REGULATORY INFORMATION SERVICE CENTER Regulatory Information Data Form

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DEPARTMENT/AGENCY AND BUREAU/OFFICE ISSUING REGULATION	(OTHERWISE E	DENTIFIER NUMBER (RIN), I NTER AGENCY CODE.) 	F KNOWN.	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 (Fall Agenda Only) Include in the Regulatory Plan: □ Yes □ No							
PRIORITY Priority Category: (Please select one.)							
(,, , ,	☐ Substantive, N☐ Routine and F	=		☐ Informational/Administrative/Other			
UNFUNDED MANDATES Subject to section 202 of the Unfunded Mandates Reform Act (PL 104-4):							
MAJOR Major under 5 USC 801 (PL 104-121):		□ Yes □ N	√o □ U	ndetermined			
LEGAL AUTHORITY							
	t Determined	☐ Check here if there are	additional CFR	citations not listed below			
CFR CFR							
CFR CFR							
CFR CFR							
CFR							
LEGAL DEADLINE None							
ACTION SOURCE NPRM Final Other Statutory Judicial	DEADLINE DA	TE	DESCRIPTIO	N			
□ NPRM □ Final □ Other □ Statutory □ Judicial	<i>i, i</i>						
□ 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 Regulato Statement of Need, Summary of Legal Basis, Alte							

TIMETABLE								
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		completeu, please						
ACTION ANPRM		DATE FR CITATIO	ON COMPLETION					
ANPRM Comment Period End		/ / FR						
NPRM NPRM Comment Period End		/ / FR / / FR						
Interim Final Rule		/ / FR						
Interim Final Rule Comment Period End Interim Final Rule Effective		/ / FR / / FR						
Final Action		/ / FR						
Final Action Effective Begin Review of Current Regulation		/ / FR / / 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		•	entities.)					
Is an analysis required by the Regulatory Flexibility Act because this rulemaking is likely to have a signific	· ·	umber of small entities?						
If Yes, check affected small entities (Check all that apply.)								
The tost, shock an edited similar entities (or each air that apply.)	ar jurisdictions — La Organizations							
CMALL ENTITIES AFFECTED. (Optional question) Is this submaking likely to have some impact on a	nall antition?							
SMALL ENTITIES AFFECTED (Optional question) Is this rulemaking likely to have some impact on significant for the strength of t								
The test, the transfer of the	ar jurisulctions 🗀 Organizations							
GOVERNMENT LEVELS AFFECTED								
Effects on levels of government: \square Yes \square No \square Undetermined								
If Yes, check affected governments (Check all that apply.)	Tribal Federal							
FEDERALICM IMPLICATIONS								
FEDERALISM IMPLICATIONS Is this rulemaking likely to have "federalism implications" as defined in Executive Order 13132?	☐ Yes ☐ No ☐ Undetermined							
	1 163 1100 11 Official Inflict							
ENERGY EFFECTS (Optional)								
Agency has prepared or plans to prepare Statement of Energy Effects.								
INTERNATIONAL IMPACTS								
INTERNATIONAL IMPACTS Will this regulatory action be likely to have international trade and investment effects, or otherwise be of international interest? Yes No								
The regardery design to have mornique and information choose, or otherwise see or mornique motors:								
AGENCY CONTACT (If more than 1 contact, attach additional sheet.)								
First Name: Middle Name: Last N	ame:	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 Y	our Dollar Estimates:						
AFFECTED SECTORS (Optional) (List one or more NAICS codes.)								
RELATED RINS (Optional) (List one or more related RINs.)								
	☐ Duplicate	□ Related Activity						
	□ Duplicate	□ Related Activity						
RELATED AGENCIES (Optional) (List one or more related Agencies.)								
	☐ Common Rule							
Agency:	- Common Ruid							