If you ar	e representing a Survivor, go to Part B; if	you are representing an Emplo	yee, go to Part C.		
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Name or So	ocial Security Number of First Petitioner: $\_$ $\_$	B. Lawrence Pro-			

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

Survivor Information — Complete Section B if you are a Survivor or representing a Sur  Name of Survivor:  First Name Middle Initial Last Name  3.2 Social Security Number of Survivor:  Street Apt # P.O. Box  City State Zip Code  Telephone Number of Survivor:  Relationship to Employee:  Go to Part C.  Employee Information — Complete Section C UNLESS you are a labor organization.  Name of Employee:  First Name Middle Initial ast Name  C.2 Former Name of Employee (e.g., maiden name/legal name change/other):  //A  Mr./Mrs./Ms. First Name Middle Initial Last Name  C.3 Social Security Number of Employee:  Address of Employee (if living):  (CEV State Zip Code  City State Zip Code	necir	al Exposure Cohort Petition — Form B		umber: 0920-0	Page
First Name   Middle Initial   Last Name    B.2 Social Security Number of Survivor:  B.3 Address of Survivor:  Street   Apt # P.O. Box    City   State   Zip Code    B.4 Telephone Number of Survivor:  B.6 Relationship to Employee:  Go to Part C.  Employee Information — Complete Section C UNLESS you are a labor organization.  C.1 Name of Employee (e.g., maiden name/legal name change/other):  //A  Mr./Mrs./ivis. First Name   Middle Initial   Last Name    C.2 Former Name of Employee (e.g., maiden name/legal name change/other):  //A  Mr./Mrs./ivis. First Name   Middle Initial   Last Name    C.3 Social Security Number of Employee:  C.4 Address of Employee (if living):  //A Apt # P.O. Box    City   Zip Code    City		Survivor Information — Complete Sec	ction B if you are a S	urvivor or re	epresenting a Survivo
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on a la Navani	0.7d	Work Site Location: St. Loc	uis Coun	ty	
C./e Supervisor's Name.	C.7e	Supervisor's Name:		-	

Name or Social Security Number of First Petitioner:

# U.S. Department of Health and Human Services

Centers for Disease Control and Prevention National Institute for Occupational Safety and Health

Illness Compensation Act Expires: 05/31/2007 OMB Number: 0920-0639 Page 3 of 7 Special Exposure Cohort Petition --- Form B Labor Organization Information — Complete Section D ONLY if you are a labor organization. Labor Organization Information: D.1 Name of Organization Position of Contact Person Name of Petition Representative: D.2 Address of Petition Representative: D.3 P.O. Box Apt# Street Zip Code State City Telephone Number of Petition Representative: **D.4** Email Address of Petition Representative: D.5 Period during which labor organization represented employees covered by this petition **D.6** End (please attach documentation): Start \_\_\_\_\_ Identity of other labor organizations that may represent or have represented this class of **D.7** employees (if known):

Go to Part E.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

OMR Number: 0920-0639

Expires: 05/31/2007

Sno	clal Exposure Cohort Petition — Form B	Page 4 of 7
gpe. ₽	Proposed Definition of Employee Class Covered by Petition — Complete Section	2.
E.1	Name of DOE or AWE Facility: Tyson Valley Fowder	Carry
E.2	Locations at the Facility relevant to this petition: All locations including, but not limited to, Guard House F	ump House,
	4 Wells, Storage Tank, Maintenance Tool Sheds, Patrolling Koo	ids approx.
	4 Wells, Storage Tank, Maintenance Tool Sheds, Patrolling Ros 50 iglans (including 5 igloos owned by Atomic Energy Comm	(55/00).
E.3	List job titles and/or job duties of employees included in the class. In addition, y name any individuals other than petitioners identified on this form who you belie	ou can list by ve should be
	All job fitles and for job duties including but not limited to	To lowing.
	included in this class: All job fires and/or job duties including but not limited to Resident Engineer Engineer, Custodian, Guard, Groundskee, Maintenance man, Repairman, Security/ Patral, Radio Conta	ctpewon.
E.4	4 4 5 5 4 4 5	
	Start 1942 End 1949	
	Start End	
	Start End	
E.5	is the petition based on one or more unmonitored, unrecorded, or inadequately r recorded exposure incidents?: 디 Yes 회 No	nonitored or
	If yes, provide the date(s) of the incident(s) and a complete description (attach ad as necessary):	ditional pages
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	Go to Part F.	

