

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Diana Hynek 06/06/2003
Departmental Paperwork Clearance Officer
Office of the Chief Information Officer
14th and Constitution Ave. NW.
Room 6625
Washington, DC 20230

In accordance with the Paperwork Reduction Act, OMB has taken the following action on your request for approval of a revision of an information collection received on 04/15/2003.

TITLE: StormReady and TsunamiReady/StormReady Application Forms

AGENCY FORM NUMBER(S): None

ACTION : APPROVED WITHOUT CHANGE
OMB NO.: 0648-0419
EXPIRATION DATE: 06/30/2006

BURDEN:	RESPONSES	HOURS	COSTS(\$,000)
Previous	40	40	0
New	75	75	0
Difference	35	35	0
Program Change		35	0
Adjustment		0	0

TERMS OF CLEARANCE: None

OMB Authorizing Official Title

Donald R. Arbuckle Deputy Administrator, Office of
Information and Regulatory Affairs

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the supporting statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

1. Agency/Subagency originating request	2. OMB control number b. <input type="checkbox"/> None a. _____ - _____
3. Type of information collection (<i>check one</i>) a. <input type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note Item A2 of Supporting Statement instructions	4. Type of review requested (<i>check one</i>) a. <input type="checkbox"/> Regular submission b. <input type="checkbox"/> Emergency - Approval requested by _____ / _____ / _____ c. <input type="checkbox"/> Delegated
7. Title	5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Agency form number(s) (<i>if applicable</i>)	6. Requested expiration date a. <input type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: _____ / _____
9. Keywords	
10. Abstract	
11. Affected public (<i>Mark primary with "P" and all others that apply with "x"</i>) a. ___ Individuals or households d. ___ Farms b. ___ Business or other for-profit e. ___ Federal Government c. ___ Not-for-profit institutions f. ___ State, Local or Tribal Government	12. Obligation to respond (<i>check one</i>) a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory
13. Annual recordkeeping and reporting burden a. Number of respondents _____ b. Total annual responses _____ 1. Percentage of these responses collected electronically _____ % c. Total annual hours requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____	14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>) a. Total annualized capital/startup costs _____ b. Total annual costs (O&M) _____ c. Total annualized cost requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____
15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>) a. ___ Application for benefits e. ___ Program planning or management b. ___ Program evaluation f. ___ Research c. ___ General purpose statistics g. ___ Regulatory or compliance d. ___ Audit	16. Frequency of recordkeeping or reporting (<i>check all that apply</i>) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____
17. Statistical methods Does this information collection employ statistical methods <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Agency Contact (person who can best answer questions regarding the content of this submission) Name: _____ Phone: _____

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee

Date

Agency Certification (signature of Assistant Administrator, Deputy Assistant Administrator, Line Office Chief Information Officer, head of MB staff for L.O.s, or of the Director of a Program or StaffOffice)

Signature

Date

Signature of NOAA Clearance Officer

Signature

Date

SUPPORTING STATEMENT
STORMREADY® AND TSUNAMIREADY/STORMREADY® APPLICATION FORMS
OMB CONTROL NO. 0648-0419

A. JUSTIFICATION

1. Explain the circumstances that make the collection of information necessary.

Many laws and regulations exist created to help local emergency managers deal with hazardous material spills, search and rescue operations, medical crises, etc., but there are relatively few uniformly-recognized standards dealing with the specifics of hazardous weather response operations. Recognizing this need, the National Weather Service (NWS), has designed “StormReady®” to help counties, cities and towns implement procedures to reduce the potential for disastrous, weather-related, consequences. By participating in this program, local agencies can earn recognition for their jurisdiction by meeting criteria established by the NWS in partnership with federal, state, and local emergency management professionals.

The NWS recognized an additional need for communities that were vulnerable to tsunamis to improve their public awareness and preparedness. These are communities located along the western coast of the U.S., and the coastal areas of Alaska and Hawaii. The NWS developed “TsunamiReady”, which is very similar to StormReady. program. In 2002, the NWS combined the programs. There are two applications available to communities. One is for communities wanting StormReady recognition and the other is for communities that want a joint “StormReady/TsunamiReady” recognition. The StormReady/TsunamiReady program is intended to:

1. Improve the timeliness and effectiveness of hazardous weather warnings for the public.
2. Provide detailed and clear recommendations by which local emergency managers may establish/improve effective hazardous weather operations.
3. Help local emergency managers justify costs and purchases related to supporting their hazardous weather-related program.
4. Reward local hazardous-weather mitigation programs that have achieved a desired performance level.
5. Provide a means of acquiring additional Community Rating System points assigned by the National Flood Insurance Program (NFIP).
6. Provide an “image incentive” to counties, cities, and towns that can identify themselves as being “StormReady/TsunamiReady”

7. Encourage the enhancement of hazardous weather preparedness programs in jurisdictions surrounding “StormReady/TsunamiReady” communities and counties.

