

TIMETABLE <input type="checkbox"/> Next Action Undetermined <i>(Attach additional sheet if necessary.)</i> 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 <i>(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.)</i>			
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 <i>(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.)</i> 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 <i>(Check all that apply.)</i> <input type="checkbox"/> Businesses <input type="checkbox"/> Governmental jurisdictions <input type="checkbox"/> Organizations			
SMALL ENTITIES AFFECTED <i>(Optional question)</i> 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 <i>(Check all that apply.)</i> <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 <i>(Check all that apply.)</i> <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 <i>(Optional)</i> 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 <i>(If more than 1 contact, attach additional sheet.)</i> First Name: _____ Middle Name: _____ Last Name: _____ Prefix: (COL, Dr., etc.) _____ Suffix: (Jr., Sr., etc.) _____ Title: _____ Contact Agency Code: <i>(Fill in only if contact person's address is at an agency other than the agency issuing the regulation.)</i> Address: <i>(Put room number or mail stop, if any, on first line of address.)</i> Telephone: _____ FAX: _____ TDD: _____ E-Mail: _____			
URLs <i>(Optional)</i> For more information about this RIN (Usually link to program office): http:// _____ For public comments on this RIN: http:// _____			
ADDITIONAL INFORMATION <i>(Optional)</i>			
AGENCY SORT CODES <i>(Optional)</i> 1. _____ 2. _____			
COMPLIANCE COST TO THE PUBLIC <i>(Optional)</i> <i>(Do not enter dollar signs, commas, or decimal points. Negative numbers are OK.)</i> Initial (Administrative Startup and/or Capital) Cost: \$ _____ Yearly Recurring (Annual Operating) Cost: \$ _____ Base Year of Your Dollar Estimates: _____			
AFFECTED SECTORS <i>(Optional)</i> <i>(List one or more NAICS codes.)</i>			
RELATED RINS <i>(Optional)</i> <i>(List one or more related RINs.)</i> _____ <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 <i>(Optional)</i> <i>(List one or more related Agencies.)</i> Agency: _____ <input type="checkbox"/> Joint Rule <input type="checkbox"/> Common Rule			