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

OMB Number: 0920-0639

Expires: 05/31/2007 Page 5 of 7

ocial Exposure Cohort Petition --- Form B

F	Ba: Co	sis for Proposing that Records and Information are Inadequate for Individual Dose — mplete Section F.
Compl the red	ete Juire	at least one of the following entries in this section by checking the appropriate box and providing ed information related to the selection. You are not required to complete more than one entry.
F.1	Ø	I/We have attached either documents or statements provided by affidavit that indicate that radiation exposures and radiation doses potentially incurred by members of the proposed class, that relate to this petition, were not monitored, either through personal monitoring or through area monitoring.
		(Attach documents and/or affidavits to the back of the petition form.)
		Describe as completely as possible, to the extent it might be unclear, how the attached documentation and/or affidavit(s) indicate that potential radiation exposures were not monitored.
F.2		I/ We have attached either documents or statements provided by affidavit that indicate that radiation monitoring records for members of the proposed class have been lost, falsified, or destroyed; or that there is no information regarding monitoring, source, source term, or process from the site where the employees worked.
		(Attach documents and/or affidavits to the back of the petition form.)
		Describe as completely as possible, to the extent it might be unclear, how the attached documentation and/or affidavit(s) indicate that radiation monitoring records for members of the proposed class have been tost, altered illegally, or destroyed.
ı		
	**********	Part F is continued on the following page.
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# Special Exposure Cohort Petition

under the Energy Employees Occupational Illness Compensation Act

# U.S. Department of Health and Human Services

Centers for Disease Control and Prevention National Institute for Occupational Safety and Health

OMB Number: 0920-0639

Expires: 05/31/2007 Page 6 of 7

Special Exposure Cohort Petition — Form B

<del>-</del> 5,3	I/We have attached a report from a health physicist or other individual with expertise in radiation dose reconstruction documenting the limitations of existing DOE or AVVE records on radiation exposures at the facility, as relevant to the petition. The report specifies the basis for believing these documented limitations might prevent the completion of dose reconstructions for members of the class under 42 CFR Part 82 and related NIOSH technical implementation quidelines.
	guidefines.

(Attach report to the back of the petition form.)

F.4 I/We have attached a scientific or technical report, issued by a government agency of the Executive Branch of Government or the General Accounting Office, the Nuclear Regulatory Commission, or the Defense Nuclear Facilities Safety Board, or published in a peer-reviewed journal, that identifies dosimetry and related information that are unavailable (due to either a lack of monitoring or the destruction or loss of records) for estimating the radiation doses of employees covered by the petition.

(Attach report to the back of the petition form.)

### Go to Part G.

titione— chauld	' = 'gn and date t		ım of three persons may sign the pe
	מ מיק ני	archie is no one	6-12-08
Signatu			Date
	7.1	, mm 1	<u> </u>
Signature			Date
Signature		Maryly Mary	Date

Notice:

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. I affirm that the information provided on this form is accurate and true.

Send this form to:

SEC Petition

Office of Compensation Analysis and Support

NIOSH

4676 Columbia Parkway, MS-C-47

Cincinnati, OH 45226

If there are additional petitioners, they must complete the Appendix Forms for additional petitioners.

The Appendix forms are located at the end of this document.

# U.S. Department of Health and Human Services

Centers for Disease Control and Prevention National Institute for Occupational Safety and Health

OMB Number: 0920-0639

Expires: 05/31/2007 Page 7 of 7

Special Exposure Cohort Petition — Form B

### **Public Burden Statement**

Public reporting burden for this collection of information is estimated to average 300 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the form. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-E-11, Atlanta GA, 30333; ATTN:PRA 0920-0639. Do not send the completed petition form to this address. Completed petitions are to be submitted to NiOSH at the address provided in these instructions. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number.

# **Privacy Act Advisement**

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a), you are hereby notified of the following:

The Energy Employees Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385) (EEOICPA) authorizes the President to designate additional classes of employees to be included in the Special Exposure Cohort (SEC). EEOICPA authorizes HHS to implement its responsibilities with the assistance of the National Institute for Occupational Safety (NIOSH), an Institute of the Centers for Disease Control and Prevention. Information obtained by NIOSH in connection with petitions for including additional classes of employees in the SEC will be used to evaluate the petition and report findings to the Advisory Board on Radiation and Worker Health and HHS.

