

Department of Defense

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0026](#)

EXPIRATION DATE: 10/31/2011

ICR REFERENCE NUMBER: [200808-0701-001](#)

TITLE: Nomination for Appointment to the United States Military Academy, Naval Academy, and Air Force Academy

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

5,200

2,600

15,600

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Nomination for Appointment to the United States Military Academy, Naval Academy, and Air Force Academy	5,200	2,600	15,600	Nomination for Appointment to the United States Military Academy, Naval Academy, and Air Force Academy	DD Form 1870

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0050](#)

EXPIRATION DATE: 09/30/2010

ICR REFERENCE NUMBER: [200704-0701-001](#)

TITLE: Civil Aircraft Landing Permit System

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

5,400

2,700

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Civil Aircraft Landing Permit System	5,400	2,700	0	Civil Aircraft Certificate of Insurance, Civil Aircraft Hold Harmless Agreement, Civil Aircraft Landing Permit	DD Form 2400, DD Form 2402, DD Form 2401

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0063](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200707-0701-001](#)

TITLE: Air Force Academy Candidate Activities Record

TOTAL ANNUAL RESPONSES:	TOTAL ANNUAL BURDEN HOURS:	TOTAL ANNUAL BURDEN DOLLARS:
8,510	6,383	72,335

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Air Force Academy Candidate Activities Record	8,510	6,383	72,335	Air Force Academy Candidate Activities Record	USAFA Form 147

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0064](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200707-0701-002](#)

TITLE: Air Force Academy Candidate Personal Data Record

TOTAL ANNUAL RESPONSES:	TOTAL ANNUAL BURDEN HOURS:	TOTAL ANNUAL BURDEN DOLLARS:
8,500	4,250	27,625

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Air Force Academy Candidate Personal Data Record	8,500	4,250	27,625	Air Force Academy Candidate Personal Data Record	USAFA Form 146

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0066](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [201001-0701-001](#)

TITLE: Air Force Academy Request for Secondary School Transcript

TOTAL ANNUAL RESPONSES:	TOTAL ANNUAL BURDEN HOURS:	TOTAL ANNUAL BURDEN DOLLARS:
7,954	5,966	69,827

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Air Force Academy Request for Secondary School Transcript	7,954	5,966	69,827	Air Force Academy Request for Secondary School Transcript	USAFA FORM 148

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0070](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200707-0701-003](#)

TITLE: Airman and Family Readiness Centers

TOTAL ANNUAL RESPONSES:	TOTAL ANNUAL BURDEN HOURS:	TOTAL ANNUAL BURDEN DOLLARS:
30,000	7,500	0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Airman and Family Readiness Centers	30,000	7,500	0	Family Support Center Interview and Follow Up Summary, Family Support Center Individual/Family Data Card, Family Support Center Volunteer Data Card and Service Record	AF Form 2801, AF Form 2800, AF Form 2805

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0078](#)

EXPIRATION DATE: 10/31/2010

ICR REFERENCE NUMBER: [200705-0701-002](#)

TITLE: Personal Interview - USAF Health Professions Applicant

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

3,600

1,800

111,564

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Personal Interview - USAF Health Professions Applicant	3,600	1,800	111,564	Personal Interview - USAF Health Professions Applicant	AFRS IMT 1437

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0079](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200612-0701-003](#)

TITLE: Non-Prior Service and Prior Service Accessions

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

110,231

69,105

345,023

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Non-Prior Service and Prior Service Accessions	110,231	69,105	345,023	Personal Interview Record, Financial Status of Applicant, Request for Evaluation and Information	AFRS IMT 1319, AFRS IMT 1325, AFRS IMT 1419

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0080](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200705-0701-003](#)

TITLE: Air Force Officer Training School (OTS) Accession Forms

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

1,000 500 4,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Air Force Officer Training School (OTS) Accession Forms	1,000	500	4,000	Verification of Scheduled Graduation, Aircrew Training Candidate Data Summary	AFRS IMT 1413, AF FORM 215

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0087](#)

EXPIRATION DATE: 10/31/2011

ICR REFERENCE NUMBER: [200808-0701-002](#)

TITLE: United States Air Force Academy Application (Precandidate Questionnaire/PCQ)

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

9,850

4,925

32,013

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
United States Air Force Academy Application (Precandidate Questionnaire/PCQ)	9,850	4,925	32,013	United States Air Force Academy Application (Precandidate Questionnaire/PCQ)	USAFA-149

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0096](#)

EXPIRATION DATE: 05/31/2011

ICR REFERENCE NUMBER: [200804-0701-001](#)

TITLE: Application for Appointment as Reserve of the Air Force or USAF without Component

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

5,899

1,966

29,495

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application for Appointment as Reserve of the Air Force or USAF without Component	5,899	1,966	29,495	Application for Appointment as Reserve of the Air Force or USAF Without Component	Air Force IMT 24

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0101](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [200708-0701-001](#)

TITLE: Air Force ROTC College Scholarship Application

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

17,000

8,500

38,250

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Air Force ROTC College Scholarship Application	17,000	8,500	38,250		

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0105](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [200708-0701-002](#)

TITLE: Application for Air Force ROTC Membership

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

12,000

4,000

36,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application for Air Force ROTC Membership	12,000	4,000	36,000	Application for AFROTC Membership	AFROTC Form 20

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0114](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [200708-0701-003](#)

TITLE: Application for Establishment of Air Force Junior ROTC Unit

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

40

20

400

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application for Establishment of Air Force Junior ROTC Unit	40	20	400		

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0127](#)

EXPIRATION DATE: 03/31/2013

ICR REFERENCE NUMBER: [201001-0701-002](#)

TITLE: USAF Museum System Volunteer Application/Registration

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

198

50

893

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
USAF Museum System Volunteer Application/Registration	198	50	893	USAF Museum System Volunteer Application/Registration	AF IMT 3569

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0134](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [200708-0701-004](#)

TITLE: Request for Approval of Foreign Government Employment of Air Force Members

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

10

10

124

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Request for Approval of Foreign Government Employment of Air Force Members	10	10	124		

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0137](#)

EXPIRATION DATE: 06/30/2011

ICR REFERENCE NUMBER: [201004-0701-001](#)

TITLE: DoD Statement of Intent

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

15

300

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
DOD Statement of Intent	15	300	0	DoD Statement of Intent	AMC Form 207

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0141](#)

EXPIRATION DATE: 10/31/2010

ICR REFERENCE NUMBER: [200707-0701-004](#)

TITLE: Intercontinental Ballistic Missile Hardened Intersite Cable System System Right-of-Way Landowner/Tenant Questionnaire

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

4,000

1,000

15,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Intercontinental Ballistic Missile Hardened Intersite Cable System System Right-of-Way Landowner/Tenant Questionnaire	4,000	1,000	15,000	Intercontinental Ballistic Missile Hardened Intersite Cable System System Right-of-Way Landowner/Tenant Questionnaire	AF Form 3951

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0147](#)

EXPIRATION DATE: 10/31/2010

ICR REFERENCE NUMBER: [200910-0701-001](#)

TITLE: United States Air Force Academy Candidate Writing Sample

TOTAL ANNUAL RESPONSES:

4,100

TOTAL ANNUAL BURDEN HOURS:

4,100

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
United States Air Force Academy Candidate Writing Sample	4,100	4,100		United States Air Force Academy Candidate Writing Sample	USAFA-0-878

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0150](#)

EXPIRATION DATE: 10/31/2010

ICR REFERENCE NUMBER: [200909-0701-002](#)

TITLE: Air Force Recruiting Information Support System (AFRISS)

TOTAL ANNUAL RESPONSES:

1,300,000

TOTAL ANNUAL BURDEN HOURS:

1,386,413

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Air Force Recruiting Information Support System (AFRISS)	1,300,000	1,386,413	0		

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0152](#)

EXPIRATION DATE: 12/31/2010

ICR REFERENCE NUMBER: [200708-0701-005](#)

TITLE: United States Air Force Academy Evaluation of Candidate

TOTAL ANNUAL RESPONSES:

4,100

TOTAL ANNUAL BURDEN HOURS:

3,075

TOTAL ANNUAL BURDEN DOLLARS:

37,269

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
United States Air Force Academy Evaluation of Candidate	4,100	3,075	37,269	US Air Force Academy School Officials Evaluation of Candidate	USAFA 145

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0154](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200612-0701-001](#)

TITLE: Department of Defense National Defense Science and Engineering Graduate (NDSEG) Fellowship Program

TOTAL ANNUAL RESPONSES:

2,800

TOTAL ANNUAL BURDEN HOURS:

33,600

TOTAL ANNUAL BURDEN DOLLARS:

571,200

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Department of Defense National Defense Science and Engineering Graduate (NDSEG) Fellowship Program	2,800	33,600	571,200	NDSEF Fellowship Program Forms	None

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0155](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200612-0701-002](#)

TITLE: Fellowships, Associateships, and Award Forms (Summer Faculty Fellowships and National Research Council Resident Research Associateships Programs)

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

280

4,480

125,440

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Fellowships, Associateships, and Award Forms (Summer Faculty Fellowships and National Research Council Resident Research Associateships Programs)	280	4,480	125,440	National Research Council Resident Research Associateships Program Forms, Summer Faculty Fellowship Program Forms	None, None

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0156](#)

EXPIRATION DATE: 01/31/2011

ICR REFERENCE NUMBER: [200712-0701-001](#)

TITLE: Presentation Comment Card and Air Force Week Event Comment Card

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

2,000

200

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Presentation Comment Card and Air Force Week Event Comment Card	2,000	200	0		

AGENCY: DOD-AF

OMB CONTROL NUMBER: [0701-0157](#)

EXPIRATION DATE: 06/30/2013

ICR REFERENCE NUMBER: [201003-0701-001](#)

TITLE: Expeditionary Combat Support System (ECSS)

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

5,534 924 0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Expeditionary Combat Support System (ECSS)	5,534	924	0		

DOD-AF TOTALS:

ACTIVE OMB CONTROL NOS.	TOTAL ANNUAL RESPONSES	TOTAL ANNUAL HOURS	TOTAL ANNUAL COST
25	1,548,221	1,554,367	1,532,058

AGENCY: DOD-DOA

OMB CONTROL NUMBER: [0702-0018](#)

EXPIRATION DATE: 04/30/2011

ICR REFERENCE NUMBER: [200803-0702-001](#)

TITLE: Uniform Tender of Rates and/or Charges for Domestic Transportation Services (DOD/USCG Sponsored Household Goods)

TOTAL ANNUAL RESPONSES:	TOTAL ANNUAL BURDEN HOURS:	TOTAL ANNUAL BURDEN DOLLARS:
2,248	1,124	32,315

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Uniform Tender of Rates and/or Charges for Domestic Transportation Services (DOD/USCG Sponsored Household Goods)	2,248	1,124	32,315	Uniform Tender of Rates and/or Charges for Domestic Transportation Services (DoD/USCG Sponsored Household Goods)	SDDC Form 43-R

AGENCY: DOD-DOA

OMB CONTROL NUMBER: [0702-0021](#)

EXPIRATION DATE: 07/31/2012

ICR REFERENCE NUMBER: [200905-0702-002](#)

TITLE: Application and Contract for Establishment of a Junior Reserve Officers' Training Corps Unit

TOTAL ANNUAL RESPONSES:	TOTAL ANNUAL BURDEN HOURS:	TOTAL ANNUAL BURDEN DOLLARS:
70	70	0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application and Contract for Establishment of a Junior Reserve Officers' Training Corps Unit	70	70	0	Application and Contract for Establishment of a Junior Reserve Officers' Training Corps Unit	DA Form 3126

AGENCY: DOD-DOA

OMB CONTROL NUMBER: [0702-0022](#)

EXPIRATION DATE: 05/31/2011

ICR REFERENCE NUMBER: [200803-0702-002](#)

TITLE: Statement of Accessorial Services Performed (DD 619) and Statement of Accessorial Services Performed (Storage-In-Transit Delivery and Reweigh) (DD 619-1)

TOTAL ANNUAL RESPONSES:
434,171

TOTAL ANNUAL BURDEN HOURS:
36,181

TOTAL ANNUAL BURDEN DOLLARS:
547,443

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Statement of Accessorial Services Performed (DD 619) and Statement of Accessorial Services Performed (Storage-In-Transit Delivery and Reweigh) (DD 619-1)	434,171	36,181	547,443	Statement of Accessorial Services Performed, Statement of Accessorial Services Performed (Storage-In-Transit Delivery and Reweigh)	DD Form 619, DD Form 619-1

AGENCY: DOD-DOA

OMB CONTROL NUMBER: [0702-0027](#)

EXPIRATION DATE: 06/30/2012

ICR REFERENCE NUMBER: [200905-0702-001](#)

