

REGULATORY INFORMATION SERVICE CENTER

Regulatory Information Data Form

You may print additional copies of this form from the RISC/OIRA Consolidated Information System (ROCIS) website, <http://www.rocis.gov>

DEPARTMENT/AGENCY AND BUREAU/OFFICE ISSUING REGULATION	REGULATION IDENTIFIER NUMBER (RIN), IF KNOWN. (OTHERWISE ENTER AGENCY CODE.) -----	REGULATORY FLEXIBILITY ACT SECTION 610 REVIEW <i>A(Check appropriate box if applicable.)</i> <input type="checkbox"/> Section 610 Review <i>(Planned or Current)</i> <input type="checkbox"/> Completion of a Section 610 Review <input type="checkbox"/> Rulemaking Resulting From a Section 610 Review
TITLE OF REGULATION		
REGULATORY PLAN <i>(Fall Agenda Only)</i> Include in the Regulatory Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No PRIORITY Priority Category: <i>(Please select one.)</i> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Economically Significant</div><div><input type="checkbox"/> Other Significant</div><div><input type="checkbox"/> Substantive, Nonsignificant</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Routine and Frequent</div><div><input type="checkbox"/> Informational/Administrative/Other</div></div> UNFUNDED MANDATES Subject to section 202 of the Unfunded Mandates Reform Act (PL 104-4): <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined</div><div><i>(If Yes, check all affected categories.)</i> <input type="checkbox"/> State, Local, or Tribal Governments <input type="checkbox"/> Private Sector</div></div> MAJOR Major under 5 USC 801 (PL 104-121): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined EO 14192 DESIGNATION As described in the March 26, 2025, data call memo. <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Deregulatory</div><div><input type="checkbox"/> Regulatory</div><div><input type="checkbox"/> Fully or Partially Exempt</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Not subject to, not significant</div><div><input type="checkbox"/> Other</div><div><input type="checkbox"/> Independent agency</div></div>		
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		
LEGAL DEADLINE <input type="checkbox"/> None		
ACTION	SOURCE	DEADLINE DATE
<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 <i>(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.)</i>		

TIMETABLE				<input type="checkbox"/> 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: <input type="checkbox"/> Prerule <input type="checkbox"/> Proposed <input type="checkbox"/> 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?											
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined											
If Yes, check affected small entities (Check all that apply.) <input type="checkbox"/> Businesses <input type="checkbox"/> Governmental jurisdictions <input type="checkbox"/> Organizations											
SMALL ENTITIES AFFECTED (Optional question) Is this rulemaking likely to have some impact on small entities? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If Yes, check affected small entities (Check all that apply.) <input type="checkbox"/> Businesses <input type="checkbox"/> Governmental jurisdictions <input type="checkbox"/> Organizations											
GOVERNMENT LEVELS AFFECTED											
Effects on levels of government: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined											
If Yes, check affected governments (Check all that apply.) <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Tribal <input type="checkbox"/> Federal											
FEDERALISM IMPLICATIONS											
Is this rulemaking likely to have "federalism implications" as defined in Executive Order 13132? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined											
ENERGY EFFECTS (Optional)											
Agency has prepared or plans to prepare Statement of Energy Effects. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined											
INTERNATIONAL IMPACTS											
Will this regulatory action be likely to have international trade and investment effects, or otherwise be of international interest? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)											
-----		<input type="checkbox"/> Merged		<input type="checkbox"/> Split		<input type="checkbox"/> New Activity		<input type="checkbox"/> Duplicate		<input type="checkbox"/> Related Activity	
-----		<input type="checkbox"/> Merged		<input type="checkbox"/> Split		<input type="checkbox"/> New Activity		<input type="checkbox"/> Duplicate		<input type="checkbox"/> Related Activity	
RELATED AGENCIES (Optional) (List one or more related Agencies.)											
Agency:		<input type="checkbox"/> Joint Rule		<input type="checkbox"/> Common Rule							