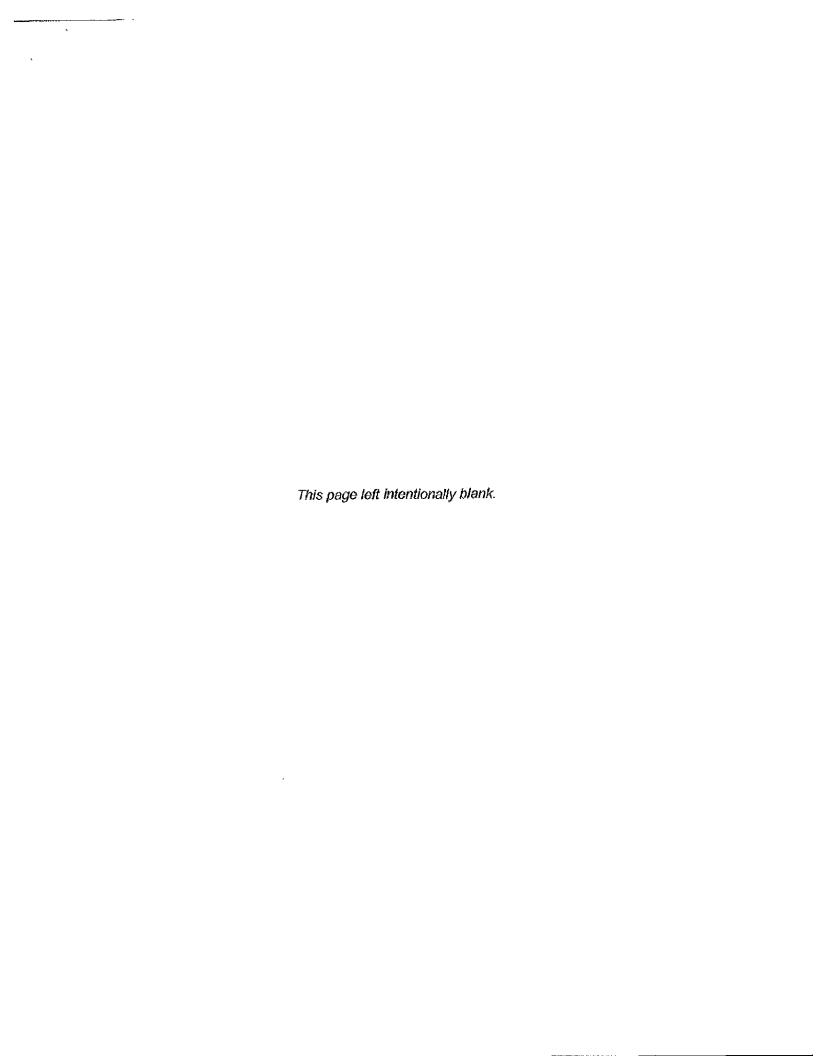
Records containing identifiable information become part of an existing NIOSH system of records under the Privacy Act, 09-20-147 "Occupational Health Epidemiological Studies and EEOICPA Program Records. HHS/CDC/NIOSH." These records are treated in a confidential manner, unless otherwise compelled by law. Disclosures that NIOSH may need to make for the processing of your petition or other purposes are listed below.

NIOSH may need to disclose personal identifying information to: (a) the Department of Energy, other federal agencies, other government or private entities and to private sector employers to permit these entities to retrieve records required by NIOSH; (b) identified witnesses as designated by NIOSH so that these individuals can provide information to assist with the evaluation of SEC petitions; (c) contractors assisting NIOSH; (d) collaborating researchers, under certain limited circumstances to conduct further investigations; (e) Federal, state and local agencies for law enforcement purposes; and (f) a Member of Congress or a Congressional staff member in response to a verified inquiry.

This notice applies to all forms and informational requests that you may receive from NIOSH in connection with the evaluation of an SEC petition.

Use of the NIOSH petition forms (A and B) is voluntary but your provision of information required by these forms is mandatory for the consideration of a petition, as specified under 42 CFR Part 83. Petitions that fail to provide required information may not be considered by HHS.

