

INFORMATION COLLECTION REQUEST

DATE

Instructions: Complete this form for each information collection request. In addition, complete an FWS Form 3-2331A (Information Collection Worksheet) for each form or nonform collection requirement. Send the following documents to the Information Collection Clearance Officer, Division of Policy and Directives Management: (1) Completed FWS Forms 3-2331 and 3-2331A, (2) Supporting Statement A; (3) draft 30-day notice, and (4) an electronic version of any comments not received through the Information Collection Clearance Officer. If the answer to item 8 is Yes, also provide Supporting Statement B.

1. TITLE

2. OMB CONTROL NO. (if applicable)

1018-_____

3. ABSTRACT (Purpose of collection - continue on blank sheet if necessary - limit to 4,000 characters))

4. TYPE

New Collection
Existing Collection
in Use Without
OMB Control Number
Reinstatement w/Change

Extension w/o Change
Revision
No Material or
Nonsubstantive Change
Reinstatement w/o Change

5. REVIEW

Regular
Emergency

6. REQUESTED EXPIRATION DATE

3 Years
Other - Specify Date:

7. AUTHORIZING STATUTE(S) (Provide citation & common name)

8. DOES THIS ICR CONTAIN SURVEYS OR EMPLOY STATISTICAL METHODS?

YES NO

9. IS THIS COLLECTION ASSOCIATED WITH RULEMAKING?

YES - complete items 10-13

NO - skip to item 14

10. RIN NO.

11. STAGE OF RULEMAKING

PROPOSED RULE

FINAL RULE

12. FR CITATION

13. CITATION DATE

14. ANNUAL COST TO FEDERAL GOVERNMENT

15. 60-DAY NOTICE FR CITATION

16. PUBLICATION DATE

17. PUBLIC COMMENTS RECEIVED?

YES - complete items 18-19. If more than 3 comments received, continue on blank sheet
NO - skip to item 20

18. NO. OF COMMENTS RECEIVED

19. DATE OF COMMENT

DATE COMMENT RECEIVED

AUTHOR'S FIRST NAME

AUTHOR'S LAST NAME

AUTHOR'S AFFILIATION

SPONSORING ORGANIZATION

*COMMENT TYPE

20. CITATIONS FOR NEW STATUTORY REQUIREMENTS

21. EXPLANATION OF PROGRAM CHANGES OR ADJUSTMENTS (Explain any increases/decreases in burden. Continue on blank sheet if necessary -limit 4,000 characters. If further explanation is needed, elaborate in supporting statement.)

22. CONTACT NAME

23. CONTACT TELEPHONE

24. CONTACT EMAIL

*Enter Fax, Letter, Email, or Other (specify)

INSTRUCTIONS FOR COMPLETING THE INFORMATION COLLECTION REQUEST (FWS FORM 3-2331)

1. Title. If the ICR already has an OMB Control Number, enter the official title as previously approved by OMB. If this is a new ICR, enter the overall title for the information collection. Title must distinguish this collection from others and enable text searches.

2. OMB Control Number. If the information collection has previously received or now has an OMB Control Number, enter the number. If this is a new request, leave blank.

3. Abstract. Brief statement on the need for the information, uses to which it will be put, and description of the respondents. Limit to 4,000 characters.

4. Type (select one).

- **New Collection.** Collection has not been used previously or previously sponsored by the Service.
- **Existing Collection in Use Without OMB Control Number.** Collection is currently in use, but does not have a valid OMB Control Number.
- **Extension without Change.** Collection is currently approved by OMB and you wish to extend the approval past the current expiration date without making any material change in the collection method/form, instructions, frequency of collection, or the use to which the information will be put.
- **Revision.** Collection is currently approved by OMB, and you are making a material change in the collection method/form, instructions, frequency of collection, or use of information.
- **No Material or Nonsubstantive Change.** Select this only when you wish to perform the function of the previous OMB Form 83C (Change Sheet). Contact Information Collection Clearance Officer prior to selecting this option.
- **Reinstatement with Change.** Select when the collection previously had OMB approval, but the approval has expired or was withdrawn and there is change to the collection.
- **Reinstatement without Change.** Select when the collection previously had OMB approval, but the approval has expired or was withdrawn and there is no change to the collection.

5. Review.

- **Regular.** Collection will be submitted with a standard 60-day review schedule.
- **Emergency.** Special circumstances exist and supporting documentation is required. Contact Information Collection Clearance Officer prior to selecting this option.

6. Requested Expiration Date. Select "3 Years" if you are requesting approval for 3 years. This is the maximum length of time for which OMB can grant approval. Select "Other" if you are requesting approval for less than 3 years and enter the specific date. Please note that 6 months is the maximum approval time for an Emergency request.

7. Authorizing Statute(s). Provide the statute citation(s) and common name(s) that covers the program or information collection.

8. Does this ICR Contain Surveys or Employ Statistical Methods? Check "Yes" or "No." If you check "yes," you must complete and submit Supporting Statement B.

9. Is this Collection Associated With Rulemaking? If "Yes," complete items 10 through 13. If "No," skip to item 14.

10. RIN. Enter RIN.

11. Stage of Rulemaking. Select "Proposed Rule" if this ICR is being submitted with the proposed rule, or "Final Rule" if the ICR is being submitted with the final rule.

**INSTRUCTIONS FOR COMPLETING THE
INFORMATION COLLECTION REQUEST (FWS FORM 3-2331)**
(Continued)

12. FR Citation. If proposed rule has been published, enter FR citation.

13. Citation Date. If proposed rule has been published, enter publication date.

14. Annual Cost to Federal Government. Enter estimated annual cost to Federal Government, if any, for implementing the collection. Note this figure must agree with information in item 14 of Supporting Statement A.

15. 60-day Notice FR Citation. Enter FR citation for the 60-day notice.

16. Publication Date. Enter the publication date for the 60-day notice.

17. Public Comments Received? If "Yes," complete items 18 and 19. If "No," skip to item 20.

18. No. of Comments Received? Enter total number of comments received.

19. Comment Information. For each comment received, enter:

- **Date of Comment**
- **Date Comment Received**
- **Author's First Name**
- **Author's Last Name**
- **Author's Affiliation** - if comment is from a member of the public, enter self.
- **Sponsoring Organization** - if comment is from a member of the public, enter self.
- **Comment Type** - enter Fax, Letter, E-mail, or Other. For Other, specify the type.

20. Citations for New Statutory Requirements. If there is an increase or decrease in burden because of new statutory requirements, enter statute citation and name.

21. Explanation of Program Changes or Adjustments. Explain any increases or decreases in burden and whether these changes are because of new requirements (statutes) or because of agency actions (re-estimates, etc.)

22. Contact Name. Provide the name of the individual who is best able to answer questions about this ICR, e.g., methods of collection, burden estimates, etc.

23. Contact Telephone. Provide telephone number for person listed in item 22.

24. Contact E-mail. Provide email address for person listed in item 22.