TITLE: Signature and Tally Record

TOTAL ANNUAL RESPONSES:
75,000

TOTAL ANNUAL BURDEN HOURS:
3,750

TOTAL ANNUAL BURDEN DOLLARS:
0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Signature and Tally Record	75,000	3,750	0	Signature and Tally Record	DD Form 1907

AGENCY: DOD-DOA

OMB CONTROL NUMBER: [0702-0060](#)

EXPIRATION DATE: 10/31/2010

ICR REFERENCE NUMBER: [200910-0702-001](#)

TITLE: Pre-Candidate Procedures

TOTAL ANNUAL RESPONSES:
31,100

TOTAL ANNUAL BURDEN HOURS:
27,717

TOTAL ANNUAL BURDEN DOLLARS:
0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER

Pre-Candidate Procedures	31,100	27,717	West Point Admissions Request, Admissions Participant Personnel 0 Information, US Military Academy Candidate Questionnaire, Prospectus, Candidate Address	USMA-375, USMA-21-12, USMA-21-27, USMA-450, USMA-723
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AGENCY: DOD-DOA OMB CONTROL NUMBER: [0702-0061](#)
 EXPIRATION DATE: 10/31/2010 ICR REFERENCE NUMBER: [200910-0702-002](#)

TITLE: Candidate Procedures

TOTAL ANNUAL RESPONSES:	TOTAL ANNUAL BURDEN HOURS:	TOTAL ANNUAL BURDEN DOLLARS:
85,825	18,699	0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Candidate Procedures	85,825	18,699	0	Supplemental Information Sheet, Recommendation for ROTC Nomination, Employer's Evaluation of Candidate, Admissions Interview Report, PAE Results, Change of Personal Data, Fall Senior Year Grades, Nomination Reminder and Request for Information, Candidate Activities Record, Candidate Personal Data Record, Request for High School Transcript, School Official's Evaluation of Candidate, Cadet Public Appearance, Candidate Statements, Request for Final Transcript, Candidate Fitness Assessment	USMA 5-2, USMA 5-497, USMA 5-518, USMA 21-8, USMA 520, USMA 481, USMA 480-1, USMA 261, USMA 21-26, USMA 21-25, USMA 21-23, USMA 21-16, USMA 21-14, USMA 5-520, USMA 5-515, USMA 5-26

AGENCY: DOD-DOA OMB CONTROL NUMBER: [0702-0062](#)
 EXPIRATION DATE: 10/31/2010 ICR REFERENCE NUMBER: [200910-0702-003](#)

TITLE: Offered Candidate Procedures

TOTAL ANNUAL RESPONSES:	TOTAL ANNUAL BURDEN HOURS:	TOTAL ANNUAL BURDEN DOLLARS:
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18,550

1,552

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Offered Candidate Procedures	18,550	1,552	0	Candidate Personal Data, Appointment Declination, Vision Survey, Birth Certificate Information, Travel Arrangement Card, Uniform Data Card, Immunization Record Form, Fall Senior Year Grades, Certificate of Authorization, Statement of Consent, Request for Final Transcript	USMA 2-66, USMA 5-489, USMA 5-490, USMA 5-499, USMA 8-2, USMA 847, USMA 5-516, USMA 480-1, USMA 6-154, USMA 5-519, USMA 5-515

AGENCY: DOD-DOA

OMB CONTROL NUMBER: [0702-0064](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200608-0702-002](#)

TITLE: International Military Student Information

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

3,000

750

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
International Military Student Information	3,000	750	0	International Military Student Information	DD Form 2339

AGENCY: DOD-DOA

OMB CONTROL NUMBER: [0702-0110](#)

EXPIRATION DATE: 04/30/2013

ICR REFERENCE NUMBER: [201001-0702-001](#)

TITLE: Application and Agreement for Establishment of a National Defense Cadet Corps Unit

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

35

35

1,052

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application and Agreement for Establishment of a National Defense Cadet Corps Unit	35	35	1,052	Application and Agreement for Establishment of a National Defense Cadet Corps Unit	DA Form 3126-1

AGENCY: DOD-DOA

OMB CONTROL NUMBER: [0702-0111](#)

EXPIRATION DATE: 01/31/2011

ICR REFERENCE NUMBER: [200711-0702-001](#)

TITLE: Army ROTC Referral Information

TOTAL ANNUAL RESPONSES:

16,300

TOTAL ANNUAL BURDEN HOURS:

4,075

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Army ROTC Referral Information	16,300	4,075	0	ROTC PROSPECT REFERRAL FORM	ROTC CDT CMD Form 155-R

AGENCY: DOD-DOA

OMB CONTROL NUMBER: [0702-0116](#)

EXPIRATION DATE: 07/31/2011

ICR REFERENCE NUMBER: [200804-0702-001](#)

TITLE: West Point Graduates Surveys

TOTAL ANNUAL RESPONSES:

1,421

TOTAL ANNUAL BURDEN HOURS:

824

TOTAL ANNUAL BURDEN DOLLARS:

28,963

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
West Point Graduates Surveys	1,421	824	28,963		

AGENCY: DOD-DOA

OMB CONTROL NUMBER: [0702-0120](#)

EXPIRATION DATE: 10/31/2010

ICR REFERENCE NUMBER: [200705-0702-001](#)

TITLE: The Contractor Manpower Reporting System

TOTAL ANNUAL RESPONSES:

4,149

TOTAL ANNUAL BURDEN HOURS:

344

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
The Contractor Manpower Reporting System	4,149	344	0		

AGENCY: DOD-DOA

OMB CONTROL NUMBER: [0702-0121](#)

EXPIRATION DATE: 06/30/2011

ICR REFERENCE NUMBER: [200804-0702-002](#)

TITLE: Freight Carrier Registration Program (FCRP)

TOTAL ANNUAL RESPONSES:

430

TOTAL ANNUAL BURDEN HOURS:

108

TOTAL ANNUAL BURDEN DOLLARS:

270

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Freight Carrier Registration Program (FCRP)	430	108	270	Freight Carrier Registration Program	SDDC Form 410

AGENCY: DOD-DOA

OMB CONTROL NUMBER: [0702-0122](#)

EXPIRATION DATE: 09/30/2011

ICR REFERENCE NUMBER: [200807-0702-001](#)

TITLE: Industry Partership Survey

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

1,371

343

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Industry Partership Survey	1,371	343	0		

AGENCY: DOD-DOA

OMB CONTROL NUMBER: [0702-0124](#)

EXPIRATION DATE: 04/30/2012

ICR REFERENCE NUMBER: [200903-0702-001](#)

TITLE: Transportation Discrepancy Report

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

1,434

1,434

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Transportation Discrepancy Report	1,434	1,434	0	Transportation Discrepancy Report (TDR), Transportation Discrepancy Report (TDR) Continuation Sheet	DD Form 361, DD Form 361c

DOD-DOA TOTALS:

ACTIVE OMB CONTROL NOS.	TOTAL ANNUAL RESPONSES	TOTAL ANNUAL HOURS	TOTAL ANNUAL COST
15	675,104	97,006	610,043

AGENCY: DOD-NAVY

OMB CONTROL NUMBER: [0703-0006](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200705-0703-001](#)

TITLE: Facilities Available for the Construction or Repair of Ships

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

130

520

15,080

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Facilities Available for the Construction or Repair of Ships	130	520	15,080	Facilities Available for the Construction or Repair of Ships	Standard Form 17

AGENCY: DOD-NAVY

OMB CONTROL NUMBER: [0703-0011](#)

EXPIRATION DATE: 04/30/2011

ICR REFERENCE NUMBER: [200803-0703-002](#)

TITLE: Academic Certification for Marine Corps Officer Candidate Program

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

4,000

1,000

27,160

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Academic Certification for Marine Corps Officer Candidate Program	4,000	1,000	27,160	Academic Certification for Marine Corps Officer Candidate Programs	NAVMC Form 10469

AGENCY: DOD-NAVY

OMB CONTROL NUMBER: [0703-0012](#)

EXPIRATION DATE: 09/30/2010

ICR REFERENCE NUMBER: [200702-0703-001](#)

TITLE: Personal Information Questionnaire

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

16,700

4,175

121,576

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Personal Information Questionnaire	16,700	4,175	121,576	Personal Information Questionnaire	NAVMC 100064

AGENCY: DOD-NAVY

OMB CONTROL NUMBER: [0703-0016](#)

EXPIRATION DATE: 04/30/2011

ICR REFERENCE NUMBER: [200803-0703-003](#)

TITLE: Individual MCJROTC Instructor Evaluation Summary

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

450

225

6,728

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
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Individual MCJROTC Instructor Evaluation Summary 450 225 6,728 Individual MCJROTC Instructor Evaluation Summary NAVMC Form 10942

AGENCY: DOD-NAVY OMB CONTROL NUMBER: [0703-0020](#)
 EXPIRATION DATE: 07/31/2012 ICR REFERENCE NUMBER: [200905-0703-001](#)
 TITLE: Enlistee Financial Statement

TOTAL ANNUAL RESPONSES: 3,300 TOTAL ANNUAL BURDEN HOURS: 2,475 TOTAL ANNUAL BURDEN DOLLARS: 0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Enlistee Financial Statement	3,300	2,475	0	Enlistee Financial Statement	NAVCRUIT 1130/13

AGENCY: DOD-NAVY OMB CONTROL NUMBER: [0703-0026](#)
 EXPIRATION DATE: 09/30/2010 ICR REFERENCE NUMBER: [200707-0703-001](#)
 TITLE: Application Forms Booklet, Naval Reserve Officers Training Corps Scholarship Program

TOTAL ANNUAL RESPONSES: 14,000 TOTAL ANNUAL BURDEN HOURS: 56,000 TOTAL ANNUAL BURDEN DOLLARS: 0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application Forms Booklet, Naval Reserve Officers Training Corps Scholarship Program	14,000	56,000	0	NROTC Scholarship Program Forms	Multiple

AGENCY: DOD-NAVY OMB CONTROL NUMBER: [0703-0029](#)
 EXPIRATION DATE: 10/31/2010 ICR REFERENCE NUMBER: [200712-0703-001](#)
 TITLE: Application for Commission in the U.S. Navy/U.S. Naval Reserve

TOTAL ANNUAL RESPONSES: 14,000 TOTAL ANNUAL BURDEN HOURS: 7,000 TOTAL ANNUAL BURDEN DOLLARS: 21,651

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application for Commission in the U.S. Navy/U.S. Naval Reserve	14,000	7,000	21,651	Application for Commission in the US Navy/US Navy Reserve	NAVCRUIT 1131-2

AGENCY: DOD-NAVY OMB CONTROL NUMBER: [0703-0036](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [200709-0703-002](#)

TITLE: United States Naval Academy Candidate Application Forms

TOTAL ANNUAL RESPONSES:

14,000

TOTAL ANNUAL BURDEN HOURS:

56,000

TOTAL ANNUAL BURDEN DOLLARS:

1,400,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
United States Naval Academy Candidate Application Forms	14,000	56,000	1,400,000		

AGENCY: DOD-NAVY

OMB CONTROL NUMBER: [0703-0053](#)

EXPIRATION DATE: 11/30/2011

ICR REFERENCE NUMBER: [200810-0703-001](#)

TITLE: Marine Corps Marathon Race Applications

TOTAL ANNUAL RESPONSES:

40,939

TOTAL ANNUAL BURDEN HOURS:

2,729

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Marine Corps Marathon Race Applications	40,939	2,729	0		

AGENCY: DOD-NAVY

OMB CONTROL NUMBER: [0703-0054](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [200709-0703-001](#)

TITLE: United States Naval Academy Sponsor Application

TOTAL ANNUAL RESPONSES:

800

TOTAL ANNUAL BURDEN HOURS:

800

TOTAL ANNUAL BURDEN DOLLARS:

20,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
United States Naval Academy Sponsor Application	800	800	20,000		

AGENCY: DOD-NAVY

OMB CONTROL NUMBER: [0703-0055](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [200710-0703-001](#)

TITLE: Naval Sea Systems Command and Field Activity Visitor Access Request

TOTAL ANNUAL RESPONSES:

5,200

TOTAL ANNUAL BURDEN HOURS:

1,300

TOTAL ANNUAL BURDEN DOLLARS:

45,500

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Naval Sea Systems Command and Field Activity Visitor Access Request	5,200	1,300	45,500	Naval Sea Systems Command and Field Activity Visitor Access Request	NAVSEA 5530-5

AGENCY: DOD-NAVY

OMB CONTROL NUMBER: [0703-0056](#)

EXPIRATION DATE: 09/30/2010

ICR REFERENCE NUMBER: [200803-0703-001](#)

TITLE: Mental Health Issues Among Deployed Personnel: Longitudinal Assessment of the Resilience of Deployed Sailors and Marines - Follow-up