Name or Social Security Number of First Petitioner:	<del>-</del> -	and the second s
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# U.S. Department of Health and Human Services Special Exposure Cohort Petition Centers for Disease Control and Prevention under the Energy Employees Occupational National Institute for Occupational Safety and Health Illness Compensation Act OMB Number: 0920-0639 Expires: 05/31/2007 Appendix -- Petitioner 2 Special Exposure Cohort Petition — Form B Use of this form and disclosure of Social Security Number are voluntary. Failure to use this form or disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled. Use this Appendix for Petitioner 2. This appendix form is to be used as needed. Petitioner 2, or his or her representative, should complete the parts applicable to him or her. Refer to the General Instructions on completing petitioner information for Parts A, B, or C. If you need more space to provide additional information, use the continuation page provided at the end of the form and attach the completed continuation page(s) to Form B. Except for signatures, please PRINT all information clearly and neatly on the form. Start at C ☐ An Energy Employee (current or former), If you are: ☐ A Survivor (of a former Energy Employee), Start at B □ A Representative (of a current or former Energy Employee), Start at A Representative Information — Complete Section A if you are authorized by an Employee or Survivor(s) to petition on behalf of a class. Are you a contact person for an organization? Yes (Go to A.2) ☐ No (Go to A.3) A.1 Organization Information: **A.2** Name of Organization Position of Contact Person Name of Petition Representative: A.3 Wr./Mrs./Ms. First Name Last Name Middle Initial Address: A.4 Apt# P.O. Box Street

If you are representing a Survivor, go to Part B; If you are representing an Employee, go to Part C.

Check the box at left to indicate you have attached to the back of this form written authorization to

petition by the survivor(s) or employee(s) indicated in Parts B or C of this form. An authorization

Zip Code

State

Telephone Number: ( ) ---

form for this purpose is provided.

City

Email Address:

A.5

**A.6** 

A.7

# Special Exposure Cohort Petition

under the Energy Employees Occupational Illness Compensation Act

# U.S. Department of Health and Human Services

Centers for Disease Control and Prevention National Institute for Occupational Safety and Health

Expires: 05/31/2007 OMB Number: 0920-0639 Appendix --- Petitioner 2 Special Exposure Cohort Petition — Form B Survivor Information — Complete Section B if you are a Survivor or representing a Survivor. В Name of Survivor: B.1 Last Name Middle Initial Mr./Mrs./Ms. First Name Social Security Number of Survivor: **B.2** Address of Survivor: B.3 P.O. Box # JqA Street Zip Code State City Telephone Number of Survivor: B.4 **Email Address of Survivor:** B 5 □ Son/Daughter ☐ Parent □ Spouse Relationship to Employee: B.6 Grandparent ☐ Grandchild Go to Part C. Employee Information — Complete Section C. Name of Employee: C.1 Last Name Mr./Mrs./Ms. First Name Middle Initial Former Name of Employee (e.g., maiden name/legal name change/other): C.2 Mr./Mrs./Ms. First Name Middle Initial Last Name Social Security Number of Employee: C.3 Address of Employee (if living): C.4 Apt # P.O. Box Street Zìp Code State City Telephone Number of Employee: (\_\_\_\_\_) C.5 Email Address of Employee: C.6 Employment Information Related to Petition: C.7 Employee Number (if known): C.7a End Start \_\_\_\_\_ Dates of Employment: C.7b Employer Name: C.7c Work Site Location: C.7d Supervisor's Name: C.7e

Sign Part G of the original petition.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

