REGULATORY INFORMATION SERVICE CENTER Regulatory Information Data Form

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DEPARTMENT/AGENCY AND BUREAU/OFFICE ISSUING REGULATION	REGULATION IDENTIFIER NUMBER (RIN), IF KNOWN. (OTHERWISE ENTER AGENCY CODE.)	REGULATORY FLEXIBILITY ACT SECTION 610 REVIEW (Check appropriate box if applicable.) O Section 610 Review (Planned or Current) O Completion of a Section 610 Review O Rulemaking Resulting From a Section 610 Review							
TITLE OF REGULATION									
REGULATORY PLAN Include in the Regulatory Plan: O Yes O No									
PRIORITY Priority Category: (Please select one.) Conomically Significant Other Significant	Substantive, NonsignificantRoutine and Frequent	 Informational/Administrative/Other 							
UNFUNDED MANDATES									
Subject to section 202 of the Unfunded Mandates Reform Ac	et (PL 104-4): O Yes O No	O Undetermined							
(If Yes, check all affected categories.) O State	, local, or tribal governments O Private	e sector							
MAJOR									
	o Yes o No o Undete	rmined							
LEGAL AUTHORITY O Not Yet Determined O Check here if there are additional legal authorities not listed below									
CFR CITATION O None O No	t Yet Determined O Check here it	there are additional CFR citations not listed below							
CFR CFR									
CFR									
CFR CFR									
CFR CFR									
CFR									
LEGAL DEADLINE O None									
ACTION SOURCE	DEADLINE DATE DESCRIPTION	DN							
O NPRM O Final O Other O Statutory O Judicial O NPRM O Final O Other O Statutory O Judicial									
O NPRM O Final O Other O Statutory O Judicial O NPRM O Final O Other O Statutory O Judicial	<i>l l</i>								
O NPRM O Final O Other O Statutory O Judicial	/ /								
OVERALL DESCRIPTION OF DEADLINE									
ABSTRACT (Attach additional sheet if necessary. For Regulatory Plan entries in fall editions, attach additional sheets to report Statement of Need, Summary of Legal Basis, Alternatives, Anticipated Costs and Benefits, and Risks.)									
Statement 51 1229, 22	, , , , , , , , , , , , , , , , , , , ,	ind, and rid.id.							

TIMETABLE	ABLE O Next Action Undetermined (Attach additional sheet if necessary. Contact RISC for Information about arranging Timetable by subgroups.)									
If the "Next Actio	n" is not one of the standard actions	printed on thi	s form, p	5 5	•	Propos	sed o Final			
(If the "Next Action indicate by a ch	n" is more than 1 year after publications in the completion column which a	on of the Age action has cor	nda, the npleted	stage will automatically the rulemaking. Check	be "Long-Te only one line.	rm." If the A)	genda entry is compl	eted, please		
ACTION						DATE	FR CITATION	COMPLETION		
ANPRM ANPRM Comment	Period End					/ / / /	FR FR			
NPRM						/ /	FR			
NPRM Comment F	eriod End					//	FR FR			
Interim Final Rule	Comment Period End					/ /	FR			
Interim Final Rule Final Action	Effective					<u>/ / / </u>	FR FR			
Final Action Effecti						/ /	FR			
Begin Review of C End Review of Cur						/ / / /	FR FR			
Life Novion of Oal	TOTAL TROUBLES					, ,	FR			
REGULATORY FLEX	(IBILITY ANALYSIS REQUIRED									
(If your answer to this small entities.)	question is "No" or "Undetermined,"	you may wis	h to con	plete the optional ques	tion "SMALL I	ENTITIES A	FFECTED" to indicate	e some impact on		
Is an analysis require	d by the Regulatory Flexibility Act be O Yes	cause this rul	-	is likely to have a sign O Undetermin		nic impact o	n a substantial numbe	er of small entities?		
							•			
If Yes, check affected	small entities (Check all that apply.) 0 8	Business	es o Governmer	ital jurisdiction	ns o	Organizations			
	FECTED (Optional question) Is thi small entities (Check all that apply.		likely to Business	•			Yes O No Organizations			
GOVERNMENT LEV	ELS AFFECTED									
Effects on levels of go	overnment: o Yes	o N	o	 Undetermined 						
If Yes, check affected	governments (Check all that apply.) 0	State	o Local o	Tribal	o Federa	al			
FEDERALISM IMPLI	CATIONS									
Is this rulemaking like	ly to have "federalism implications" a	s defined in I	Executiv	e Order 13132?	o Yes o	No o	Undetermined			
ENERGY EFFECTS	(Optional)									
	or plans to prepare Statement of En	ergy Effects.	o Yes	o No	o Unde	etermined				
	(If more than 1 contact, attach addi	tional sheet.)				D# /0/	V D(-) 0.#	(In On 16)		
First Name:	Middle Name:		Last N	ame:		Prefix: (CC	DL, Dr., etc.) Suff	ix: (<i>Jr.,</i> Sr:, etc.)		
Title:						į				
Contact Agency Code	e: (Fill in only if contact person's add	lress is at an	agency (other than the agency is	suing the reg	ulation.)				
Address: (Put room)	number or mail stop, if any, on first lir	ne of address	.)			······································				
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Telephone:		FAX:				TDD:				
E-Mail:										
URLs (Optional) For more information	about this RIN (Usually link to progra	am office): htt	p://							
For public comments	on this RIN: http://									
ADDITIONAL INFOR	MATION (Optional)									
AGENCY SORT COI	DES (Optional)			2.						
COMPLIANCE COST	TO THE PUBLIC (Optional)	(Do not ente	er dollar	signs, commas, or deci	mal points. N	legative num	bers are OK.)			
Initial (Administrative	Startup and/or Capital) Cost: \$	•		rring (Annual Operating	•	•	ase Year of Your Doll	ar Estimates:		
AFFECTED SECTOR	RS (Optional) (List one or mo	re NAICS cod	des.)							
RELATED RINS	(Optional) (List one or mo		Ns.)	New Activity	0 [Ouplicate	o Re	lated Activity		
	o Merged o	Split	0	New Activity	0 [Duplicate	o Re	lated Activity		
RELATED AGENCIES (Optional) (List one or more related Agencies.)										
Agency:			0	Joint Rule	o C	ommon Rule	•			
				Joint Rule	C C	ommon Rule				
Agency:			0	Joint Nuie	o C	ommon Kule	<u> </u>			