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

3,700

3,700

66,600

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Mental Health Issues Among Deployed Personnel: Longitudinal Assessment of the Resilience of Deployed Sailors and Marines - Follow-up	3,700	3,700	66,600		

AGENCY: DOD-NAVY

OMB CONTROL NUMBER: [0703-0057](#)

EXPIRATION DATE: 07/31/2011

ICR REFERENCE NUMBER: [200805-0703-001](#)

TITLE: Camp Lejeune Drinking Water Notification Registry

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

1,600

170

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Camp Lejeune Drinking Water Notification Registry	1,600	170	0	Camp Lejeune Notification Registry form	No number - online form

AGENCY: DOD-NAVY

OMB CONTROL NUMBER: [0703-0058](#)

EXPIRATION DATE: 09/30/2010

ICR REFERENCE NUMBER: [200805-0703-002](#)

TITLE: Evaluation of Young Marines Drug Education Program

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

1,575

1,046

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Evaluation of Young Marines Drug Education Program	1,575	1,046	0		

DOD-NAVY TOTALS:

ACTIVE OMB CONTROL NOS.	TOTAL ANNUAL RESPONSES	TOTAL ANNUAL HOURS	TOTAL ANNUAL COST
14	120,394	137,140	1,724,295

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0003](#)

EXPIRATION DATE: 06/30/2011

ICR REFERENCE NUMBER: [201003-0704-010](#)

TITLE: Application for Correction of Military Record Under the Provisions of Title 10, U.S. Code, Section 1552

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

33,000

16,500

59,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application for Correction of Military Record Under the Provisions of Title 10, U.S. Code, Section 1552	33,000	16,500	59,000	APPLICATION FOR CORRECTION OF MILITARY RECORD UNDER THE PROVISIONS OF TITLE 10, U.S. CODE, SECTION 1552	DD Form 149

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0004](#)

EXPIRATION DATE: 06/30/2011

ICR REFERENCE NUMBER: [201005-0704-001](#)

TITLE: Application for the Review of Discharge from the Armed Forces of the United States

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

8,000

6,000

61,800

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application for the Review of Discharge from the Armed Forces of the United States	8,000	6,000	61,800	Application for the Review of Discharge From the Armed Forces of the United States	DD-293

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0006](#)

EXPIRATION DATE: 02/28/2011

ICR REFERENCE NUMBER: [200801-0704-001](#)

TITLE: Request for Verification of Birth

TOTAL ANNUAL RESPONSES:

100,000

TOTAL ANNUAL BURDEN HOURS:

8,300

TOTAL ANNUAL BURDEN DOLLARS:

149,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Request for Verification of Birth	100,000	8,300	149,000	Request for Verification of Birth	DD Form 372

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0007](#)

EXPIRATION DATE: 06/30/2011

ICR REFERENCE NUMBER: [201003-0704-011](#)

TITLE: Police Records Check

TOTAL ANNUAL RESPONSES:

175,000

TOTAL ANNUAL BURDEN HOURS:

78,750

TOTAL ANNUAL BURDEN DOLLARS:

1,477,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Police Records Check	175,000	78,750	1,477,000	Police Record Check	DD Form 369

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0030](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200608-0704-003](#)

TITLE: Disposition of Remains - Reimbursable Basis Request for Payment of Funeral and/or Internment Expenses

TOTAL ANNUAL RESPONSES:

3,200

TOTAL ANNUAL BURDEN HOURS:

550

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Disposition of Remains - Reimbursable Basis Request for Payment of Funeral and/or Interment Expenses	3,200	550	0	Disposition of Remains, Request for Paymnet of Funeral and/or Interment Expenses	DD-2065, DD Form 1375

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0055](#)

EXPIRATION DATE: 07/31/2011

ICR REFERENCE NUMBER: [200805-0704-002](#)

TITLE: Department of Defense Application for Priority Rating for Production or Construction Equipment

TOTAL ANNUAL RESPONSES:

610

TOTAL ANNUAL BURDEN HOURS:

610

TOTAL ANNUAL BURDEN DOLLARS:

37,380

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Department of Defense Application for Priority Rating for Production or Construction Equipment	610	610	37,380	Department of Defense Application for Priority rating for Production or Construction Equipment	DD Form 691

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0100](#)

EXPIRATION DATE: 04/30/2011

ICR REFERENCE NUMBER: [200801-0704-002](#)

TITLE: Application for Discharge of Member or Survivor of Group Certified to Have Performed Active Duty with the Armed Forces of the United States

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

2,700

1,350

88,571

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application for Discharge of Member or Survivor of Group Certified to Have Performed Active Duty with the Armed Forces of the United States	2,700	1,350	88,571	Application for Discharge of Member or Survivor of Member of Group Certified to have Performed Active Duty with the Armed Forces of the United States	DD Form 2168

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0125](#)

EXPIRATION DATE: 09/30/2011

ICR REFERENCE NUMBER: [200807-0704-002](#)

TITLE: Post-election Survey of Overseas Citizens, Post-election Survey of Local Election Officials

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

1,140

410

6,980

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Post-election Survey of Overseas Citizens, Post-election Survey of Local Election Officials	1,140	410	6,980		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0152](#)

EXPIRATION DATE: 06/30/2011

ICR REFERENCE NUMBER: [201004-0704-002](#)

TITLE: DOD Education Loan Repayment Program

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

17,500 2,917 46,550

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
DOD Education Loan Repayment Program	17,500	2,917	46,550	DOD Education Loan Repayment Program	DD Form 2475

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0167](#)

EXPIRATION DATE: 10/31/2011

ICR REFERENCE NUMBER: [200808-0704-002](#)

TITLE: Request for Reference

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

50,000

4,150

74,500

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Request for Reference	50,000	4,150	74,500	Request for Reference	DD Form 370

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0173](#)

EXPIRATION DATE: 06/30/2011

ICR REFERENCE NUMBER: [201003-0704-012](#)

TITLE: Record of Military Processing - Armed Forces of the United States

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

510,000

170,000

1,232,500

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Record of Military Processing - Armed Forces of the United States	510,000	170,000	1,232,500	RECORD OF MILITARY PROCESSING - ARMED FORCES OF THE UNITED STATES	DD Form 1966

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0187](#)

EXPIRATION DATE: 04/30/2012

ICR REFERENCE NUMBER: [200903-0704-001](#)

TITLE: Information Collection in Support of the DOD Acquisition Process (Solicitation Phase)

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

1,260

1,845

58,118

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
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Information Collection in Support
of the DOD Acquisition Process
(Solicitation Phase)

1,260

1,845

58,118

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0188](#)

EXPIRATION DATE: 03/31/2013

ICR REFERENCE NUMBER: [201001-0704-001](#)

TITLE: Acquisition Management Systems and Data Requirements Control List (AMSDL)

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

397,872

26,259,552

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Acquisition Management Systems and Data Requirements Control List (AMSDL)	397,872	26,259,552	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0194](#)

EXPIRATION DATE: 05/31/2011

ICR REFERENCE NUMBER: [200803-0704-002](#)

TITLE: "Department of Defense Security Agreement", "Appendage to Department of Defense Security Agreement", "Certificate Pertaining to Foreign Interests"

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

5,282

7,834

1,087,523

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
"Department of Defense Security Agreement", "Appendage to Department of Defense Security Agreement", "Certificate Pertaining to Foreign Interests"	5,282	7,834	1,087,523	Department of Defense Security Agreement, Appendage to Department of Defense Security Agreement, Certificate Pertaining to Foreign Interests	DD Form 441, DD Form 441-1, Standard Form 328

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0207](#)

EXPIRATION DATE: 04/30/2011

ICR REFERENCE NUMBER: [200803-0704-003](#)

TITLE: Militarily Critical Technical Data Agreement

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

6,000

2,000

76,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Militarily Critical Technical Data Agreement	6,000	2,000	76,000	Military Critical Technical Data Agreement	DD Form 2345

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0214](#)

EXPIRATION DATE: 12/31/2011

ICR REFERENCE NUMBER: [200811-0704-002](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS) Part 217, Special Contracting Methods, and related clauses at 252.217

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

108,714

1,113,124

34,652,537

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS) Part 217, Special Contracting Methods, and related clauses at 252.217	108,714	1,113,124	34,652,537		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0216](#)

EXPIRATION DATE: 06/30/2013

ICR REFERENCE NUMBER: [201005-0704-002](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS) Part 228, Bonds and Insurance, and Related Clauses at 252.228

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

49

859

36,937

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS) Part 228, Bonds and Insurance, and Related Clauses at 252.228	49	859	36,937		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0225](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [200710-0704-003](#)

TITLE: Defense Federal Acquisition Regulation Supplement Part 204, Administrative Matters, and related clauses at 252.204

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

11,921 8,860 262,487

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement Part 204, Administrative Matters, and related clauses at 252.204	11,921	8,860	262,487	Request for Information/ Verification of Commercial and Government Entity (CAGE) Code, Request for Assignment of a Commercial and Government Entity (CAGE) Code	DD Form 2051-1, DD Form 2051

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0229](#)

EXPIRATION DATE: 10/31/2010

ICR REFERENCE NUMBER: [200705-0704-001](#)

TITLE: Defense Federal Acquisition Regulation Supplement Part 225, Foreign Acquisition, and related clauses

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

154,924

48,480

1,648,320

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement Part 225, Foreign Acquisition, and related clauses	154,924	48,480	1,648,320	Report of Contract Performance Outside the United States	DD Form 2139

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0231](#)

EXPIRATION DATE: 10/31/2010

ICR REFERENCE NUMBER: [200709-0704-003](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS) Subpart 237, Service Contracting, associated DFARS Clauses at DFARS 252.237, and DD Form 2063, Record of Preparation...

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

810

405

11,340

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS) Subpart 237, Service Contracting, associated DFARS Clauses at DFARS 252.237, and DD Form 2063, Record of Preparation...	810	405	11,340	Record of Preparation and Disposition of Remains	DD Form 2063

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0232](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [200710-0704-005](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS) Subpart 215.4, Contract Pricing, and related clauses at DFARS 252.215 and DD Form 1861

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

53,458

538,480

17,447,066

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS) Subpart 215.4, Contract Pricing, and related clauses at DFARS 252.215 and DD Form 1861	53,458	538,480	17,447,066	Contract Facilities Capital Cost of Money	DD Form 1861

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0245](#)

EXPIRATION DATE: 04/30/2011

ICR REFERENCE NUMBER: [200803-0704-005](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS) Part 247, Transportation, and related clauses at 252.247

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

465,842

150,114

4,953,764

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS) Part 247, Transportation, and related clauses at 252.247	465,842	150,114	4,953,764		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0246](#)

EXPIRATION DATE: 11/30/2012

ICR REFERENCE NUMBER: [200910-0704-003](#)

TITLE: Defense Federal Acquisition Regulations Supplement (DFARS) Part 245, Government Property, related clauses in DFARS 252, and related forms in DFARS 253.

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

41,917

49,580

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
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Defense Federal Acquisition Regulations Supplement (DFARS) Part 245, Government Property, related clauses in DFARS 252, and related forms in DFARS 253.

