

**4. Claimant Travel Reimbursement Request—20 CFR 404.999a-d—0960-NEW**

The claimants have the right to be reimbursed for their travel expenses to and from a consultative examination (CE). In order to be reimbursed, the claimants must submit an itemized list of what they spent to travel round trip to the CE. The SSA-104 is sent to the claimants with the CE appointment notice. If the claimants want to be reimbursed for their travel expenses, they must complete, sign and return the SSA-104 to SSA. SSA uses the information collected on this form to determine the amount of reimbursement. Respondents are applicants for disability claims.

*Type of Request:* Collection in Use without an OMB Number.

*Number of Respondents:* 11,092.

*Frequency of Response:* 1.

*Average Burden Per Response:* 10 minutes.

*Estimated Annual Burden:* 1,849 hours.

Dated: May 15, 2007.

**Elizabeth A. Davidson,**

*Reports Clearance Officer, Social Security Administration.*

[FR Doc. E7-9712 Filed 5-18-07; 8:45 am]

**BILLING CODE 4191-02-P**

**SOCIAL SECURITY ADMINISTRATION**

**Agency Information Collection Activities: Proposed Request and Comment Request**

The Social Security Administration (SSA) publishes a list of information collection packages that will require clearance by the Office of Management and Budget (OMB) in compliance with Pub. L. 104-13, the Paperwork Reduction Act of 1995, effective October 1, 1995. The information collection packages that included in this notice are for new information collections and revisions to existing OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and on ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Written comments and recommendations regarding the information collection(s) should be submitted to the OMB Desk Officer and the SSA Reports Clearance Officer. The information can be mailed, faxed or emailed to the individuals at the addresses and fax numbers listed below:

(OMB), Office of Management and Budget, Attn: Desk Officer for SSA.  
 Fax: 202-395-6974. E-mail address: *OIRA\_Submission@omb.eop.gov*.  
 (SSA), Social Security Administration, DCFAM, Attn: Reports Clearance Officer, 1333 Annex Building, 6401

Security Blvd., Baltimore, MD 21235.  
 Fax: 410-965-6400. E-mail address: *OPLM.RCO@ssa.gov*.

I. The information collection listed below is pending at SSA and will be submitted to OMB within 60 days from the date of this notice. Therefore, your comments should be submitted to SSA within 60 days from the date of this publication. You can obtain copies of the collection instrument by calling the SSA Reports Clearance Officer at 410-965-0454 or by writing to the address listed above.

*Medicare Quality Review Forms—20 CFR 418(b)(5)—0960-0707.* The Social Security Administration (SSA) uses the Medicare Quality Review Forms collection to verify the information reported on Medicare Part D Subsidy applications (OMB No. 0960-0696) for a selected number of applicants. SSA is planning to expand the scope of this collection by conducting Quality Reviews with some current recipients of Medicare Part D subsidies who have recently undergone the redetermination process (OMB No. 0960-0723). This ICR is for two new appointment letters (forms SSA-9313 and SSA-9314) that such beneficiaries will complete to schedule an appointment for their Quality Review. The respondents are current recipients of Medicare Part D subsidies who have recently undergone a redetermination and who were selected for a Quality Review.

*Type of Request:* Revision to an existing OMB-approved information collection.

Form number and name	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated annual burden (hours)
SSA-9301 (Medicare Subsidy Quality Review Case Analysis Questionnaire)	10,000	1	35	5,833
SSA-9302 (Notice of Quality Review Acknowledgement Form for those with Phones)	10,000	1	15	2,500
SSA-9303 (Notice of Quality Review Acknowledgement Form for those without Phones)	1,000	1	15	250
SSA-9304 (Checklist of Required Information; burden accounted for with forms SSA-9302, SSA-9303).				
SSA-9308 (Request for Information)	20,000	1	15	5,000
SSA-9310 (Request for Documents)	10,000	1	5	833
SSA-9309 (Life Insurance Verification Form)	8,000	1	15	2,000
SSA-8510 (Authorization to the Social Security Administration to Obtain Personal Information)	10,000	1	5	833
SSA-9313 (Notice of Appointment Quality Review Acknowledgement Form)*	4,500	1	15	1,125
SSA-9314 (Notice of Quality Review Acknowledgement Form (unknown phone numbers)*)	500	1	15	125
Total				18,499

\* These are the two new forms being cleared in the current ICR for this collection.

II. The information collection listed below has been submitted to OMB for

clearance. Your comments on the information collection would be most

useful if received by OMB and SSA within 30 days from the date of this

publication. You can obtain a copy of the OMB clearance package by calling the SSA Reports Clearance Officer at 410-965-0454, or by writing to the address listed above.

**Electronic Records Express—0960—NEW.** Electronic Records Express (ERE) is a new Internet-based platform which facilitates the electronic submission of medical and school records needed for the disability process. These records are currently mailed as hard paper copies to SSA and state Disability Determination Services (DDSs) under the aegis of OMB No. 0960-0555, the Clearance of Information Collections Conducted by State Disability Determination Services on Behalf of SSA. While SSA and the DDSs will continue to accept paper copies, ERE offers respondents the opportunity to submit these records electronically. The revised burden for the actual document submission will continue to be covered under 0960-0555; this new collection covers the ERE registration and user training process. The respondents are medical providers and school professionals who submit information to SSA on behalf of disability applicants or beneficiaries.

