FALL 2012 EDITION
(Replaces previous editions)

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.)* Section 610 Review *(Planned or Current)* Completion of a Section 610 Review Rulemaking Resulting From a Section 610 Review

TITLE OF REGULATION

REGULATORY PLAN

Include in the Regulatory Plan: Yes No

PRIORITY

Priority Category: *(Please select one.)*

Economically Significant
Other Significant
Substantive, Nonsignificant
Routine and Frequent
Informational/Administrative/Other

UNFUNDED MANDATES

Subject to section 202 of the Unfunded Mandates Reform Act (PL 104-4): Yes No Undetermined

(If Yes, check all affected categories.) State, local, or tribal governments Private sector

MAJOR

Major under 5 USC 801 (PL 104-121): Yes No Undetermined

LEGAL AUTHORITY Not Yet Determined Check here if there are additional legal authorities not listed below

CFR CITATION None Not Yet Determined Check here if there are additional CFR citations not listed below

CFR
CFR
CFR
CFR
CFR
CFR
CFR
CFR
CFR

LEGAL DEADLINE None

ACTION			SOURCE		DEADLINE DATE	DESCRIPTION
NPRM	Final	Other	Statutory	Judicial	/ /	
NPRM	Final	Other	Statutory	Judicial	/ /	
NPRM	Final	Other	Statutory	Judicial	/ /	
NPRM	Final	Other	Statutory	Judicial	/ /	
NPRM	Final	Other	Statutory	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.)*

TIMETABLE Next Action Undetermined *(Attach additional sheet if necessary.)*

If the "Next Action" is not one of the standard actions printed on this form, please indicate the stage: Prerule Proposed Final

(If the "Next Action" is more than 1 year after publication of the Agenda, the stage will automatically be "Long-Term." If the Agenda entry is completed, please indicate by a check in the completion column which action has completed the rulemaking. Check only one line.)

ACTION	DATE	FR CITATION	COMPLETION
ANPRM	/ /	FR	
ANPRM Comment Period End	/ /	FR	
NPRM	/ /	FR	
NPRM Comment Period End	/ /	FR	
Interim Final Rule	/ /	FR	
Interim Final Rule Comment Period End	/ /	FR	
Interim Final Rule Effective	/ /	FR	
Final Action	/ /	FR	
Final Action Effective	/ /	FR	
Begin Review of Current Regulation	/ /	FR	
End Review of Current Regulation	/ /	FR	
	/ /	FR	

REGULATORY FLEXIBILITY ANALYSIS REQUIRED

(If your answer to this question is "No" or "Undetermined," you may wish to complete the optional question "SMALL ENTITIES AFFECTED" to indicate some impact on small entities.)

Is an analysis required by the Regulatory Flexibility Act because this rulemaking is likely to have a significant economic impact on a substantial number of small entities?

Yes No Undetermined

If Yes, check affected small entities *(Check all that apply.)* Businesses Governmental jurisdictions Organizations

SMALL ENTITIES AFFECTED *(Optional question)* Is this rulemaking likely to have some impact on small entities? Yes No

If Yes, check affected small entities *(Check all that apply.)* Businesses Governmental jurisdictions Organizations

GOVERNMENT LEVELS AFFECTED

Effects on levels of government: Yes No Undetermined

If Yes, check affected governments *(Check all that apply.)* State Local Tribal Federal

FEDERALISM IMPLICATIONS

Is this rulemaking likely to have "federalism implications" as defined in Executive Order 13132? Yes No Undetermined

ENERGY EFFECTS *(Optional)*

Agency has prepared or plans to prepare Statement of Energy Effects. Yes No Undetermined

INTERNATIONAL IMPACTS

Will this regulatory action be likely to have international trade and investment effects, or otherwise be of international interest? Yes No

AGENCY CONTACT *(If more than 1 contact, attach additional sheet.)*

First Name:	Middle Name:	Last Name:	Prefix: *(COL, Dr., etc.)*	Suffix: *(Jr., Sr., etc.)*

Title:

Contact Agency Code: *(Fill in only if contact person's address is at an agency other than the agency issuing the regulation.)*

Address: *(Put room number or mail stop, if any, on first line of address.)*

Telephone:	FAX:	TDD:

E-Mail:

URLs *(Optional)*

For more information about this RIN (Usually link to program office): http://

For public comments on this RIN: http://

ADDITIONAL INFORMATION *(Optional)*

AGENCY SORT CODES *(Optional)*

1. 2.

COMPLIANCE COST TO THE PUBLIC *(Optional)* *(Do not enter dollar signs, commas, or decimal points. Negative numbers are OK.)*

Initial (Administrative Startup and/or Capital) Cost: $ Yearly Recurring (Annual Operating) Cost: $ Base Year of Your Dollar Estimates:

AFFECTED SECTORS *(Optional)* *(List one or more NAICS codes.)*

RELATED RINS *(Optional)* *(List one or more related RINs.)*

_ _ _ _ - _ _ _ _ Merged Split New Activity Duplicate Related Activity

_ _ _ _ - _ _ _ _ Merged Split New Activity Duplicate Related Activity

RELATED AGENCIES *(Optional)* *(List one or more related Agencies.)*

Agency: Joint Rule Common Rule