41,917 49,580

Invoice/Shipping Document, DoD Property Record, DoD Industrial Plant Equipment Req, Invoice/Shipping Document (Continuation 0 Sheet), Notice of Acceptance of Inventory Schedules, Scrap Warranty, DoD Property in the Custody of Contractors, Request for Plant Clearance DD-1149, DD-1342, DD-1419, DD-1149C, DD-1637, DD-1639, DD-1662, DD-1640

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0248](#)

EXPIRATION DATE: 04/30/2011

ICR REFERENCE NUMBER: [200803-0704-006](#)

TITLE: Defense Federal Acquisition Regulation Supplement, Appendix F, Inspection and Receiving Report

TOTAL ANNUAL RESPONSES:
3,720,000

TOTAL ANNUAL BURDEN HOURS:
153,800

TOTAL ANNUAL BURDEN DOLLARS:
4,306,400

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement, Appendix F, Inspection and Receiving Report	3,720,000	153,800	4,306,400	Material Inspection and Receiving Report , Material Inspection and Receiving Report - continuation sheet, Tanker/Barge Material Inspection and Receiving Report	DD Form 250, DD Form 250c, DD Form 250-1

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0250](#)

EXPIRATION DATE: 03/31/2013

ICR REFERENCE NUMBER: [201001-0704-002](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS) Part 242, Contract Administration, related clauses in DFARS 252, and related forms in DFARS 253

TOTAL ANNUAL RESPONSES:
105,748

TOTAL ANNUAL BURDEN HOURS:
276,773

TOTAL ANNUAL BURDEN DOLLARS:
0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
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Defense Federal Acquisition Regulation Supplement (DFARS) Part 242, Contract Administration, related clauses in DFARS 252, and related forms in DFARS 253

105,748 276,773

APPLICATION FOR U.S. GOVERNMENT SHIPPING DOCUMENTATION/ INSTRUCTIONS

DD Form 1659

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0252](#)

EXPIRATION DATE: 04/30/2011

ICR REFERENCE NUMBER: [200802-0704-003](#)

TITLE: Defense Federal Acquisition Regulation Supplement, Use of Government Sources by Contractors, and related clauses in Part 252

TOTAL ANNUAL RESPONSES:

10,500

TOTAL ANNUAL BURDEN HOURS:

5,250

TOTAL ANNUAL BURDEN DOLLARS:

174,353

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement, Use of Government Sources by Contractors, and related clauses in Part 252	10,500	5,250	174,353		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0253](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [200710-0704-004](#)

TITLE: Subcontracting Policies and Procedures -- DoD FAR Supplement Part 244

TOTAL ANNUAL RESPONSES:

90

TOTAL ANNUAL BURDEN HOURS:

1,440

TOTAL ANNUAL BURDEN DOLLARS:

48,960

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Subcontracting Policies and Procedures -- DoD FAR Supplement Part 244	90	1,440	48,960		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0255](#)

EXPIRATION DATE: 10/31/2011

ICR REFERENCE NUMBER: [200808-0704-003](#)

TITLE: Defense_Federal Acquisition Regulation Supplement (DFARS) Part 236, Construction and Architect-Engineer Contracts, and related clauses at 252.236

TOTAL ANNUAL RESPONSES:

2,630

TOTAL ANNUAL BURDEN HOURS:

263,281

TOTAL ANNUAL BURDEN DOLLARS:

7,764,151

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense_Federal Acquisition Regulation Supplement (DFARS) Part 236, Construction and Architect-Engineer Contracts, and related clauses at 252.236	2,630	263,281	7,764,151		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0259](#)

EXPIRATION DATE: 10/31/2011

ICR REFERENCE NUMBER: [200808-0704-004](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS) Part 216, Types of Contracts, and related clauses in Part 252.216

TOTAL ANNUAL RESPONSES:
390TOTAL ANNUAL BURDEN HOURS:
1,564TOTAL ANNUAL BURDEN DOLLARS:
45,356

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS) Part 216, Types of Contracts, and related clauses in Part 252.216	390	1,564	45,356		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0261](#)

EXPIRATION DATE: 07/31/2012

ICR REFERENCE NUMBER: [200905-0704-005](#)

TITLE: Department of Defense Standard Tender of Freight Services

TOTAL ANNUAL RESPONSES:
21,563TOTAL ANNUAL BURDEN HOURS:
5,391TOTAL ANNUAL BURDEN DOLLARS:
0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Department of Defense Standard Tender of Freight Services	21,563	5,391		Department of Defense 0 Standard Tender of Freight Services	SDDC Form 364-R

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0264](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [200709-0704-004](#)

TITLE: Registration for Scientific and Technical Information Services

TOTAL ANNUAL RESPONSES:
10,000TOTAL ANNUAL BURDEN HOURS:
1,667TOTAL ANNUAL BURDEN DOLLARS:
46,204

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Registration for Scientific and Technical Information Services	10,000	1,667	46,204	Registration for Scientific and Technical Information Services	DD Form 1540

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0272](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [200710-0704-006](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS) Part 223, Occupational Safety and Drug-Free Workforce; and related clauses in DFARS 252.223

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

31,519

989,544

32,323,789

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS) Part 223, Occupational Safety and Drug-Free Workforce; and related clauses in DFARS 252.223	31,519	989,544	32,323,789		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0286](#)

EXPIRATION DATE: 10/31/2010

ICR REFERENCE NUMBER: [200709-0704-002](#)

TITLE: Defense FAR Supplement (DFARS) Part 205, Publicizing Contract Actions, and DFARS 252-205-7000, Provision of Information to Cooperative Agreement Holders

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

6,588

7,247

203,061

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense FAR Supplement (DFARS) Part 205, Publicizing Contract Actions, and DFARS 252-205-7000, Provision of Information to Cooperative Agreement Holders	6,588	7,247	203,061		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0290](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200608-0704-002](#)

TITLE: Armed Forces Participation in Public Events

TOTAL ANNUAL RESPONSES:

43,000

TOTAL ANNUAL BURDEN HOURS:

5,547

TOTAL ANNUAL BURDEN DOLLARS:

76,970

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Armed Forces Participation in Public Events	43,000	5,547	76,970	Request for Military Aerial Support, Request for Armed Forces Participation in Public Events (Non-Aviation)	DD-2535, DD-2536

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0320](#)

EXPIRATION DATE: 05/31/2012

ICR REFERENCE NUMBER: [200903-0704-002](#)

TITLE: Procurement Technical Assistance Center Cooperative Agreement Performance Report

TOTAL ANNUAL RESPONSES:

380

TOTAL ANNUAL BURDEN HOURS:

2,660

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Procurement Technical Assistance Center Cooperative Agreement Performance Report	380	2,660	0	PTAC Cooperative Agreement Performance Report	DLA 1806

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0321](#)

EXPIRATION DATE: 11/30/2012

ICR REFERENCE NUMBER: [200910-0704-004](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS) Part 232, Contract Financing, and the clauses at DFARS 252.232-7002 Progress Payments for Foreign Military...

TOTAL ANNUAL RESPONSES:

3,540

TOTAL ANNUAL BURDEN HOURS:

5,310

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS) Part 232, Contract Financing, and the clauses at DFARS 252.232-7002 Progress Payments for Foreign Military...	3,540	5,310	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0323](#)

EXPIRATION DATE: 03/31/2013

ICR REFERENCE NUMBER: [201003-0704-001](#)

TITLE: Third Party Collection Program (Insurance Information)

TOTAL ANNUAL RESPONSES:
3,507,390TOTAL ANNUAL BURDEN HOURS:
175,370TOTAL ANNUAL BURDEN DOLLARS:
0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Third Party Collection Program (Insurance Information)	3,507,390	175,370	0	Third Party Collection Program/Medical Services Account/Other Health Insurance	DD-2569

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0324](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [200708-0704-004](#)

TITLE: Department of Defense Public and Community Service (PACS) Program

TOTAL ANNUAL RESPONSES:
414TOTAL ANNUAL BURDEN HOURS:
97TOTAL ANNUAL BURDEN DOLLARS:
3,865

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Department of Defense Public and Community Service (PACS) Program	414	97	3,865	Operation Transition Employer Registration, Public and Community Service Organization Validation	DD Form 2581, DD Form 2581-1

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0328](#)

EXPIRATION DATE: 09/30/2010

ICR REFERENCE NUMBER: [200810-0704-002](#)

TITLE: DoD Building Pass Application

TOTAL ANNUAL RESPONSES:
120,000TOTAL ANNUAL BURDEN HOURS:
12,000TOTAL ANNUAL BURDEN DOLLARS:
0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
DoD Building Pass Application	120,000	12,000	0	DoD Building Pass Application	DD Form 2249

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0332](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200705-0704-002](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS) Appendix I

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

453 1,300 43,361

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS) Appendix I	453	1,300	43,361		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0334](#)

EXPIRATION DATE: 12/31/2010

ICR REFERENCE NUMBER: [200710-0704-008](#)

TITLE: Automated Repatriation Reporting System

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

5,000

1,667

38,010

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Automated Repatriation Reporting System	5,000	1,667	38,010	Repatriation Processing Center Processing Sheet	DD Form 2585

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0336](#)

EXPIRATION DATE: 12/31/2207

ICR REFERENCE NUMBER: [200410-0704-001](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS) 223.570, Drug-Free Work Force, and DFARS clause 252.223-7004 Drug-Free Work Force

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

18,012

980,096

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS) 223.570, Drug-Free Work Force, and DFARS clause 252.223-7004 Drug-Free Work Force	18,012	980,096	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0341](#)

EXPIRATION DATE: 07/31/2011

ICR REFERENCE NUMBER: [200804-0704-001](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS) Part 239, Acquisition of Information Technology, and associated clauses at DFARS 252.239-7000 and 252.239-7006

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

1,959 1,622 56,225

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS) Part 239, Acquisition of Information Technology, and associated clauses at DFARS 252.239-7000 and 252.239-7006	1,959	1,622	56,225		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0347](#)

EXPIRATION DATE: 06/30/2011

ICR REFERENCE NUMBER: [200804-0704-002](#)

TITLE: Request for Approval for Qualification Training and Approval of Contractor Flight Crewmember

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

81

7

189

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Request for Approval for Qualification Training and Approval of Contractor Flight Crewmember	81	7	189	Request for Government Approval for Aircrew Qualifications and Training, Request for Approval of Contractor Flight Crewmember	DD Form 2627, DD Form 2628

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0359](#)

EXPIRATION DATE: 12/31/2010

ICR REFERENCE NUMBER: [200712-0704-003](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS) Part 232, Contract Financing, and related clause at DFARS 252.232-7007, Limitation of Government's Obligation

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

800

800

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS) Part 232, Contract Financing, and related clause at DFARS 252.232-7007, Limitation of Government's Obligation	800	800	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0364](#)

EXPIRATION DATE: 08/31/2012

ICR REFERENCE NUMBER: [200905-0704-006](#)

TITLE: Continued Health Care Benefit Program (CHCBP) Application

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

2,500

625

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Continued Health Care Benefit Program (CHCBP) Application	2,500	625		Continued Health Care 0 Benefit Program (CHCBP) Application	DD Form 2837

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0367](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [200708-0704-003](#)

TITLE: Involuntary Allotment Application

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

7,883

3,942

77,411

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Involuntary Allotment Application	7,883	3,942	77,411	Involuntary Allotment Application	DD Form 2653

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0368](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [200708-0704-005](#)

TITLE: National Security Education Program (Service Agreement Report for Scholarship and Fellowship Awards)

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

3,300

275

2,182

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
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National Security Education Program (Service Agreement Report for Scholarship and Fellowship Awards)

3,300

275

2,182

National Security Education Program (NSEP) Service Agreement for Scholarship and Fellowship Awards, National Security Education Program (NSEP) Service Agreement Report (SAR) For Scholarship And Fellowship Awards

DD Form 2752, DD Form 2753

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0369](#)

EXPIRATION DATE: 07/31/2013

ICR REFERENCE NUMBER: [201006-0704-004](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS) Subparts 227.71, Rights in Technical Data; and 227.72, Rights in computer software and computer software documentation, and

TOTAL ANNUAL RESPONSES:
526,630

TOTAL ANNUAL BURDEN HOURS:
1,528,040

TOTAL ANNUAL BURDEN DOLLARS:
0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS) Subparts 227.71, Rights in Technical Data; and 227.72, Rights in computer software and computer software documentation, and	526,630	1,528,040	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0370](#)

EXPIRATION DATE: 07/31/2011

ICR REFERENCE NUMBER: [200805-0704-003](#)

TITLE: Department of Defense Dependents Schools (DoDDS) Overseas Employment Opportunities for Education

TOTAL ANNUAL RESPONSES:
30,250

TOTAL ANNUAL BURDEN HOURS:
4,960

TOTAL ANNUAL BURDEN DOLLARS:
320,460

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
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Department of Defense
 Dependents Schools (DoDDS)
 Overseas Employment
 Opportunities for Education

30,250

4,960

320,460

Department of Defense
 Dependents Schools
 (DoDDS) Professional
 Evaluation, Department of
 Defense Dependents Schools
 (DoDDS) Voluntary
 Questionnaire, Department
 of Defense Education Activity
 (DoDEA) Schools Verification
 of Professional Educator
 Employment for Salary
 Rating Purposes,
 Department of Defense
 Dependents Schools
 (DoDDS) Application for
 Overseas Employment

DoDEA Form 5011, DoDEA
 Form 5012, DoDEA Form
 5013, DoDEA Form 5010

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0377](#)

EXPIRATION DATE: 06/30/2013

ICR REFERENCE NUMBER: [201004-0704-003](#)

TITLE: Industrial Capabilities Questionnaire

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

12,800

153,600

7,062,528

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Industrial Capabilities Questionnaire	12,800	153,600	7,062,528	INDUSTRIAL CAPABILITIES QUESTIONNAIRE	DD Form 2737

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0382](#)

EXPIRATION DATE: 07/31/2011

ICR REFERENCE NUMBER: [200805-0704-004](#)

TITLE: End Use Certificate

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

40,000

13,200

198,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
End Use Certificate	40,000	13,200	198,000	End-Use Certificate	DLA Form 1822

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0386](#)

EXPIRATION DATE: 04/30/2011

ICR REFERENCE NUMBER: [200803-0704-004](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS) Part 219, Small Business Programs and associated clauses in part 252.219

TOTAL ANNUAL RESPONSES: 41 TOTAL ANNUAL BURDEN HOURS: 41 TOTAL ANNUAL BURDEN DOLLARS: 1,389

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS) Part 219, Small Business Programs and associated clauses in part 252.219	41	41	1,389		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0390](#)

