

INSTRUCTIONS FOR NEW OR REVISED REQUIREMENTS ONLY

- Enter one information requirement per page.
- Reproduce this format as required.

1. Routing Symbol of Division
Responsible for this Requirement: _____
2. OMB No. *(leave blank if new information requirement)*. _____
3. ICB Item Title _____

4. Is this item a/an:
 - (1) NEW INFORMATION REQUIREMENT
 - (2) REVISION OF EXISTING INFORMATION REQUIREMENT
 - (3) EXISTING INFORMATION REQUIREMENT NOT CURRENTLY BUDGETED OR PREVIOUSLY SUBMITTED FOR APPROVAL
5. If this item is a revision to a currently approved requirement, enter the current OMB approval number. _____
6. Authority for information requirement *(USC and CFR)*. _____

7. Abstract *(description of requirement/proposal)*.

**USE COLUMN "A" AND "B" FOR CHANGES TO EXISTING REQUIREMENTS
USE COLUMN "B" FOR NEW REQUIREMENTS**

	"A" CURRENT	"B" PROPOSED
8. Estimated number of respondents per year.	_____	_____
9. Estimated response time per respondent.	_____	_____
10. Estimated total annual burden hours <i>(multiply items 8. and 9.)</i>	_____	_____
11. Estimated date paperwork will be submitted.	_____	_____

SUBMITTED BY (NAME OF PROJECT PERSON)

DATE

APPROVAL (DIVISION CHIEF)