2. Explain how, by whom, how frequently, and for what purpose the information will be used. If the information collected will be disseminated to the public or used to support information that will be disseminated to the public, then explain how the collection complies with all applicable Information Quality Guidelines.

StormReady/TsunamiReady is a voluntary program offered to provide guidance and incentive to officials interested in improving their respective hazardous weather operations. The Application Form will be used by jurisdictions to apply for initial StormReady/ TsunamiReady recognition and renewal of that recognition every three years. StormReady/TsunamiReady communities would use this form 3 times every 10 years. The government will use the information collected by the StormReady/TsunamiReady Application Form to determine whether a community has met all of the criteria to receive StormReady/ TsunamiReady recognition.

Recognition as StormReady/TsunamiReady entitles a community to the following benefits: 1) two StormReady/TsunamiReady education signs; 2) authorization to use the StormReady/ TsunamiReady logos; 3) instructions for acquiring additional educational signs; and 4) information concerning the notification of the National Flood Insurance Program for possible adjustment to insurance rates.

Each questions asked on the Application helps to determine if the applying jurisdiction meets the criteria required to become StormReady/TsunamiReady. Specifically:

Guideline 1: Community Information. Requests the primary and secondary points of contact for the jurisdiction and identifies the location of the 24-hour warning point and Emergency Operations Center. NWS must have this information to verify the person and place responsible for the information.

Guideline 2: NWS Information Reception Equipment. This information identifies the number, type and location of redundant reception equipment a jurisdiction has to receive critical NWS weather information.

Guideline 3: Local Weather & Water Monitoring Equipment. Verifies the number, type and location of redundant weather and monitoring equipment used by the jurisdiction.

Guideline 4: Local Warning Dissemination. Identifies the type, number and location of redundant warning systems used by the jurisdiction to disseminate weather information to the public.

Guideline 5: Community Preparedness. Details specific community education and preparedness activities in terms of hazardous weather.

Guideline 6: Administrative/Record Keeping. Provides details /dates on how the jurisdiction and the NWS administer the program and keep information updated.

None of the information on the application is distributed to the public. The only information made public is the name of the recognized community and the date of its recognition. The information is disseminated to the public via the World-Wide-Wweb and complies with applicable NOAA Information Quality Guidelines:

Utility. Each new recognized site is added to a graphical map of the U.S. located on the StormReady Web site (www.stormready.noaa.gov). Posting the information on the Web site provides the communities with public recognition of their status and enables the public to see what communities are recognized as “StormReady/TsunamiReady”. It also keeps an accurate, up-to-date count of the number of recognized communities.

Integrity. The procedures for recognizing a community as StormReady/TsunamiReady adhere to OMB Circular a-130. The Web site is updated as each new community is recognized. The procedures for getting the communities recognized and posted on the Web site are outlined in the StormReady Operations Manual. The Webmaster is the only person authorized to make any changes to the site.

Objectivity. The recognitions are verified by the NWS field official who provides the name of the jurisdiction and date of recognition to the StormReady program manager and the Webmaster.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological techniques or other forms of information technology.

The StormReady application form will be available in PDF format via the World-Wide-Web at <http://www.stormready.noaa.gov>. Applicants will submit the form either electronically or via paper copy to the local advisory board.

4. Describe efforts to identify duplication.

StormReady/TsunamiReady is a unique federal program. There are no other known programs that collect the information requested on the StormReady/TsunamiReady application.

5. If the collection of information involves small businesses or other small entities, describe the methods used to minimize burden.

Application for StormReady/TsunamiReady recognition is voluntary and collection will not have a significant impact on small entities. The program is aimed at government bodies, not small business. Since the information required is minimal and can be found in a community emergency manager’s customary and usual records, no impact on small governments are expected.