**Type of Request:** New information collection.

**Number of Respondents:** 20,000.

**Frequency of Response:** 1.

**Average Burden Per Response:** 5 minutes.

**Estimated Annual Burden:** 1,667 hours.

Dated: May 15, 2007.

**Elizabeth A. Davidson,**

*Reports Clearance Officer, Social Security Administration.*

[FR Doc. E7-9726 Filed 5-18-07; 8:45 am]

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## DEPARTMENT OF STATE

[Public Notice: 5799]

### 60-Day Notice of Proposed Information Collection: DS-156, Nonimmigrant Visa Application, OMB Control Number 1405-0018

**ACTION:** Notice of request for public comments.

**SUMMARY:** The Department of State is seeking Office of Management and Budget (OMB) approval for the information collection described below. The purpose of this notice is to allow 60 days for public comment in the **Federal Register** preceding submission to OMB. We are conducting this process in accordance with the Paperwork Reduction Act of 1995.

• **Title of Information Collection:** Nonimmigrant Visa Application.

• **OMB Control Number:** 1405-0018.  
• **Type of Request:** Extension of a Currently Approved Collection.

• **Originating Office:** Bureau of Consular Affairs (CA/VO).

• **Form Number:** DS-156.

• **Respondents:** Nonimmigrant visa applicants.

• **Estimated Number of Respondents:** 12,000,000.

• **Estimated Number of Responses:** 12,000,000.

• **Average Hours Per Response:** 1 hour.

• **Total Estimated Burden:** 12,000,000 hours per year.

• **Frequency:** Once per respondent.

• **Obligation to Respond:** Required to Obtain or Retain a Benefit.

**DATES:** The Department will accept comments from the public up to 60 days from May 21, 2007.

**ADDRESSES:** You may submit comments by any of the following methods:

• E-mail: [VisaRegs@state.gov](mailto:VisaRegs@state.gov) (Subject line must read DS-156 Reauthorization).

• Mail (paper, disk, or CD-ROM submissions): Chief, Legislation and Regulation Division, Visa Services—DS-156 Reauthorization, 2401 E Street, NW., Washington DC 20520-30106.

You must include the DS form number (if applicable), information collection title, and OMB control number in any correspondence.

**FOR FURTHER INFORMATION CONTACT:**

Direct requests for additional information regarding the collection listed in this notice, including requests for copies of the proposed information collection and supporting documents, to Lauren Prosnik of the Office of Visa Services, U.S. Department of State, 2401 E Street, NW., L-603, Washington, DC 20522, who may be reached at (202) 663-2951 or [prosnikla@state.gov](mailto:prosnikla@state.gov).

**SUPPLEMENTARY INFORMATION:** We are soliciting public comments to permit the Department to:

• Evaluate whether the proposed information collection is necessary for the proper performance of our functions.

• Evaluate the accuracy of our estimate of the burden of the proposed collection, including the validity of the methodology and assumptions used.

• Enhance the quality, utility, and clarity of the information to be collected.

• Minimize the reporting burden on those who are to respond, including the use of automated collection techniques or other forms of technology.

**Abstract of proposed collection:**

Form DS-156 is completed by aliens seeking nonimmigrant visas to the U.S. The Department will use the DS-156 to

elicit information necessary to determine an applicant's visa eligibility.

**Methodology:**

The DS-156 is completed by applicants online or, in exceptional circumstances, applicants may submit a paper application to posts abroad. The applicant prints the application and a 2-D barcode. When the applicant appears at the interview the barcode is scanned and the information electronically received.

Dated: April 23, 2007.

**Stephen A. Edson,**

*Deputy Assistant Secretary, Bureau of Consular Affairs, Department of State.*

[FR Doc. E7-9746 Filed 5-18-07; 8:45 am]

**BILLING CODE 4710-06-P**

## DEPARTMENT OF STATE

[Public Notice 5800]

### Determination and Certification Under Section 40A of the Arms Export Control Act

Pursuant to section 40A of the Arms Export Control Act (22 U.S.C. 2781), and Executive Order 11958, as amended, I hereby determine and certify to the Congress that the following countries are not cooperating fully with United States antiterrorism efforts: Cuba, Iran, North Korea, Syria, Venezuela.

This determination and certification shall be transmitted to the Congress and published in the **Federal Register**.

Dated: May 14, 2007.

**John D. Negroponte,**

*Deputy Secretary of State, Department of State.*

[FR Doc. E7-9727 Filed 5-18-07; 8:45 am]

**BILLING CODE 4710-10-P**

## DEPARTMENT OF STATE

[Delegation of Authority 301]

### Delegation by the Secretary of State to Henrietta Fore Authorities Normally Vested in the Director of Foreign Assistance

By virtue of the authority vested in me as Secretary of State by the laws of the United States, including the Foreign Assistance Act of 1961, as amended (22 U.S.C. 2151 *et seq.*), Executive Order 12163 of September 29, 1979, as amended (44 FR 56673), the Migration and Refugee Assistance Act of 1962 (22 U.S.C. 2601) the United Nations Participation Act of 1945, as amended (22 U.S.C. 287 *et seq.*) Executive Order 10206 of January 19, 1951, the President's Memorandum Delegation of Authority dated February 16, 1995, the