EXPIRATION DATE: 10/31/2011

ICR REFERENCE NUMBER: [200808-0704-005](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS) Part 229, Taxes, and related clauses at 252.229

TOTAL ANNUAL RESPONSES: 75 TOTAL ANNUAL BURDEN HOURS: 300 TOTAL ANNUAL BURDEN DOLLARS: 7,041

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS) Part 229, Taxes, and related clauses at 252.229	75	300	7,041		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0392](#)

EXPIRATION DATE: 09/30/2010

ICR REFERENCE NUMBER: [200701-0704-004](#)

TITLE: Technical Assistance for Public Participation (TAPP) Application

TOTAL ANNUAL RESPONSES: 50 TOTAL ANNUAL BURDEN HOURS: 200 TOTAL ANNUAL BURDEN DOLLARS: 7,964

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Technical Assistance for Public Participation (TAPP) Application	50	200	7,964	Technical Assistance for Public Participation (TAPP) Application	DD Form 2749

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0396](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200608-0704-006](#)

TITLE: Department of Defense Medical Examination Review Board Medical Information Collection Forms

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

30,000

30,000

300,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Department of Defense Medical Examination Review Board Medical Information Collection Forms	30,000	30,000	300,000	DoD Medical Examination Review Board (DoDMERB) Farnsworth lantern and Red/Green Color Vision Tests, DoD Medical Examination Review Board (DoDMERB) Three Day Blood Pressure and Pulse Check, DoD Medical Examination Review Board (DoDMERB) Heart Murmur Evaluation, DoD Medical Examination Review Board (DoDMERB) Report of Medical Examination, DoD Medical Examination Review Board (DoDMERB) Statement of Present Health, DoD Medical Examination Review Board (DoDMERB) Report of Medical History, DoD Medical Examination Review Board (DoDMERB) Statement of History Regarding Sleepwalking, DoD Medical Examination Review Board (DoDMERB) Statement of History Regarding Head Injury, DoD Medical Examination Review Board (DoDMERB) Cycloplegic Refraction, DoD Medical Examination Review Board (DoDMERB) Statement of History Regarding Headaches, DoD Medical Examination Review Board (DoDMERB)	DD Form 2489, DD Form 2370, DD Form 2374, DD Form 2351, DD Form 2372, DD Form 2492, DD Form 2380, DD Form 2379, DD Form 2369, DD Form 2378, DD Form 2381, DD Form 2382

Statement of History
 Regarding Motion Sickness,
 DoD Medical Examination
 Review Board (DoDMERB)
 Statement of History
 Regarding Allergies

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0397](#)

EXPIRATION DATE: 11/30/2012

ICR REFERENCE NUMBER: [200910-0704-005](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS) Part 243, Contract Modifications and related clauses at DFARS 252.243-7002

TOTAL ANNUAL RESPONSES:	TOTAL ANNUAL BURDEN HOURS:	TOTAL ANNUAL BURDEN DOLLARS:
440	2,120	0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS) Part 243, Contract Modifications and related clauses at DFARS 252.243-7002	440	2,120	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0398](#)

EXPIRATION DATE: 12/31/2010

ICR REFERENCE NUMBER: [200712-0704-004](#)

TITLE: Defense Aquisition Regulation Supplement (DFARS) Part 211, Describing Agency Needs, and related clause at DFARS 252.211

TOTAL ANNUAL RESPONSES:	TOTAL ANNUAL BURDEN HOURS:	TOTAL ANNUAL BURDEN DOLLARS:
1,762	1,724	58,616

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Aquisition Regulation Supplement (DFARS) Part 211, Describing Agency Needs, and related clause at DFARS 252.211	1,762	1,724	58,616		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0403](#)

EXPIRATION DATE: 06/30/2013

ICR REFERENCE NUMBER: [201003-0704-005](#)

TITLE: Customer Satisfaction Surveys - Generic Clearance

TOTAL ANNUAL RESPONSES:	TOTAL ANNUAL BURDEN HOURS:	TOTAL ANNUAL BURDEN DOLLARS:
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33,390 2,427 0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
DTIC Customer Satisfaction Surveys	33,390	2,427	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0407](#)

EXPIRATION DATE: 01/31/2012

ICR REFERENCE NUMBER: [200811-0704-005](#)

TITLE: Commissary Evaluation and Utility Surveys - Generic

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

6,633

148

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
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AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0411](#)

EXPIRATION DATE: 01/31/2011

ICR REFERENCE NUMBER: [200608-0704-007](#)

TITLE: Exceptional Family Member Program

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

43,332

19,460

672,512

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
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Exceptional Family Member Program

43,332

19,460

672,512

Exceptional Family Member
Medical History, Exceptional
Family Member Special
Education/Early Intervention
Summary

DD-2792, DD-2792-1

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0413](#)

EXPIRATION DATE: 06/30/2011

ICR REFERENCE NUMBER: [201003-0704-013](#)

TITLE: Medical Screening of Military Personnel

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

850,000

135,833

1,047,291

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
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Medical Screening of Military Personnel 850,000 135,833 1,047,291 Report of Medical History, MEDICAL PRESCREEN OF MEDICAL HISTORY REPORT DD Form 2807-1, DD Form 2807-2

AGENCY: DOD-DODDEP OMB CONTROL NUMBER: [0704-0415](#)
 EXPIRATION DATE: 12/31/2010 ICR REFERENCE NUMBER: [200710-0704-007](#)

TITLE: Application for Department of Defense Common Access Card - DEERS Enrollment

TOTAL ANNUAL RESPONSES: 300,000 TOTAL ANNUAL BURDEN HOURS: 50,000 TOTAL ANNUAL BURDEN DOLLARS: 2,304,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application for Department of Defense Common Access Card - DEERS Enrollment	300,000	50,000	2,304,000	Application for Department of Defense Common Access Card - DEERS Enrollment	DD Form 1172-2

AGENCY: DOD-DODDEP OMB CONTROL NUMBER: [0704-0417](#)
 EXPIRATION DATE: 11/30/2011 ICR REFERENCE NUMBER: [200808-0704-006](#)

TITLE: Personnel Security Investigation Projection for Industry Survey (DSS Form 232)

TOTAL ANNUAL RESPONSES: 12,150 TOTAL ANNUAL BURDEN HOURS: 16,200 TOTAL ANNUAL BURDEN DOLLARS: 532,656

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Personnel Security Investigation Projection for Industry Survey (DSS Form 232)	12,150	16,200	532,656	Personnel Security Investigation Projection for Industry Survey	DSS Form 232

AGENCY: DOD-DODDEP OMB CONTROL NUMBER: [0704-0418](#)
 EXPIRATION DATE: 01/31/2011 ICR REFERENCE NUMBER: [200712-0704-005](#)

TITLE: Personnel Security Clearance Change Notification

TOTAL ANNUAL RESPONSES: 225,800 TOTAL ANNUAL BURDEN HOURS: 45,160 TOTAL ANNUAL BURDEN DOLLARS: 0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Personnel Security Clearance Change Notification	225,800	45,160	0	Personnel Security Clearance Change Notification	DISCO Form 562

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0420](#)

EXPIRATION DATE: 05/31/2013

ICR REFERENCE NUMBER: [201004-0704-001](#)

TITLE: Interactive Customer Evaluation (ICE) System

TOTAL ANNUAL RESPONSES:

812,540

TOTAL ANNUAL BURDEN HOURS:

40,627

TOTAL ANNUAL BURDEN DOLLARS:

1,015,675

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Interactive Customer Evaluation (ICE) System	812,540	40,627	1,015,675		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0421](#)

EXPIRATION DATE: 11/30/2011

ICR REFERENCE NUMBER: [200809-0704-003](#)

TITLE: DoDEA Customer Satisfaction Surveys

TOTAL ANNUAL RESPONSES:

2,627

TOTAL ANNUAL BURDEN HOURS:

876

TOTAL ANNUAL BURDEN DOLLARS:

13,891

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
DoDEA Customer Satisfaction Surveys	2,627	876	13,891		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0422](#)

EXPIRATION DATE: 02/29/2012

ICR REFERENCE NUMBER: [200811-0704-004](#)

TITLE: Biennial Review of Defense Agencies and DOD Field Activities

TOTAL ANNUAL RESPONSES:

2,500

TOTAL ANNUAL BURDEN HOURS:

625

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Biennial Review of Defense Agencies and DOD Field Activities	2,500	625	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0425](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200608-0704-004](#)

TITLE: Application for Department of Defense Impact Aid for Children with Severe Disabilities

TOTAL ANNUAL RESPONSES:

50

TOTAL ANNUAL BURDEN HOURS:

400

TOTAL ANNUAL BURDEN DOLLARS:

11,712

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application for Department of Defense Impact Aid for Children with Severe Disabilities	50	400	11,712	Application for Department of Defense Impact Aid for Children with Severe Disabilities , Application for Department of Defense Impact Aid for Children with Severe Disabilities (Continuation Page)	Secretary of Defense Form 816, Secretary of Defense Form 816-C

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0427](#)

EXPIRATION DATE: 01/31/2011

ICR REFERENCE NUMBER: [200711-0704-004](#)

TITLE: Defense Security Service Industrial Security Review Data and Defense Security Service Industrial Security Facility Clearance Survey Data

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

13,872

43,521

3,229,334

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Security Service Industrial Security Review Data and Defense Security Service Industrial Security Facility Clearance Survey Data	13,872	43,521	3,229,334		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0429](#)

EXPIRATION DATE: 12/31/2010

ICR REFERENCE NUMBER: [200711-0704-003](#)

TITLE: Survey of Suppy Vendors

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

200

200

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Survey of Suppy Vendors	200	200	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0434](#)

EXPIRATION DATE: 07/31/2013

ICR REFERENCE NUMBER: [201006-0704-005](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS); Radio Frequency Identification Advance Shipment Notices

TOTAL ANNUAL RESPONSES:

101,515,500

TOTAL ANNUAL BURDEN HOURS:

31,556

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS); Radio Frequency Identification Advance Shipment Notices	101,515,500	31,556	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0437](#)

EXPIRATION DATE: 07/31/2012

ICR REFERENCE NUMBER: [200905-0704-001](#)

TITLE: Department of Defense Education Activity (DoDEA) Evaluation and Program Implementation Surveys - Generic

TOTAL ANNUAL RESPONSES:

2,500

TOTAL ANNUAL BURDEN HOURS:

1,041

TOTAL ANNUAL BURDEN DOLLARS:

17,413

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS); Notification Requirements for Critical Safety Items					

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0441](#)

EXPIRATION DATE: 07/31/2013

ICR REFERENCE NUMBER: [201006-0704-006](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS); Notification Requirements for Critical Safety Items

TOTAL ANNUAL RESPONSES:

100

TOTAL ANNUAL BURDEN HOURS:

100

TOTAL ANNUAL BURDEN DOLLARS:

3,800

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS); Notification Requirements for Critical Safety Items	100	100	3,800		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0442](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200612-0704-001](#)

TITLE: Defense threat Reduction Agency (DTRA) Industry Partner Questionnaire

TOTAL ANNUAL RESPONSES:

209

TOTAL ANNUAL BURDEN HOURS:

70

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense threat Reduction Agency (DTRA) Industry Partner Questionnaire	209	70	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0444](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200710-0704-001](#)

TITLE: Mandatory Disclosures as Part of Limitations on Terms of Consumer Credit Extended to Service Members and Dependents

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

1,219,035

182,105

9,078,404

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Mandatory Disclosures as Part of Limitations on Terms of Consumer Credit Extended to Service Members and Dependents	1,219,035	182,105	9,078,404		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0445](#)

EXPIRATION DATE: 12/31/2011

ICR REFERENCE NUMBER: [200811-0704-003](#)

TITLE: Defense Federal Acquisition Regulation Supplement (DFARS); Subpart 247.5, Carriage Vessel Overhaul, Repair, and Maintenance

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

15

23

1,114

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement (DFARS); Subpart 247.5, Carriage Vessel Overhaul, Repair, and Maintenance	15	23	1,114		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0446](#)

EXPIRATION DATE: 11/30/2011

ICR REFERENCE NUMBER: [200809-0704-002](#)

TITLE: Defense Federal Acquisition Regulation Supplement: Evaluation Factor for Use of Members of the Armed Forces Selected Reserve

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

100 100 3,250

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement: Evaluation Factor for Use of Members of the Armed Forces Selected Reserve	100	100	3,250		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0447](#)

EXPIRATION DATE: 03/31/2011

ICR REFERENCE NUMBER: [200802-0704-001](#)

TITLE: Nuclear Test Personnel Review Forms

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

370

463

11,563

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Nuclear Test Personnel Review Forms	370	463	11,563	Nuclear Test Personnel Review Information Request and Release, Questionnaire for Crossroads Test Participants, Questionnaire for Oceanic Test Participants, Questionnaire for Continental United States Test Participants	DTRA Form 150, DTRA Form 150-C, DTRA Form 150-B, DTRA Form 150-A