6. Describe the consequences to the Federal program or policy activities if the collection is not conducted or is conducted less frequently.

The program is designed to help as many communities be prepared for hazardous weather situations as possible. While the NWS has a goal of recognizing 75 communities per year, the agency fully encourages additional community applications. Far more than ten communities have already requested application forms this year (FY 2003). If the NWS could not collect the information requested on the application form, it would be forced to withhold applications from communities seeking to be recognized and deny them the political and tangible benefits of StormReady/TsunamiReady recognition, possible reduction in flood insurance rates.

7. Explain any special circumstances that require the collection to be conducted in a manner inconsistent with OMB guidelines.

None.

8. Provide a copy of the PRA Federal Register notice that solicited public comments on the information collection prior to this submission. Summarize the public comments received in response to that notice and describe the actions taken by the agency in response to those comments. Describe the efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

A Federal Register Notice solicited public comment on this request for renewal; no comments were received.

9. Explain any decisions to provide payments or gifts to respondents, other than remuneration of contractors or grantees.

No payments or gifts will be provided to respondents. The communities will, however, receive two educational signs.

10. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation, or agency policy.

Data collected through this form are considered public information.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

The StormReady/TsunamiReady Application Form does not contain any sensitive questions as described in the PRA guidance.

12. Provide an estimate in hours of the burden of the collection of information.

Respondents will complete the form a maximum of once every three years. The NWS estimates that it will take 1 hour to complete the StormReady/TsunamiReady Application Form. Approximately 75 communities per year are expected to join the program per year. Over the course of 3 years NOAA expects 225 new application forms to be received. The average response time per applicant is 1 hour. The total annual response time for the collection is 75 hours.

Number of respondents expected annually	75 per year
Frequency of response for each respondent	Once every three years
Total number of responses expected	225 over 3 years
Average response time per respondent	1 hour
Total annual response time for the collection	75 hours

These estimates are based on the experience of several communities (e.g. Tulsa County, OK; Latimer County, OK; Siloam Creek, Arkansas) who participated in the development of the program.

13. Provide an estimate of the total annual cost burden to the respondents or record-keepers resulting from the collection (excluding the value of the burden hours in #12 above).

No start-up, capital, or operations related costs are expected from this collection. The form can be prepared without any special equipment and no monitoring or sampling activities are required. Information collected by the application form provides a description of existing capabilities and infrastructure. Record keeping of these items is considered a part of customary and usual business of a community's emergency manager.

The only cost an applicant must bear is the price of postage. Using an estimate of one dollar per application, this would equate to a total annual cost of \$75 nationally.

Annual reporting and record keeping cost burden (in thousands of dollars)

Total annualized capital/start-up costs	0
Total annual costs	0
Total annualized cost required	0

14. Provide estimates of annualized cost to the Federal government.

The cost to the government of administering is limited to the hours that local Meteorologists-In-Charge (MIC) and Warning Coordination Meteorologists (WCM) spend at local Advisory Board Meetings and conducting site reviews of applicant communities. Local advisory board meetings typically occur once a quarter and take less than 2 hours to complete. One MIC and one WCM attend. Site reviews take an average of 3-4 hours of a WCM's time.

The total annual cost to the government is covered by the annual salaries of the government employees administering the program since the activities conducted in association with this program are considered to be a part of the regular duties of all Meteorologists-In-Charge and Warning Coordination Meteorologists. Using the assumptions in the table below, the dollar cost of administering the program is estimated to be \$29,258.50.

Base hourly rate of an MIC	\$37.19
Base hourly rate of a WCM	\$31.62
Duration of Local Advisory Board meeting	2 hours
Cost to government of Local Advisory Board meeting: 2 (\$37.19 + \$31.62)	\$137.62
Duration of site visit	4 hours
Cost to government of site visit: 4 * \$31.62	\$126.48
Cost to government per application* \$137.62 + \$126.48	\$390.10
Total annual cost to the government* 75 * \$390.10	\$29,257.50

These figures are based on the experience of the Tulsa, Oklahoma weather forecast office.

15. Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB 83-I.

The change in hours is a program change from revised requirements.

16. For collections whose results will be published, outline the plans for tabulation and publication.

The individual pieces of information collected by the StormReady/TsunamiReady Application Form are not published. The NWS maintains a webpage identifying the communities that are recognized as StormReady/TsunamiReady.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons why display would be inappropriate.

