## PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the supporting statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

17 III Sireer IVV, Washington, DC 20000.		
1. Agency/Sub agency originating request	2. OMB control number b. [ ] None	
DOC/BIS/OTE	a. <u>0694</u> - <u>0119</u>	
3. Type of information collection (check one)	Type of review requested (check one)     a. [x] Regular submission	
a. [x] New Collection	b. [ ] Emergency - Approval requested by// c. [ ] Delegated	
b. [ ] Revision of a currently approved collection	c.[] belogated	
c. [ ] Extension of a currently approved collection	5. Small entities Will this information collection have a significant economic impact on	
d. [ ] Reinstatement, without change, of a previously approved collection for which approval has expired	a substantial number of small entities? [ ] Yes [x ] No  6. Requested expiration date	
e. [ ] Reinstatement, with change, of a previously approved collection for which approval has expired	a. [X] One year from approval date b. [] Other Specify:	
f. [] Existing collection in use without an OMB control number		
For b-f, note Item A2 of Supporting Statement instructions		
7. Title Defense Industrial Base Assessment: Frontier AI Assessment		
8. Agency form number(s) (if applicable) None		
9. Keywords		
Industrial analysis, artificial intelligence, red-teaming, computing information security, software development, cloud computing, datacent	er, computing power, Al accelerator,	
, , , , , , , , , , , , , , , , , , , ,	S), Office of Technology Evaluation (OTE) is conducting an assessment of d pursuant to Section 4.2.a of Executive Order 14110: Safe, Secure, and	
The principal goal of this survey is to identify the capabilities of the leading edge of Artificial Intelligence developers and compute providers, and to assess their security and risk management practices. The resulting data and subsequent analysis will allow industry representatives and government policy officials to better monitor trends, benchmark industry performance, and raise awareness of potential issues of concern.		
11. Affected public (Mark primary with "P" and all others that apply with "X")	12. Obligation to respond (check one)	
a Individuals or households	a. [ ] Voluntary b. [ ] Required to obtain or retain benefits	
c. <u>x</u> Not-for-profit institutions fState, Local or Tribal Government	c. [x] Mandatory	
13. Annual recordkeeping and reporting burden	14. Annual reporting and recordkeeping cost burden (in thousands of	
a. Number of respondents 50 b. Total annual responses 50	dollars)	
1. Percentage of these responses	a. Total annualized capital/startup costs <u>0</u> b. Total annual costs (O&M) 0	
collected electronically 99%	b. Total annual costs (O&M) $\underline{0}$ c. Total annualized cost requested $\underline{0}$	
c. Total annual hours requested 1,250	d. Current OMB inventory 0	
d. Current OMB inventory 271,000 e. Difference 269,750	e. Difference <u>0</u>	
f. Explanation of difference	f. Explanation of difference	
1. Program change	1. Program change <u>0</u>	
2. Adjustment	2. Adjustment <u>0</u>	
15. Purpose of information collection (Mark primary with "P" and all others that apply with "X")  a Application for benefits ex Program planning or management  b Program evaluation fP Research  c General purpose statistics gx Regulatory or compliance  d Audit	16. Frequency of recordkeeping or reporting (check all that apply) a. [] Recordkeeping b. [] Third party disclosure c. [x] Reporting 1. [] On occasion 2. [] Weekly 3. [] Monthly 4. [] Quarterly 5. [] Semi-annually 6. [] Annually 7. [] Biennially 8. [x] Other (describe) One-time	
17. Statistical methods	Agency Contact (person who can best answer questions regarding the content of this submission)	
Does this information collection employ statistical methods [ ] Yes [ x ] No	Name: Joson Bolton, Director, Defense Industrial Base Studies Division, DOC/BIS/OTE	
	Phone: <u>(202) 482-5936</u>	
	<del></del>	

## 19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection if information encompassed by this request complies with 5 CFR 1320.9

**NOTE:** The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. The certification is to be made with reference to those regulatory provisions as set forth in the instructions.

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee	Date

10/95

Agency Certification (signature of Assistant Administrator or head of MB staff for L.O.S or of the Director of a Program or Staff Office)		
Signature	Date	
Keven Valentin, Director of Administration, BIS		
Signature of BIS Clearance Officer		
Signature	Date	
Sheleen Dumas, Departmental Clearance Officer		