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0448](#)

EXPIRATION DATE: 04/30/2011

ICR REFERENCE NUMBER: [200801-0704-003](#)

TITLE: Survivor Benefit Plan (SBP)/Reserve Component (RC) SBP Request for Deemed Election

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

1,200

400

8,408

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Survivor Benefit Plan (SBP)/ Reserve Component (RC) SBP Request for Deemed Election	1,200	400	8,408	Survivor Benefit Plan (SBP)/ Reserve Component (RC) SBP Request for Deemed Election	DD Form 2656-10

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0449](#)

EXPIRATION DATE: 04/30/2012

ICR REFERENCE NUMBER: [200901-0704-005](#)

TITLE: National Language Service Corps Pilot

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

7,000

2,200

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
National Language Service Corps Pilot	7,000	2,200	0	NLSC Application, Global Self Assessment, Detailed Skilled Self-Assessment, Language Data Sheet	DD Form x558, DD Form x560, DD Form x559, DD Form x561

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0450](#)

EXPIRATION DATE: 09/30/2011

ICR REFERENCE NUMBER: [200902-0704-002](#)

TITLE: Utility of Test Preparation Guides and Education Programs in Enhancing recruit Candidate Performance on the Armed Services vocational Aptitude Battery (ASVAB)

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

486,000

64,800

1,953,720

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Utility of Test Preparation Guides and Education Programs in Enhancing recruit Candidate Performance on the Armed Services vocational Aptitude Battery (ASVAB)	486,000	64,800	1,953,720		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0451](#)

EXPIRATION DATE: 11/30/2011

ICR REFERENCE NUMBER: [200810-0704-001](#)

TITLE: Information Assurance Workshop (IAWS) Survey

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

400

33

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Information Assurance Workshop (IAWS) Survey	400	33	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0452](#)

EXPIRATION DATE: 12/31/2011

ICR REFERENCE NUMBER: [200811-0704-001](#)

TITLE: Project Time Record System

TOTAL ANNUAL RESPONSES:

130,000

TOTAL ANNUAL BURDEN HOURS:

32,500

TOTAL ANNUAL BURDEN DOLLARS:

1,300,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Project Time Record System	130,000	32,500	1,300,000		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0453](#)

EXPIRATION DATE: 06/30/2011

ICR REFERENCE NUMBER: [201003-0704-014](#)

TITLE: Application for a Review by the Physical Disability Board of Review

TOTAL ANNUAL RESPONSES:

850

TOTAL ANNUAL BURDEN HOURS:

638

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application for a Review by the Physical Disability Board of Review	850	638		Application for a Review by the Physical Disability Board of Review	DD Form 294

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0454](#)

EXPIRATION DATE: 01/31/2012

ICR REFERENCE NUMBER: [200901-0704-003](#)

TITLE: Defense Federal Acquisition Regulation Supplement; U.S. International Atomic Energy Agency Additional Protocol

TOTAL ANNUAL RESPONSES:

300

TOTAL ANNUAL BURDEN HOURS:

300

TOTAL ANNUAL BURDEN DOLLARS:

18,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulation Supplement; U.S. International Atomic Energy Agency Additional Protocol	300	300	18,000		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0455](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200812-0704-003](#)

TITLE: Defense Biometric Identification System (DBIDS)

TOTAL ANNUAL RESPONSES:

1,370,035

TOTAL ANNUAL BURDEN HOURS:

199,796

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Biometric Identification System (DBIDS)	1,370,035	199,796	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0456](#)

EXPIRATION DATE: 01/31/2012

ICR REFERENCE NUMBER: [200812-0704-001](#)

TITLE: DoDEA Sure Start Parent Questionnaire

TOTAL ANNUAL RESPONSES:

66

TOTAL ANNUAL BURDEN HOURS:

11

TOTAL ANNUAL BURDEN DOLLARS:

227

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
DoDEA Sure Start Parent Questionnaire	66	11	227		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0457](#)

EXPIRATION DATE: 02/29/2012

ICR REFERENCE NUMBER: [200901-0704-001](#)

TITLE: Department of Defense Education Activity (DoDEA) Research Approval Process

TOTAL ANNUAL RESPONSES:

75

TOTAL ANNUAL BURDEN HOURS:

75

TOTAL ANNUAL BURDEN DOLLARS:

1,848

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Department of Defense Education Activity (DoDEA) Research Approval Process	75	75	1,848	Research Study Request	DoDEA Form 2071.3-F1

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0458](#)

EXPIRATION DATE: 04/30/2012

ICR REFERENCE NUMBER: [200902-0704-001](#)

TITLE: Industry Cost Collection Report Survey

TOTAL ANNUAL RESPONSES:

1,613

TOTAL ANNUAL BURDEN HOURS:

807

TOTAL ANNUAL BURDEN DOLLARS:

33,583

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Industry Cost Collection Report Survey	1,613	807	33,583		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0459](#)

EXPIRATION DATE: 06/30/2012

ICR REFERENCE NUMBER: [200907-0704-003](#)

TITLE: Defense Federal Acquisition Regulations Supplement (DFARS) 252.225-7009 and DFARS 252.225-7010

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

3,885

316,800

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Defense Federal Acquisition Regulations Supplement (DFARS) 252.225-7009 and DFARS 252.225-7010	3,885	316,800	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0460](#)

EXPIRATION DATE: 03/31/2013

ICR REFERENCE NUMBER: [201001-0704-003](#)

TITLE: Synchronized Predeployment and Operational Tracker (SPOT) System

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

300,000

150,000

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Synchronized Predeployment and Operational Tracker (SPOT) System	300,000	150,000	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0461](#)

EXPIRATION DATE: 04/30/2013

ICR REFERENCE NUMBER: [201001-0704-004](#)

TITLE: Qualification to Possess Firearms or Ammunition

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

15,000

3,750

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Qualification to Possess Firearms or Ammunition	15,000	3,750	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0462](#)

EXPIRATION DATE: 08/31/2012

ICR REFERENCE NUMBER: [200905-0704-002](#)

TITLE: DoDEA School Accreditation Parent and Student Surveys

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

32

24

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
DoDEA School Accreditation Parent and Student Surveys	32	24	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0463](#)

EXPIRATION DATE: 09/30/2010

ICR REFERENCE NUMBER: [200909-0704-001](#)

TITLE: Application for Homeowners Assistance

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

17,000

17,000

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application for Homeowners Assistance	17,000	17,000	0	Application for Homeowners Assistance	DD Form 1607

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0464](#)

EXPIRATION DATE: 10/31/2010

ICR REFERENCE NUMBER: [201003-0704-004](#)

TITLE: Retroactive Stop Loss Special Pay

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

185,887

92,944

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Retroactive Stop Loss Special Pay	185,887	92,944	0	Claim for Retroactive Stop Loss Payment	DD Form 2944

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0465](#)

EXPIRATION DATE: 12/31/2010

ICR REFERENCE NUMBER: [200911-0704-002](#)

TITLE: Continuation of Essential Contractor Services

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

9,500 19,000 575,700

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Continuation of Essential Contractor Services	9,500	19,000	575,700		

AGENCY: DOD-DODDEP OMB CONTROL NUMBER: [0704-0466](#)
 EXPIRATION DATE: 01/31/2011 ICR REFERENCE NUMBER: [200911-0704-001](#)
 TITLE: Science, Mathematics and Research for Transformation (SMART) Scholarship Program

TOTAL ANNUAL RESPONSES: 4,000 TOTAL ANNUAL BURDEN HOURS: 1,000 TOTAL ANNUAL BURDEN DOLLARS: 25,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Science, Mathematics and Research for Transformation (SMART) Scholarship Program	4,000	1,000	25,000		

AGENCY: DOD-DODDEP OMB CONTROL NUMBER: [0704-0467](#)
 EXPIRATION DATE: 04/30/2013 ICR REFERENCE NUMBER: [201003-0704-003](#)
 TITLE: Post Government Employment Advice Opinion Request

TOTAL ANNUAL RESPONSES: 200 TOTAL ANNUAL BURDEN HOURS: 300 TOTAL ANNUAL BURDEN DOLLARS: 0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Post Government Employment Advice Opinion Request	200	300		Post Government 0 Employment Advice Opinion Request	DD Form x586

AGENCY: DOD-DODDEP OMB CONTROL NUMBER: [0704-0468](#)
 EXPIRATION DATE: 06/30/2011 ICR REFERENCE NUMBER: [201003-0704-009](#)
 TITLE: Request for Examination

TOTAL ANNUAL RESPONSES: 850,000 TOTAL ANNUAL BURDEN HOURS: 141,950 TOTAL ANNUAL BURDEN DOLLARS: 0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
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Request for Examination 850,000 141,950 0 Request for Examination 680-3A-E

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0469](#)

EXPIRATION DATE: 12/31/2010

ICR REFERENCE NUMBER: [201006-0704-001](#)

TITLE: CRWG Family Small Focus Group Script

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

216

216

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
CRWG Family Small Focus Group Script	216	216	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0470](#)

EXPIRATION DATE: 06/30/2013

ICR REFERENCE NUMBER: [201003-0704-008](#)

TITLE: MEPS Customer Satisfaction Survey

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

60,000

10,020

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
MEPS Customer Satisfaction Survey	60,000	10,020	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0471](#)

EXPIRATION DATE: 01/31/2011

ICR REFERENCE NUMBER: [201006-0704-003](#)

TITLE: Police, Fire, Private-Sector Organizations and Colleges/Universities Interviews

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

90

90

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Police, Fire, Private-Sector Organizations and Colleges/Universities Interviews	90	90	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0472](#)

EXPIRATION DATE: 07/31/2013

ICR REFERENCE NUMBER: [201006-0704-002](#)

TITLE: Voice of Industry Survey

TOTAL ANNUAL RESPONSES:

12,938

TOTAL ANNUAL BURDEN HOURS:

6,469

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Voice of Industry Survey	12,938	6,469	0		

AGENCY: DOD-DODDEP

OMB CONTROL NUMBER: [0704-0473](#)

EXPIRATION DATE: 02/28/2011

ICR REFERENCE NUMBER: [201007-0704-002](#)

TITLE: Service Member Spouse Survey

TOTAL ANNUAL RESPONSES:

52,500

TOTAL ANNUAL BURDEN HOURS:

17,325

TOTAL ANNUAL BURDEN DOLLARS:

329,175

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Service Member Spouse Survey	52,500	17,325	329,175		

DOD-DODDEP TOTALS:

ACTIVE OMB CONTROL NOS.	TOTAL ANNUAL RESPONSES	TOTAL ANNUAL HOURS	TOTAL ANNUAL COST
105	118,964,697	34,751,513	138,822,134

AGENCY: DOD-COE

OMB CONTROL NUMBER: [0710-0001](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200704-0710-001](#)

TITLE: Corps of Engineers Civil Works Questionnaires Generic Clearance

TOTAL ANNUAL RESPONSES:

185,500

TOTAL ANNUAL BURDEN HOURS:

17,307

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Survey of Ohio River Shippers	1,650	550	0		

AGENCY: DOD-COE

OMB CONTROL NUMBER: [0710-0003](#)

EXPIRATION DATE: 08/31/2012

ICR REFERENCE NUMBER: [200810-0710-001](#)

TITLE: Application for a Department of Army Permit

TOTAL ANNUAL RESPONSES:

89,450

TOTAL ANNUAL BURDEN HOURS:

984,000

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application for a Department of Army Permit	89,450	984,000	0	Application for Department of Army Permit	ENG Form 4345

AGENCY: DOD-COE
 EXPIRATION DATE: 03/31/2011
 TITLE: Vessel Operation Report
 OMB CONTROL NUMBER: [0710-0005](#)
 ICR REFERENCE NUMBER: [200712-0710-001](#)

TOTAL ANNUAL RESPONSES: 5,640
 TOTAL ANNUAL BURDEN HOURS: 2,570
 TOTAL ANNUAL BURDEN DOLLARS: 46,209

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Vessel Operation Report	5,640	2,570	46,209	Record of Arrivals and Departures of Vessels for the Month of ____	ENG Form 3926

AGENCY: DOD-COE
 EXPIRATION DATE: 02/28/2011
 TITLE: Vessel Operation Report
 OMB CONTROL NUMBER: [0710-0006](#)
 ICR REFERENCE NUMBER: [200709-0710-001](#)

TOTAL ANNUAL RESPONSES: 195,712
 TOTAL ANNUAL BURDEN HOURS: 43,553
 TOTAL ANNUAL BURDEN DOLLARS: 747,369

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Vessel Operation Report	195,712	43,553	747,369	Vessel Operation Report Statement of Containers Carried, Vessel Operation Report Statement of Passengers Carried, Vessel Operation Report Statement of Freight and Passenger Carried, Vessel Operation Report	ENG Form 3925C, ENG Form 3925P, ENG Form 3925B, ENG Form 3925