The expiration date will be displayed on the StormReady/TsunamiReady Application Form.

18. Explain each exception to the certification statement identified in Item 19 of the OMB 83-I.

No exceptions identified.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

This collection does not employ statistical methods.

National Weather Service

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*When Seconds Count, StormReady
Communities are Prepared*

**NOAA/NWS StormReady Application Form OMB Control #0648-0419 Expires
11/30/2004**

Application Form Instructions

I. General Information

StormReady is a voluntary program being offered as a means of providing guidance and incentive to communities interested in improving their hazardous weather operations. For more information on the program, visit <http://www.stormready.noaa.gov/> or contact your local weather forecast office. This form shall be used by localities to apply for initial StormReady recognition and renewal of that recognition every three years.

The government will use the information collected by the StormReady Application form to determine whether the applicant community has met all of the criteria to receive StormReady recognition. Data collected through this form are considered public information.

Notwithstanding any other provision of the law, no person is required to, nor shall be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data collected, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Stephan Kuhl, Office of Climate, Weather and Water Services, 1325 East West Highway, Silver Spring, MD 20910, stephan.kuhl@noaa.gov

II. Instructions

Review the StormReady criteria corresponding to your community's population. Complete all sections based on your community's current assets and capabilities.

Completed forms should be sent to the Warning Coordination Meteorologist at the local NWS forecast office serving the applicant community. To locate the nearest forecast office, see <http://www.stormready.noaa.gov>

Communities should expect the application process to take 1 - 3 months.

[Communities](#) | [How To](#) | [Resources](#) | [Awareness](#) | [Publications](#) | [Contact Us](#)

National Weather Service
Office of Climate, Water, & Weather Services

[Disclaimer](#) [Privacy Notice](#)

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Webmaster: [Melody Magnus](#)

<http://www.stormready.noaa.gov/applyPRA.htm>
Last Updated: February 26, 2001



Community Information			
County/City/Town		Population	
Primary Point of Contact		Secondary Point of Contact	
Name		Name	
Office		Office	
Title		Title	
Mailing Address		Mailing Address	
City		City	
State; ZIP		State; ZIP	
Phone		Phone	
e-mail		e-mail	
Guideline 1: Communications			
Location of 24-Hour Warning Point		Location of Emergency Operations Center	
Verification Team General Notes:			
Renewal Comments:			
		Date:	Initials:
Note: Please do not write in shaded areas.			



Guideline 2: NWS Information Reception Equipment

Warning Point	# Required _____	# Verif _____	Verif	EOC	# Required _____	# Verif _____	Verif
<input type="checkbox"/> NOAA Weather Radio (Required if in range)			<input type="checkbox"/>	<input type="checkbox"/> NOAA Weather Radio (Required if in range)			<input type="checkbox"/>
<input type="checkbox"/> NOAA Weather Wire (Subscription)			<input type="checkbox"/>	<input type="checkbox"/> NOAA Weather Wire (Subscription)			<input type="checkbox"/>
<input type="checkbox"/> EMWIN			<input type="checkbox"/>	<input type="checkbox"/> EMWIN			<input type="checkbox"/>
<input type="checkbox"/> Law Enforcement Teletype (LETS)			<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Teletype (LETS)			<input type="checkbox"/>
<input type="checkbox"/> Amateur Radio			<input type="checkbox"/>	<input type="checkbox"/> Amateur Radio			<input type="checkbox"/>
<input type="checkbox"/> Pagers* (Warning reception)			<input type="checkbox"/>	<input type="checkbox"/> Pagers* (Warning reception)			<input type="checkbox"/>
<input type="checkbox"/> Television (Local network or cable TV)			<input type="checkbox"/>	<input type="checkbox"/> Television (Local network or Cable TV)			<input type="checkbox"/>
<input type="checkbox"/> Radio (AM/FM) - EAS reception			<input type="checkbox"/>	<input type="checkbox"/> Radio (AM/FM) - EAS Reception			<input type="checkbox"/>
<input type="checkbox"/> NAWAS			<input type="checkbox"/>	<input type="checkbox"/> NAWAS			<input type="checkbox"/>
<input type="checkbox"/> Internet (Subscription for alerts) _____			<input type="checkbox"/>	<input type="checkbox"/> Internet (Subscription for alerts)			<input type="checkbox"/>
<input type="checkbox"/> Commercial Data Service _____			<input type="checkbox"/>	<input type="checkbox"/> Commercial Data			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

List any additional capabilities on a separate sheet

*Capabilities needing explanation:

Verification Team Notes:

Renewal Comments:

Date:

Initials:

Note: Please do not write in shaded areas.