Snacis	d Exp	osure C	ohort Petitio	n Form E		3 Number: 092	20-0639 <i>A</i>	Expires: 05/31/2007 Appendix — Petitioner 3
Special Exposure Cohort Petition — Form B  Use of this form and disclosure of Social Security Number are voluntary. Faiture to use this form or disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled.								
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parts a	pplica	able to hi	m or her.		Petitioner 3, or his o			
					g petitioner informa			
the for	m and	d attach t	he completed	continuation	nformation, use the n page(s) to Form E	<b>5.</b>		ided at the end or
Ехсер	t for s	ignatures	s, please PRIN	IT all inform	ation clearly and ne	eatly on the fo	orm.	
		C An Er	nergy Employe	ee (current c	or former),		S	tart at C
If you	are:	☐ A Sur	vivor (of a for	mer Energy	Employee),		S	tart at B
	***	C) A Rep	oresentative (	of a current	or former Energy E	mployee),	S	tart at A
Α	Repr Surv	esentati ivor(s) to	ve Informatio petition on	n — Compl behalf of a	ete Section A if ye class.	ou are autho	rized by a	n Employee or
A.1	Are	you a co	ntact person	for an orga	nization? 🛘 Yes	(Go to A.2)	Q N	o (Go to A.3)
A.2	Orga	anization	Information	:				
	Nam	e of Orga	anization					·_ · _ · · _ · _ · · · · · · · · ·
	Posi	tion of Co	ontact Person					
A.3	Nam	e of Peti	ition Represe	ntative:				
	Mr./N	vrs./Ms.	First Name		Middle Initial	engentrikur dan samahalah memberansa	Last Na	ame
A.4	Add	ress:						
	Stre	et	, <u>, , , , , , , , , , , , , , , , , , </u>		- A Advanced	Apt#	<u></u>	P.O. Box
	City			State		Zip Code		
A.5	Tele	phone N	lumber: (	<u> </u>				
A.6		il Addre				and read		
A.7	f	oetition by form for the	y the survivor( his purpose is	s) or employ provided.	yee(s) indicated in l	Parts B or C o	or this torm	
lf yo	ou are	represe	enting a Survi	vor, go to f	Part B; if you are r	epresenting	an Emplo	yee, go to Part C.
<u> </u>	.,,,							

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

OMB Number: 0920-0639

Expires: 05/31/2007 Appendix — Petitioner 3

# Special Exposure Cohort Petition — Form B

Name or Social Security Number of First Petitioner:

	SALE VIVO	A	ction B if you are	a Survivor or repre	Senting a St
B.1	Name of Survivor:				
	Mr./Mrs./Ms. First Name		Middle Initial	Last	Name
B.2	Social Security Number of Survi	vor:			
B.3	Address of Survivor:				
	Street	······································		Apt#	Р.О. Вох
	City State	)		Zip Code	· · · · · · · · · · · · · · · · · · ·
B.4	Telephone Number of Survivor:	<u>_</u>	) -		
B.5	Email Address of Survivor:				
B.6	Relationship to Employee:		Spouse Grandparent	☐ Son/Daughter ☐ Grandchild	Parent
<u> </u>			Go to Part C.		
C	Employee Information — Compl	ete S	ection C.	Lieuwini and a second and a second	
C.1	Name of Employee:		1		
	Mr./Mrs./Ms. First Name		Middle Initial	Last	Name
C.2	Former Name of Employee (e.g.,	mai	den name/legal nai	me change/other):	
	Mr./Mrs./Ms. First Name	·	Middle Initial	Last	Name
C 3		oyee	, <u> </u>		
C.3 C.4	Social Security Number of Empl Address of Employee (if living):	oyee	g S - American de de la companyación y de la companyación y de la companyación de la companyación y de la company		, A. C.
	Social Security Number of Empl	oyee	A Paragramma and a paragraph of a pa	Apt#	P.O. Box
	Social Security Number of Employee (if living): Street	engage/And Power		Apt # Zip Code	P.O. Box
C.4	Social Security Number of Empl Address of Employee (if living):  Street  City State	9		Zip Code	
	Social Security Number of Employee (if living): Street	; ;: (		Zip Code	
C.4	Social Security Number of Employee Address of Employee (if living): Street City State Telephone Number of Employee	e: (	) - Petition:	Zip Code	
C.4 C.5 C.6 C.7	Social Security Number of Employee (if living):  Street  City State  Telephone Number of Employee  Email Address of Employee:  Employment Information Relate	e: (	) - Petition:	Zip Code	
C.4 C.5 C.6 C.7 C.7a	Social Security Number of Employee (if living):  Street  City State  Telephone Number of Employee  Email Address of Employee:  Employment Information Relate  Employee Number (if known):  Dates of Employment: Start	e: (	Petition:	Zip Code	
C.4 C.5 C.6 C.7 C.7a C.7b	Social Security Number of Employee (if living):  Street  City State  Telephone Number of Employee:  Employment Information Relate Employee Number (if known):  Dates of Employment: Start  Employer Name:	e: (	)	Zip Code	
C.4 C.5 C.6 C.7 C.7a C.7b C.7c	Social Security Number of Employee (if living):  Street  City State  Telephone Number of Employee:  Employment Information Relate Employee Number (if known):  Dates of Employment: Start  Employer Name:  Work Site Location:	e: (	Petition:	Zip Code  End	

