

<u><b>U.S. DEPARTMENT OF COMMERCE</b></u> <b>Bureau of Industry and Security</b> <u><b>U.S. NUCLEAR REGULATORY COMMISSION</b></u> <b>Office of Nuclear Material Safety and Safeguards</b>		<b>Date Received</b> (Leave Blank)
<b>ADDITIONAL PROTOCOL REPORT</b>		
<b>FORM AP-17: NO CHANGES REPORT</b>		
<b>This No Changes Report form may be used by your location to certify that all of the information reported in your last submitted Initial, Annual Update, or Amended Report has not changed. If you did not submit an Initial, Annual Update, Amended, or No Changes Report last year, you may not use this form.</b>		
<b>17.1</b>	Company or Organization Name:	
<b>17.2</b>	Reporting Code:	
<b>NOTE: The company name as well as the Reporting Code must be the same as those reported in Forms AP-1 and AP-2 of the last submitted Initial, Annual Update or Amended Report</b>		
<b>17.3</b>	CERTIFICATION	
	<b>I hereby certify that the information reported in last year's Initial, Annual Update, Amended, or No Changes Report is unchanged for the reporting year listed in Question 17.4 below. To the best of my knowledge and belief, the submitted information is true and complete.</b>	
	Name and title of responsible official (type or print):	
	Signature:	
	Date Signed (MM-DD-YYYY):	
<b>17.4</b>	REPORTING YEAR (YYYY):	

## FORM AP-17: No Changes Report

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:**

Submit this No Changes Report form in lieu of an Annual Update report to certify that all of the information reported in the last submitted Initial, Annual Update, Amended or No Changes Report for your location has not changed. If you have not previously submitted a report, you may not use this form. A No Changes Report may only be submitted if all previously reported information (i.e., POC, address, activity) has not changed).

**Question 17.1 Company or Organization Name:** Provide the name of the company or organization that controls activities for this location. This should be the same company or organization name that was provided on Form AP-1 of your last submitted Initial, Annual Update, or Amended Report.

**Question 17.2 Reporting Code:** This should be the same reporting code as listed on the Form AP-2 of your last submitted Initial, Annual Update, or Amended Report.

**Question 17.3 Certification:** The report must be signed and dated by the owner, the operator, or a senior management official who certifies the accuracy and completeness of the information submitted. The signature block must contain an original signature.

**Question 17.4 Report Information:** Provide the reporting year for which this No Changes Report applies.