Guideline 3: Local Weather & Water Monitoring Equipment							
Warning Point	# Required	# Verif	Verif	EOC	# Required	# Verif	Verif
<input type="checkbox"/> Anemometer (Wind gauge)			<input type="checkbox"/>	<input type="checkbox"/> Anemometer (Wind gauge)			<input type="checkbox"/>
<input type="checkbox"/> Rain Gauge			<input type="checkbox"/>	<input type="checkbox"/> Rain Gauge			<input type="checkbox"/>
<input type="checkbox"/> River Gauge			<input type="checkbox"/>	<input type="checkbox"/> River Gauge			<input type="checkbox"/>
<input type="checkbox"/> Locally owned Radar			<input type="checkbox"/>	<input type="checkbox"/> Locally owned Radar			<input type="checkbox"/>
<input type="checkbox"/> Internet Radar Source _____			<input type="checkbox"/>	<input type="checkbox"/> Internet Radar Source _____			<input type="checkbox"/>
<input type="checkbox"/> Internet Weather Station _____			<input type="checkbox"/>	<input type="checkbox"/> Internet Weather Station _____			<input type="checkbox"/>
<input type="checkbox"/> TV Radar Source _____			<input type="checkbox"/>	<input type="checkbox"/> TV Radar Source _____			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<i>List any additional capabilities on a separate sheet</i>							
<u>*Capabilities needing explanation:</u>							
<u>Verification Team Notes:</u>							
<u>Renewal Comments:</u>							
						Date:	Initials:
<i>Note: Please do not write in shaded areas.</i>							



Guideline 4: Local Warning Dissemination							
Warning Point	# Required _____	# Verif _____	Verif	EOC	# Required _____	# Verif _____	Verif
<input type="checkbox"/> Outdoor Warning Siren(s)			<input type="checkbox"/>	<input type="checkbox"/> Outdoor Warning Siren(s)			<input type="checkbox"/>
<input type="checkbox"/> Cable TV Override			<input type="checkbox"/>	<input type="checkbox"/> Cable TV Override			<input type="checkbox"/>
<input type="checkbox"/> Plan for Sirens on Emergency Vehicles			<input type="checkbox"/>	<input type="checkbox"/> Plan for Sirens on Emergency Vehicles			<input type="checkbox"/>
<input type="checkbox"/> Local Alert Broadcast System*			<input type="checkbox"/>	<input type="checkbox"/> Local Alert Broadcast System*			<input type="checkbox"/>
<input type="checkbox"/> Local Pager System* (For dissemination)			<input type="checkbox"/>	<input type="checkbox"/> Local Pager System* (For dissemination)			<input type="checkbox"/>
<input type="checkbox"/> Telephone Tree to Critical Facilities			<input type="checkbox"/>	<input type="checkbox"/> Telephone Tree to Critical Facilities*			<input type="checkbox"/>
<input type="checkbox"/> Coordinated Area-Wide Radio Network*			<input type="checkbox"/>	<input type="checkbox"/> Coordinated Area-Wide Radio Network*			<input type="checkbox"/>
<input type="checkbox"/> Local Flood Warning System*			<input type="checkbox"/>	<input type="checkbox"/> Local Flood Warning System*			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<i>List any additional capabilities on a separate sheet</i>							
*Capabilities needing explanation:							
Verification Team Notes:							
Renewal Comments:							
						<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>							



Local Government-Owned Buildings in Which Public Traffic is Common				
Office	Location or Address	Tone Alert NOAA Weather Radio	Verif	Comments
Warning Point		<input type="checkbox"/>	<input type="checkbox"/>	
EOC		<input type="checkbox"/>	<input type="checkbox"/>	
City Hall		<input type="checkbox"/>	<input type="checkbox"/>	
School Superintendent		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
<u>Verification Team Notes:</u>				
<u>Renewal Comments:</u>				
			Date:	Initials:
<i>Note: Please do not write in shaded areas.</i>				