# U.S. Department of Health and Human Services Special Exposure Cohort Petition under the Energy Employees Occupational Illness Compensation Act Centers for Disease Control and Prevention National Institute for Occupational Safety and Health Expires: 05/31/2007 OMB Number: 0920-0639 Appendix — Continuation Page Special Exposure Cohort Petition — Form B Continuation Page — Photocopy and complete as necessary.

Attach to Form B if necessary.

Name or Social Security Number of First Petitioner: \_

To the best of my knowledge, radiation exposures and radiation doses potentially incurred by members of the proposed class, that relate to this petition, were not monitored, either through personal monitoring or through area monitoring.

Jate: 6/12/08

FRANCES L. HARRIS

Notary Public, State of Missouri

St. Louis County

Commission # 06955568

My Commission Expires October 18, 2010

Tune 12, 2008

To the best of my knowledge, radiation exposures and radiation doses potentially incurred by members of the proposed class, that relate to this petition, were not monitored, either through personal monitoring or through area monitoring.

Date: <u>6-/2-08</u>

FRANCES L. HARRIS

FRANCES L. HARRIS

Notary Public, State of Missouri

St. Louis County

EAN Commission # 06955568

Commission # 06955568

nancis June 12

12, 2008

To the best of my knowledge, radiation exposures and radiation doses potentially incurred by members of the proposed class, that relate to this petition, were not monitored, either through personal monitoring or through area monitoring.

109/08

To the best of my knowledge, radiation exposures and radiation
doses notentially incurred by members of the proposed class, that
relate to this petition, were not monitored, either through personal
monitoring or through area monitoring.

	Date:
The state of the s	

Name or Social Security Number of First Petitioner:

U.S. Department of Health and Human Services

Centers for Disease Control and Prevention National Institute for Occupational Safety and Health

OMB Number: 0920-0639

Expires: 05/31/2007 Page 1 of 2

Petitioner Authorization Form

Use of this form is voluntary. Failure to use this form will not result in the denial of any right, benefit,

### Instructions:

If you wish to petition HHS to consider adding a class of employees to the Special Exposure Cohort and you are NOT either a member of that class, a survivor of a member of that class, or a labor organization representing or having represented members of that class, then 42 CFR Part 83, Section 83.7(c) requires that you obtain written authorization. You can obtain such authorization from either an employee who is a member of the class or a survivor of such an employee. You may use this form to obtain such authorization and submit the completed form to NIOSH with the related petition. Please print legibly.

For Further Information: If you have questions about these instructions, please call the following NIOSH toll-free phone number and request to speak to someone in the Office of Compensation Analysis and Support about an SEC petition: 1-800-356-4674.

Authorization for Individual or Entity to Petition HHS on Behalf of a Class of Employees for Addition to the Special Exposure Cohort ١, Name of Class Member or Survivor P.O. Box Street Address of Class-Member or Sylvivor Apt # City, State, Zip Code of Class Member or Survivor do hereby authorize: 1 1 1.1 Name of Petitioner P.O. Box Apt. # Address of Petitioner City, State and Zip Code of Petitioner to petition the Department of Health and Human Services on behalf of a class of employees that includes: Name of Class Member (employee, not the employee's survivor) for the addition of the class to the Special Exposure Cohort, under the Energy Employee's Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385). In providing this authorization, I recognize that the petitioner named above will have all the rights of a petitioner as provided for under 42 CFR Part 83. Signature of Class Member or Survivor Date

U.S. Department of Health and Human Services

Centers for Disease Control and Prevention National Institute for Occupational Safety and Health

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Petitioner Authorization Form

## Public Burden Statement

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the form. If you have any comments regarding the burden estimate or any other aspect of this collection of information,

including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-E-11, Atlanta GA, 30333; ATTN:PRA 0920-0639. Do not send the completed petition form to this address. Completed petitions are to be submitted to NIOSH at the address provided in these instructions. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number. Use of this form is voluntary. Failure to use this form will not result in the denial of any right, benefit, or privilege to which you may be entitled.

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