AGENCY: DOD-COE
 EXPIRATION DATE: 08/31/2010
 TITLE: Terminal and Transfer Facilities Descriptions
 OMB CONTROL NUMBER: [0710-0007](#)
 ICR REFERENCE NUMBER: [200511-0710-001](#)

TOTAL ANNUAL RESPONSES: _____
 TOTAL ANNUAL BURDEN HOURS: _____
 TOTAL ANNUAL BURDEN DOLLARS: _____

1,262 313 0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Terminal and Transfer Facilities Descriptions	1,262	313	0		1, 3, 2, 6, 8, 9, 7, 5, 4

AGENCY: DOD-COE OMB CONTROL NUMBER: [0710-0008](#)
 EXPIRATION DATE: 08/31/2010 ICR REFERENCE NUMBER: [200511-0710-002](#)
 TITLE: Lock Performance Monitoring System (LPMS) Waterway Traffic Report

TOTAL ANNUAL RESPONSES: 695,304 TOTAL ANNUAL BURDEN HOURS: 28,507 TOTAL ANNUAL BURDEN DOLLARS: 0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Lock Performance Monitoring System (LPMS) Waterway Traffic Report	695,304	28,507	0		3102C, 3102D

AGENCY: DOD-COE OMB CONTROL NUMBER: [0710-0009](#)
 EXPIRATION DATE: 11/30/2011 ICR REFERENCE NUMBER: [200804-0710-001](#)
 TITLE: Description of Vessel, Description of Operation

TOTAL ANNUAL RESPONSES: 3,058 TOTAL ANNUAL BURDEN HOURS: 2,048 TOTAL ANNUAL BURDEN DOLLARS: 0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Description of Vessel, Description of Operation	3,058	2,048	0	Description of Operation, Description of Vessels	ENG Form 3932, ENG Form 3931

AGENCY: DOD-COE OMB CONTROL NUMBER: [0710-0012](#)
 EXPIRATION DATE: 08/31/2010 ICR REFERENCE NUMBER: [200511-0710-003](#)
 TITLE: Customer Service Survey - Regulatory Program, U.S. Army Corps of Engineers

TOTAL ANNUAL RESPONSES: 60,000 TOTAL ANNUAL BURDEN HOURS: 15,000 TOTAL ANNUAL BURDEN DOLLARS: 0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
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Customer Service Survey -
Regulatory Program, U.S. Army
Corps of Engineers

60,000

15,000

0

ENG-5065

AGENCY: DOD-COE

OMB CONTROL NUMBER: [0710-0013](#)

EXPIRATION DATE: 11/30/2011

ICR REFERENCE NUMBER: [200804-0710-002](#)

TITLE: Shipper's Export Declaration (SED) Program

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

97,300

17,600

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Shipper's Export Declaration (SED) Program	97,300	17,600	0	Shipper's Export Declaration for In-Transit Goods	ENG Form 7513

AGENCY: DOD-COE

OMB CONTROL NUMBER: [0710-0014](#)

EXPIRATION DATE: 11/30/2011

ICR REFERENCE NUMBER: [200804-0710-003](#)

TITLE: Estuary Habitat Restoration Program Project Application

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

100

1,000

72,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Estuary Habitat Restoration Program Project Application	100	1,000	72,000	Estuary Habitat Restoration Program Project Application	ENG Form 6019-R

AGENCY: DOD-COE

OMB CONTROL NUMBER: [0710-0015](#)

EXPIRATION DATE: 05/31/2011

ICR REFERENCE NUMBER: [200802-0710-001](#)

TITLE: Assessing Human Response to Military Impulse Noise

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

14,983

1,187

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Assessing Human Response to Military Impulse Noise	14,983	1,187	0		

DOD-COE TOTALS:

ACTIVE OMB CONTROL NOS.	TOTAL ANNUAL RESPONSES	TOTAL ANNUAL HOURS	TOTAL ANNUAL COST
11	1,348,309	1,113,085	865,578

AGENCY: DOD-DODOASHA OMB CONTROL NUMBER: [0720-0001](#)
 EXPIRATION DATE: 01/31/2011 ICR REFERENCE NUMBER: [200709-0720-003](#)

TITLE: Health Insurance Claim Form

TOTAL ANNUAL RESPONSES:	TOTAL ANNUAL BURDEN HOURS:	TOTAL ANNUAL BURDEN DOLLARS:
24,000,000	6,000,000	0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Health Insurance Claim Form	24,000,000	6,000,000		0 Health Insurance Claim Form	CMS 1500

AGENCY: DOD-DODOASHA OMB CONTROL NUMBER: [0720-0003](#)
 EXPIRATION DATE: 10/31/2010 ICR REFERENCE NUMBER: [200708-0720-001](#)

TITLE: Statement of Personal Injury - Possible Third Party Liability Champus

TOTAL ANNUAL RESPONSES:	TOTAL ANNUAL BURDEN HOURS:	TOTAL ANNUAL BURDEN DOLLARS:
133,000	33,250	54,530

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Statement of Personal Injury - Possible Third Party Liability Champus	133,000	33,250	54,530	Statement of Personal Injury - Possible Third Party Liability TRICARE Management Activity	DD Form 2527

AGENCY: DOD-DODOASHA OMB CONTROL NUMBER: [0720-0005](#)
 EXPIRATION DATE: 10/31/2010 ICR REFERENCE NUMBER: [200708-0720-002](#)

TITLE: Professional Qualifications, Medical and Peer Reviewers

TOTAL ANNUAL RESPONSES:	TOTAL ANNUAL BURDEN HOURS:	TOTAL ANNUAL BURDEN DOLLARS:
60	15	750

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Professional Qualifications, Medical and Peer Reviewers	60	15	750	Professional Qualifications Medical/Peer Reviewers	CHAMPUS FORM 780

AGENCY: DOD-DODOASHA OMB CONTROL NUMBER: [0720-0006](#)

EXPIRATION DATE: 01/31/2013

ICR REFERENCE NUMBER: [200911-0720-006](#)

TITLE: TRICARE DoD/CHAMPUS Medical Claim Patient's Request for Medical Payment

TOTAL ANNUAL RESPONSES:

3,000,000

TOTAL ANNUAL BURDEN HOURS:

750,000

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
TRICARE DoD/CHAMPUS Medical Claim Patient's Request for Medical Payment	3,000,000	750,000		TRICARE DoD/CHAMPUS 0 Medical Claim Patient's Request for Medical Payment	DD Form 2642

AGENCY: DOD-DODOASHA

OMB CONTROL NUMBER: [0720-0008](#)

EXPIRATION DATE: 07/31/2013

ICR REFERENCE NUMBER: [201003-0720-001](#)

TITLE: TRICARE Prime Enrollment/Disenrollment Applications

TOTAL ANNUAL RESPONSES:

72,905

TOTAL ANNUAL BURDEN HOURS:

22,321

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
TRICARE Prime Enrollment/Disenrollment Applications	72,905	22,321		TRICARE Prime Enrollment Application and PCM Change Form, TRICARE Prime Disenrollment Application	DD Form 2876, DD Form 2877

AGENCY: DOD-DODOASHA

OMB CONTROL NUMBER: [0720-0013](#)

EXPIRATION DATE: 01/31/2012

ICR REFERENCE NUMBER: [200811-0720-001](#)

TITLE: Health Insurance Claim Form, HCFA 1450

TOTAL ANNUAL RESPONSES:

21,100,000

TOTAL ANNUAL BURDEN HOURS:

525,000

TOTAL ANNUAL BURDEN DOLLARS:

893,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Health Insurance Claim Form, HCFA 1450	21,100,000	525,000	893,000	Health Insurance Claim Form	UB-92 HCFA-1450

AGENCY: DOD-DODOASHA

OMB CONTROL NUMBER: [0720-0015](#)

EXPIRATION DATE: 10/31/2010

ICR REFERENCE NUMBER: [200708-0720-003](#)

TITLE: TRICARE Retiree Dental Program Enrollment Application

TOTAL ANNUAL RESPONSES:

71,332

TOTAL ANNUAL BURDEN HOURS:

17,833

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
TRICARE Retiree Dental Program Enrollment Application	71,332	17,833		TRICARE Retiree Dental Program Enrollment Application	Delta Dental Form

AGENCY: DOD-DODOASHA

OMB CONTROL NUMBER: [0720-0017](#)

EXPIRATION DATE: 10/31/2010

ICR REFERENCE NUMBER: [200708-0720-004](#)

TITLE: Diagnosis Related Groups (DRG) Reimbursement (Two Parts)

TOTAL ANNUAL RESPONSES:

5,600

TOTAL ANNUAL BURDEN HOURS:

8,400

TOTAL ANNUAL BURDEN DOLLARS:

238,000

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Diagnosis Related Groups (DRG) Reimbursement (Two Parts)	5,600	8,400	238,000		

AGENCY: DOD-DODOASHA

OMB CONTROL NUMBER: [0720-0020](#)

EXPIRATION DATE: 08/31/2010

ICR REFERENCE NUMBER: [200609-0720-001](#)

TITLE: Application for CHAMPUS-Provider Status: CORPORATE SERVICES PROVIDER

TOTAL ANNUAL RESPONSES:

200

TOTAL ANNUAL BURDEN HOURS:

200

TOTAL ANNUAL BURDEN DOLLARS:

4,400

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application for CHAMPUS-Provider Status: CORPORATE SERVICES PROVIDER	200	200	4,400		

AGENCY: DOD-DODOASHA

OMB CONTROL NUMBER: [0720-0022](#)

EXPIRATION DATE: 01/31/2013

ICR REFERENCE NUMBER: [200911-0720-002](#)

TITLE: DoD Active Duty/Reserve Forces Dental Examination

TOTAL ANNUAL RESPONSES:

885,000

TOTAL ANNUAL BURDEN HOURS:

44,250

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
DoD Active Duty/Reserve Forces Dental Examination	885,000	44,250	0	DoD Active Duty/Reserve Forces Dental Examination	DD Form 2813

AGENCY: DOD-DODOASHA OMB CONTROL NUMBER: [0720-0028](#)
 EXPIRATION DATE: 01/31/2013 ICR REFERENCE NUMBER: [200911-0720-004](#)

TITLE: TRICARE Plus Enrollment Application TRICARE Plus Disenrollment Request

TOTAL ANNUAL RESPONSES:	TOTAL ANNUAL BURDEN HOURS:	TOTAL ANNUAL BURDEN DOLLARS:
25,065	2,933	0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
TRICARE Plus Enrollment Application TRICARE Plus Disenrollment Request	25,065	2,933	0	TRICARE Plus Disenrollment Form, TRICARE Plus Enrollment Application	DD Form 2854, DD Form 2852

AGENCY: DOD-DODOASHA OMB CONTROL NUMBER: [0720-0029](#)
 EXPIRATION DATE: 08/31/2012 ICR REFERENCE NUMBER: [200906-0720-001](#)

TITLE: Prospective Studies of US Military Forces: The Millennium Cohort Study

TOTAL ANNUAL RESPONSES:	TOTAL ANNUAL BURDEN HOURS:	TOTAL ANNUAL BURDEN DOLLARS:
36,599	27,450	0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Prospective Studies of US Military Forces: The Millennium Cohort Study	36,599	27,450	0		

AGENCY: DOD-DODOASHA OMB CONTROL NUMBER: [0720-0030](#)
 EXPIRATION DATE: 07/31/2013 ICR REFERENCE NUMBER: [201003-0720-002](#)

TITLE: Women, Infants, and Children Overseas - Eligibility Determination

TOTAL ANNUAL RESPONSES:	TOTAL ANNUAL BURDEN HOURS:	TOTAL ANNUAL BURDEN DOLLARS:
750	188	0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Women, Infants, and Children Overseas - Eligibility Determination	750	188	0		

AGENCY: DOD-DODOASHA

OMB CONTROL NUMBER: [0720-0031](#)

EXPIRATION DATE: 12/31/2011

ICR REFERENCE NUMBER: [200809-0720-001](#)

TITLE: TRICARE: Standard Survey of Civilian Providers

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

40,000

3,333

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
TRICARE: Standard Survey of Civilian Providers	40,000	3,333	0		

AGENCY: DOD-DODOASHA

OMB CONTROL NUMBER: [0720-0032](#)

EXPIRATION DATE: 01/31/2013

ICR REFERENCE NUMBER: [200911-0720-001](#)

TITLE: Federal Agency Retail Pharmacy Program

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

1,000

8,000

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Federal Agency Retail Pharmacy Program	1,000	8,000	0		

AGENCY: DOD-DODOASHA

OMB CONTROL NUMBER: [0720-0034](#)