Guideline 5: Community Preparedness

Annual Safety Talks # Required _____ # Verif _____

	Date	Topic	Location	Speaker
1				
2				
3				
4				
5				

List any additional safety talks on a separate sheet

Community Tsunami Awareness Program

	Verif
<input type="checkbox"/> Designate/establish tsunami shelter/area in safe zone.	<input type="checkbox"/>
<input type="checkbox"/> Designate tsunami evacuation areas and evacuation routes, and install evacuation route signs.	<input type="checkbox"/>
<input type="checkbox"/> Provide written, locally specific tsunami hazard response material to public.	<input type="checkbox"/>
<input type="checkbox"/> Encourage schools to implement a tsunami hazard curriculum, practice evacuations, and provide safety material to staff and students.	<input type="checkbox"/>
Number of annual tsunami awareness campaigns: _____	<input type="checkbox"/>

Weather Radio Purchase Program

Has your community/county developed a program to subsidize the purchase of Specific Area Message Encoder (SAME) equipped Weather Radios for its citizens? (Not required) Yes _____ No _____

If yes, provide details:

Other Community Preparedness Activities

	Date	Activity	Location	Organizer
1				
2				
3				

List any additional activities on a separate sheet

Renewal Comments:

Date:

Initials:

Note: Please do not write in shaded areas.



Guideline 6: Administrative Tools/Record Keeping		Verif	Renewal
Formal Tsunami Hazard and Hazardous Weather Operations Plan	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
▶ Procedure for reporting storm/tsunami damage to the local National Weather Service Office in real-time	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
▶ EOC Activation Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
▶ Spotter Activation Criteria	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
▶ Local Warning System(s) Activation Criteria	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
Warning Point personnel has authority to activate Warning System (written)	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
Spotter Roster and Training Record	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
Last Visit by Emergency Manager to NWS Office		<input type="checkbox"/> Biennial	
Last Visit by NWS Officials to Community		<input type="checkbox"/> Annual	
Last NWS Spotter Training for Spotters and Dispatchers		<input type="checkbox"/> Biennial	
Last NWS Spotter Training Hosted/Co-Hosted (For populations >40,000)		<input type="checkbox"/> Annual	
Exercises	<u>Topic(s):</u>	<u>Date:</u>	<input type="checkbox"/> <u>Date:</u>
<i>List any additional descriptions, narratives, or documentation on a separate sheet</i>			
<u>Verification Team Notes:</u>			
<u>Renewal Comments:</u>			
		<u>Date:</u>	<u>Initials:</u>
Signature of Applying Official			
<u>Application Submitted by (print name):</u>			
<u>Office:</u>		<u>Title:</u>	
<u>Signature:</u>		<u>Date:</u>	
<u>NW S Personnel Receiving Application (print name):</u>			
<u>Date Received:</u>			
<i>Note: Please do not write in shaded areas.</i>			



Site Verification Team Signatures

<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>

Signature in Renewal Year

<u>Application Submitted by: (print name):</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>NWS Personnel Receiving Application (print name):</u>	
<u>Date Received:</u>	



Community Information			
County/City/Town			Population
Primary Point of Contact		Secondary Point of Contact	
Name		Name	
Office		Office	
Title		Title	
Mailing Address		Mailing Address	
City		City	
State; ZIP		State; ZIP	
Phone		Phone	
e-mail		e-mail	
Guideline 1: Communications			
Location of 24-Hour Warning Point		Location of Emergency Operations Center	
<u>Verification Team General Notes:</u>			
<u>Renewal Comments:</u>			
		<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>			



