

REGULATORY INFORMATION SERVICE CENTER Regulatory Information Data Form

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DEPARTMENT/AGENCY AND BUREAU/OFFICE REGULATION	ISSUING	REGULATION IDENTIFIER NUMBER (RIN), IF KNOWN. (OTHERWISE ENTER AGENCY CODE.) -----	REGULATORY FLEXIBILITY ACT SECTION 610 REVIEW (Check appropriate box if applicable.) <input type="checkbox"/> Section 610 Review (Planned or Current) <input type="checkbox"/> Completion of a Section 610 Review <input type="checkbox"/> Rulemaking Resulting From a Section 610 Review
TITLE OF REGULATION			
REGULATORY PLAN Include in the Regulatory Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No			
PRIORITY Priority Category: (Please select one.) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Economically Significant <input type="checkbox"/> Other Significant </div> <div style="width: 30%;"> <input type="checkbox"/> Substantive, Nonsignificant <input type="checkbox"/> Routine and Frequent </div> <div style="width: 30%;"> <input type="checkbox"/> Informational/Administrative/Other </div> </div>			
UNFUNDED MANDATES Subject to section 202 of the Unfunded Mandates Reform Act (PL 104-4): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined (If Yes, check all affected categories.) <input type="checkbox"/> State, local, or tribal governments <input type="checkbox"/> Private sector			
MAJOR Major under 5 USC 801 (PL 104-121): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined			
LEGAL AUTHORITY <input type="checkbox"/> Not Yet Determined <input type="checkbox"/> Check here if there are additional legal authorities not listed below			
CFR CITATION <input type="checkbox"/> None <input type="checkbox"/> Not Yet Determined <input type="checkbox"/> Check here if there are additional CFR citations not listed below CFR CFR CFR CFR CFR CFR CFR			
LEGAL DEADLINE <input type="checkbox"/> None			
ACTION	SOURCE	DEADLINE DATE	DESCRIPTION
<input type="checkbox"/> NPRM <input type="checkbox"/> Final <input type="checkbox"/> Other	<input type="checkbox"/> Statutory <input type="checkbox"/> Judicial	/ /	
<input type="checkbox"/> NPRM <input type="checkbox"/> Final <input type="checkbox"/> Other	<input type="checkbox"/> Statutory <input type="checkbox"/> Judicial	/ /	
<input type="checkbox"/> NPRM <input type="checkbox"/> Final <input type="checkbox"/> Other	<input type="checkbox"/> Statutory <input type="checkbox"/> Judicial	/ /	
<input type="checkbox"/> NPRM <input type="checkbox"/> Final <input type="checkbox"/> Other	<input type="checkbox"/> Statutory <input type="checkbox"/> Judicial	/ /	
<input type="checkbox"/> NPRM <input type="checkbox"/> Final <input type="checkbox"/> Other	<input type="checkbox"/> Statutory <input type="checkbox"/> 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	

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 with Split from Previously reported as Duplicate of Related to

_____ - _____ Merged with Split from Previously reported as Duplicate of Related to

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

Agency: _____ Joint Rule Common Rule