EXPIRATION DATE: 01/31/2013

ICR REFERENCE NUMBER: [200911-0720-005](#)

TITLE: Department of Defense (DoD) Patient Safety Culture Survey

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

14,022

2,384

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Department of Defense (DoD) Patient Safety Culture Survey	14,022	2,384	0		

AGENCY: DOD-DODOASHA

OMB CONTROL NUMBER: [0720-0035](#)

EXPIRATION DATE: 01/31/2013

ICR REFERENCE NUMBER: [200911-0720-003](#)

TITLE: TRICARE Dental Program (TDP) Claim Form

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

4,025,660 1,006,415 0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
TRICARE Dental Program (TDP) Claim Form	4,025,660	1,006,415	0	TRICARE Dental Program Claim Form (CONUS), TRICARE Dental Program Claim Form (OCONUS)	Form, Form

AGENCY: DOD-DODOASHA OMB CONTROL NUMBER: [0720-0039](#)
 EXPIRATION DATE: 03/31/2011 ICR REFERENCE NUMBER: [200709-0720-001](#)

TITLE: TRICARE Satisfaction Survey of Network Providers

TOTAL ANNUAL RESPONSES: 9,000 TOTAL ANNUAL BURDEN HOURS: 2,790 TOTAL ANNUAL BURDEN DOLLARS: 49,950

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
TRICARE Satisfaction Survey of Network Providers	9,000	2,790	49,950		

AGENCY: DOD-DODOASHA OMB CONTROL NUMBER: [0720-0040](#)
 EXPIRATION DATE: 04/30/2011 ICR REFERENCE NUMBER: [200709-0720-002](#)

TITLE: Facilitating Provider Acceptance of TRICARE Standard

TOTAL ANNUAL RESPONSES: 72 TOTAL ANNUAL BURDEN HOURS: 108 TOTAL ANNUAL BURDEN DOLLARS: 3,240

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Facilitating Provider Acceptance of TRICARE Standard	72	108	3,240		

AGENCY: DOD-DODOASHA OMB CONTROL NUMBER: [0720-0041](#)
 EXPIRATION DATE: 01/31/2012 ICR REFERENCE NUMBER: [200808-0720-001](#)

TITLE: Defense Medical Human Resources System Internet (DMHRSi)

TOTAL ANNUAL RESPONSES: 85,000 TOTAL ANNUAL BURDEN HOURS: 10,625 TOTAL ANNUAL BURDEN DOLLARS: 0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER

Defense Medical Human Resources System Internet (DMHRSi) 85,000 10,625 0

AGENCY: DOD-DODOASHA OMB CONTROL NUMBER: [0720-0042](#)
 EXPIRATION DATE: 08/31/2010 ICR REFERENCE NUMBER: [200901-0720-001](#)

TITLE: Researcher Responsibilities Acknowledgement

TOTAL ANNUAL RESPONSES: 585 TOTAL ANNUAL BURDEN HOURS: 293 TOTAL ANNUAL BURDEN DOLLARS: 0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Researcher Responsibilities Acknowledgement	585	293	0		

DOD-DODOASHA TOTALS:

ACTIVE OMB CONTROL NOS.	TOTAL ANNUAL RESPONSES	TOTAL ANNUAL HOURS	TOTAL ANNUAL COST
21	53,505,850	8,465,788	1,243,870

AGENCY: DOD-DFAS OMB CONTROL NUMBER: [0730-0001](#)
 EXPIRATION DATE: 07/31/2012 ICR REFERENCE NUMBER: [200905-0730-001](#)

TITLE: Child't Annuitant's School Certificate

TOTAL ANNUAL RESPONSES: 3,600 TOTAL ANNUAL BURDEN HOURS: 720 TOTAL ANNUAL BURDEN DOLLARS: 0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Child't Annuitant's School Certificate	3,600	720	0	Child't Annuitant's School Certificate	DD Form 2788

AGENCY: DOD-DFAS OMB CONTROL NUMBER: [0730-0002](#)
 EXPIRATION DATE: 12/31/2010 ICR REFERENCE NUMBER: [200708-0730-001](#)

TITLE: Statement of Claimant Requesting Recertified Check

TOTAL ANNUAL RESPONSES: 47,496 TOTAL ANNUAL BURDEN HOURS: 3,958 TOTAL ANNUAL BURDEN DOLLARS: 165,167

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
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Statement of Claimant Requesting Recertified Check 47,496 3,958 165,167 Statement of Claimant Requesting Recertified Check DD Form 2660

AGENCY: DOD-DFAS

OMB CONTROL NUMBER: [0730-0003](#)

EXPIRATION DATE: 12/31/2010

ICR REFERENCE NUMBER: [200711-0730-001](#)

TITLE: DFAS Customer Satisfaction Surveys--Generic

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

166,000

6,000

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
DFAS Customer Satisfaction Surveys--Generic	166,000	6,000	0		

AGENCY: DOD-DFAS

OMB CONTROL NUMBER: [0730-0005](#)

EXPIRATION DATE: 09/30/2010

ICR REFERENCE NUMBER: [200702-0730-001](#)

TITLE: Personal Check Cashing Agreement

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

46,153

11,538

160,497

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Personal Check Cashing Agreement	46,153	11,538	160,497	Personal Check Cashing Agreement	DD Form 2761

AGENCY: DOD-DFAS

OMB CONTROL NUMBER: [0730-0008](#)

EXPIRATION DATE: 01/31/2011

ICR REFERENCE NUMBER: [200712-0730-001](#)

TITLE: Application for Former Spouse Payments from Retired Pay

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

27,090

6,772

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application for Former Spouse Payments from Retired Pay	27,090	6,772		Application for Former Spouse Payments From Retired Pay	DD Form 2293

AGENCY: DOD-DFAS

OMB CONTROL NUMBER: [0730-0009](#)

EXPIRATION DATE: 07/31/2012

ICR REFERENCE NUMBER: [200905-0730-002](#)

TITLE: Waiver/Remission of Indebtedness Application

TOTAL ANNUAL RESPONSES:

7,000

TOTAL ANNUAL BURDEN HOURS:

10,100

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Waiver/Remission of Indebtedness Application	7,000	10,100	0	Waiver/Remission of Indebtedness Application	DD Form 2789

AGENCY: DOD-DFAS

OMB CONTROL NUMBER: [0730-0010](#)

EXPIRATION DATE: 07/31/2012

ICR REFERENCE NUMBER: [200905-0730-003](#)

TITLE: Custodianship certificate to Support Claim on Behalf of Minor Children of Deceased Members of the Armed Forces

TOTAL ANNUAL RESPONSES:

300

TOTAL ANNUAL BURDEN HOURS:

120

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Custodianship certificate to Support Claim on Behalf of Minor Children of Deceased Members of the Armed Forces	300	120	0	Custodianship certificate to Support Claim on Behalf of Minor Children of Deceased Members of the Armed Forces	DD Form 2790

AGENCY: DOD-DFAS

OMB CONTROL NUMBER: [0730-0011](#)

EXPIRATION DATE: 03/31/2013

ICR REFERENCE NUMBER: [201001-0730-001](#)

TITLE: Physician Certificate for Child Annuitant

TOTAL ANNUAL RESPONSES:

120

TOTAL ANNUAL BURDEN HOURS:

240

TOTAL ANNUAL BURDEN DOLLARS:

0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Physician Certificate for Child Annuitant	120	240	0	Physician Certificate for Child Annuitant	DD Form 2828

AGENCY: DOD-DFAS

OMB CONTROL NUMBER: [0730-0012](#)

EXPIRATION DATE: 09/30/2010

ICR REFERENCE NUMBER: [200701-0730-001](#)

TITLE: Trustee Report

TOTAL ANNUAL RESPONSES:
600

TOTAL ANNUAL BURDEN HOURS:
300

TOTAL ANNUAL BURDEN DOLLARS:
0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Trustee Report	600	300	0	Trustee Report	DD Form 2826

AGENCY: DOD-DFAS

OMB CONTROL NUMBER: [0730-0013](#)

EXPIRATION DATE: 09/30/2010

ICR REFERENCE NUMBER: [200701-0730-002](#)

TITLE: Application for Trusteeship

TOTAL ANNUAL RESPONSES:
75

TOTAL ANNUAL BURDEN HOURS:
19

TOTAL ANNUAL BURDEN DOLLARS:
0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Application for Trusteeship	75	19	0	Application for Trusteeship	DD Form 2827

AGENCY: DOD-DFAS

OMB CONTROL NUMBER: [0730-0014](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [200709-0730-001](#)

TITLE: Dependency Statements: Parent, Child Born Out of Wedlock, Incapacitated Child Over Age 21, Full Time Student 21-22 Years of Age, and Ward of a Court

TOTAL ANNUAL RESPONSES:
19,440

TOTAL ANNUAL BURDEN HOURS:
24,300

TOTAL ANNUAL BURDEN DOLLARS:
484,299

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Dependency Statements: Parent, Child Born Out of Wedlock, Incapacitated Child Over Age 21, Full Time Student 21-22 Years of Age, and Ward of a Court	19,440	24,300	484,299	Dependency Statement - Full Time Student 21-22 Years of Age, Dependency Statement - Parent, Dependency Statement - Child Born Out Of Wedlock Under Age 21, Dependency Statement - Ward of Court, Dependency Statement - Incapacitated Child Under Age 21	DD Form 137-6, DD Form 137-3, DD Form 137-4, DD Form 137-7, DD Form 137-5

AGENCY: DOD-DFAS

OMB CONTROL NUMBER: [0730-0015](#)

EXPIRATION DATE: 11/30/2010

ICR REFERENCE NUMBER: [200708-0730-002](#)

TITLE: Request For Information Regarding Deceased Debtor

TOTAL ANNUAL RESPONSES: 2,000 TOTAL ANNUAL BURDEN HOURS: 167 TOTAL ANNUAL BURDEN DOLLARS: 0

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Request For Information Regarding Deceased Debtor	2,000	167	0	Request For Information Regarding Deceased Debtor	DD Form 2840

AGENCY: DOD-DFAS

OMB CONTROL NUMBER: [0730-0016](#)

EXPIRATION DATE: 10/31/2011

ICR REFERENCE NUMBER: [200809-0730-002](#)

TITLE: DoD Stored Value Card (SVC) Enrollment and Authorization Agreement

TOTAL ANNUAL RESPONSES: 44,500 TOTAL ANNUAL BURDEN HOURS: 7,417 TOTAL ANNUAL BURDEN DOLLARS: 105,465

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
DoD Stored Value Card (SVC) Enrollment and Authorization Agreement	44,500	7,417	105,465	DoD Stored Value Card (SVC) Enrollment and Authorization Agreement	DD Form 2887

AGENCY: DOD-DFAS

OMB CONTROL NUMBER: [0730-0017](#)

EXPIRATION DATE: 10/31/2011

ICR REFERENCE NUMBER: [200809-0730-001](#)

TITLE: Claim Certification and Voucher for Death Gratuity Payment

TOTAL ANNUAL RESPONSES: 2,416 TOTAL ANNUAL BURDEN HOURS: 1,208 TOTAL ANNUAL BURDEN DOLLARS: 27,675

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Claim Certification and Voucher for Death Gratuity Payment	2,416	1,208	27,675	Claim Certification and Voucher for Death Gratuity Payment	DD Form 397

DOD-DFAS TOTALS:

ACTIVE OMB CONTROL NOS.	TOTAL ANNUAL RESPONSES	TOTAL ANNUAL HOURS	TOTAL ANNUAL COST
14	366,790	72,859	943,103

AGENCY: DOD-OS

OMB CONTROL NUMBER: [0790-0004](#)

EXPIRATION DATE: 04/30/2011

ICR REFERENCE NUMBER: [200801-0790-001](#)

TITLE: Revitalizing Base Closure Communities, Economic Development Conveyance Annual Financial Statement

TOTAL ANNUAL RESPONSES:

TOTAL ANNUAL BURDEN HOURS:

TOTAL ANNUAL BURDEN DOLLARS:

79

3,160

987,500

ASSOCIATED INFORMATION COLLECTIONS:

TITLE	RESPONSES	TIME (HOURS)	COST (DOLLARS)	FORM NAME	FORM NUMBER
Revitalizing Base Closure Communities, Economic Development Conveyance Annual Financial Statement	79	3,160	987,500		

DOD-OS TOTALS:

ACTIVE OMB CONTROL NOS.**TOTAL ANNUAL RESPONSES****TOTAL ANNUAL HOURS****TOTAL ANNUAL COST**

1

79

3,160

987,500

DEPARTMENT OF DEFENSE TOTALS:

ACTIVE OMB CONTROL NOS.**TOTAL ANNUAL RESPONSES****TOTAL ANNUAL HOURS****TOTAL ANNUAL COST**

206

176,529,444

46,194,918

146,728,581