Warning Point		# Required _____	# Verif _____	Verif	EOC		# Required _____	# Verif _____	Verif
<input type="checkbox"/>	NOAA Weather Radio (required if in range)			<input type="checkbox"/>	<input type="checkbox"/>	NOAA Weather Radio (required if in range)			<input type="checkbox"/>
<input type="checkbox"/>	NOAA Weather Wire (subscription)			<input type="checkbox"/>	<input type="checkbox"/>	NOAA Weather Wire (subscription)			<input type="checkbox"/>
<input type="checkbox"/>	EMWIN			<input type="checkbox"/>	<input type="checkbox"/>	EMWIN			<input type="checkbox"/>
<input type="checkbox"/>	Law Enforcement Teletype (LETS)			<input type="checkbox"/>	<input type="checkbox"/>	Law Enforcement Teletype (LETS)			<input type="checkbox"/>
<input type="checkbox"/>	Amateur Radio			<input type="checkbox"/>	<input type="checkbox"/>	Amateur Radio			<input type="checkbox"/>
<input type="checkbox"/>	Pagers* (warning reception)			<input type="checkbox"/>	<input type="checkbox"/>	Pagers* (warning reception)			<input type="checkbox"/>
<input type="checkbox"/>	Television (Local network or Cable TV)			<input type="checkbox"/>	<input type="checkbox"/>	Television (Local network or Cable TV)			<input type="checkbox"/>
<input type="checkbox"/>	Radio Station (AM/FM) - EAS Reception			<input type="checkbox"/>	<input type="checkbox"/>	Radio Station (AM/FM) - EAS Reception			<input type="checkbox"/>
<input type="checkbox"/>	NAWAS			<input type="checkbox"/>	<input type="checkbox"/>	NAWAS			<input type="checkbox"/>
<input type="checkbox"/>	Internet (subscription for alerts) _____			<input type="checkbox"/>	<input type="checkbox"/>	Internet (subscription for alerts) _____			<input type="checkbox"/>
<input type="checkbox"/>	Commercial Data Service _____			<input type="checkbox"/>	<input type="checkbox"/>	Commercial Data Service _____			<input type="checkbox"/>
<input type="checkbox"/>	Other* _____			<input type="checkbox"/>	<input type="checkbox"/>	Other* _____			<input type="checkbox"/>
<input type="checkbox"/>	Other* _____			<input type="checkbox"/>	<input type="checkbox"/>	Other* _____			<input type="checkbox"/>
<i>List any additional capabilities on a separate sheet</i>									
*Capabilities needing explanation:									
Verification Team Notes:									
Renewal Comments:									
								Date:	Initials:
Note: Please do not write in shaded areas.									



Guideline 3: Local Weather & Water Monitoring Equipment								
Warning Point	# Required_____	# Verif_____	Verif	EOC	# Required_____	# Verif_____	Verif	
<input type="checkbox"/> Anemometer (Wind gauge)			<input type="checkbox"/>	<input type="checkbox"/> Anemometer (Wind gauge)			<input type="checkbox"/>	
<input type="checkbox"/> Rain Gauge			<input type="checkbox"/>	<input type="checkbox"/> Rain Gauge			<input type="checkbox"/>	
<input type="checkbox"/> River Gauge			<input type="checkbox"/>	<input type="checkbox"/> River Gauge			<input type="checkbox"/>	
<input type="checkbox"/> Locally owned Radar			<input type="checkbox"/>	<input type="checkbox"/> Locally owned Radar			<input type="checkbox"/>	
<input type="checkbox"/> Internet Radar Source _____			<input type="checkbox"/>	<input type="checkbox"/> Internet Radar Source _____			<input type="checkbox"/>	
<input type="checkbox"/> Internet Weather Station _____			<input type="checkbox"/>	<input type="checkbox"/> Internet Weather Station _____			<input type="checkbox"/>	
<input type="checkbox"/> TV Radar Source_____			<input type="checkbox"/>	<input type="checkbox"/> TV Radar Source_____			<input type="checkbox"/>	
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>	
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>	
<i>List any additional capabilities on a separate sheet</i>								
<u>*Capabilities needing explanation:</u>								
<u>Verification Team Notes:</u>								
<u>Renewal Comments:</u>						<u>Date:</u>		<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>								



Guideline 4:		Local Warning Dissemination			
Warning Point	# Required _____ # Verif _____	Verifi	EOC	# Required _____ # Verif _____	Verifi
<input type="checkbox"/> Outdoor Warning Siren(s)		<input type="checkbox"/>	<input type="checkbox"/> Outdoor Warning Siren(s)		<input type="checkbox"/>
<input type="checkbox"/> Cable TV Override		<input type="checkbox"/>	<input type="checkbox"/> Cable TV Override		<input type="checkbox"/>
<input type="checkbox"/> Plan for Sirens on Emergency Vehicles		<input type="checkbox"/>	<input type="checkbox"/> Plan for Sirens on Emergency Vehicles		<input type="checkbox"/>
<input type="checkbox"/> Telephone Tree to Critical Facilities		<input type="checkbox"/>	<input type="checkbox"/> Telephone Tree to Critical Facilities		<input type="checkbox"/>
<input type="checkbox"/> Local Alert Broadcast System*		<input type="checkbox"/>	<input type="checkbox"/> Local Alert Broadcast System*		<input type="checkbox"/>
<input type="checkbox"/> Local Pager System* (dissemination)		<input type="checkbox"/>	<input type="checkbox"/> Local Pager System* (dissemination)		<input type="checkbox"/>
<input type="checkbox"/> Coordinated Area-Wide Radio Network*		<input type="checkbox"/>	<input type="checkbox"/> Coordinated Area-Wide Radio Network*		<input type="checkbox"/>
<input type="checkbox"/> Local Flood Warning System*		<input type="checkbox"/>	<input type="checkbox"/> Local Flood Warning System*		<input type="checkbox"/>
<input type="checkbox"/> Other* _____		<input type="checkbox"/>	<input type="checkbox"/> Other* _____		<input type="checkbox"/>
<input type="checkbox"/> Other* _____		<input type="checkbox"/>	<input type="checkbox"/> Other* _____		<input type="checkbox"/>
<i>List any additional capabilities on a separate sheet</i>					
*Capabilities needing explanation:					
<u>Verification Team Notes:</u>					
<u>Renewal Comments:</u>					
				<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>					



Local Government-Owned Buildings in Which Public Traffic is Common				
Office	Location or Address	Tone Alert NOAA Weather Radio	Verif	Comments
Warning Point		<input type="checkbox"/>	<input type="checkbox"/>	
EOC		<input type="checkbox"/>	<input type="checkbox"/>	
City Hall		<input type="checkbox"/>	<input type="checkbox"/>	
School Superintendent		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
<u>Verification Team Notes:</u>				
<u>Renewal Comments:</u>				
			<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>				



Guideline 5: Community Preparedness			
Annual Safety Talks			
		# Required _____	# Verif _____
Date	Topic	Location	Speaker
1			
2			
3			
4			
5			
<i>List any additional safety talks on a separate sheet</i>			
Weather Radio Purchase Program			
Has your community/county developed a program to subsidize the purchase of Specific Area Message Encoder (SAME) equipped Weather Radios for its citizens? (Not required) Yes _____ No _____			
If yes, provide details:			
Other Community Preparedness Activities			
Date	Activity	Location	Organizer
1			
2			
3			
4			
5			
<i>List any additional activities on a separate sheet</i>			
<u>Renewal Comments:</u>			
		<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>			



Guideline 6: Administrative Tools/Record keeping		Verif	Renewal Year
Formal Hazardous Weather Operations Plan		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
▶ Procedure for reporting storm damage to the local National Weather Service Office in real-time		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
▶ EOC Activation Procedures		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
▶ Spotter Activation Criteria		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
▶ Local Warning System(s) Activation Criteria		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Warning Point personnel has authority to activate Warning System (written)		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Spotter Roster and Training Record		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Last Visit by Emergency Manager to NWS Office		<input type="checkbox"/> Biennial	
Last Visit by NWS Officials to Community		<input type="checkbox"/> Annual	
Last NWS Spotter Training for Spotters and Dispatchers		<input type="checkbox"/> Biennial	
Last NWS Spotter Training Hosted/Co-Hosted (For populations >40,000)		<input type="checkbox"/> Annual	
Exercises	Topic(s):	Date:	<input type="checkbox"/> Date:
<i>List any additional descriptions, narratives, or documentation on a separate sheet</i>			
Verification Team Notes:			
Renewal Comments:			
		Date:	Initials:
Signature of Applying Official			
Application Submitted by: (print name):			
Office:		Title:	
Signature:		Date:	
NWS Personnel Receiving Application (print name):			
Date Received:			
Note: Please do not write in shaded areas.			



Site Verification Team Signatures	
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
Signature in Renewal Year	
<u>Application Submitted by: (print name):</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>NWS Personnel Receiving Application (print name):</u>	
<u>Date Received:</u>	

Department's) regulations are to the regulations as codified at 19 CFR part 353 (1995).

Summary

On February 11, 1997, the Department published in the **Federal Register** its *Final Results and Partial Termination of Antidumping Duty Administrative Review on Tapered Roller Bearings and Parts Thereof, Finished and Unfinished, from the People's Republic of China*, 62 FR 6173 (*Final Results*). This notice covered various exporters for the period June 1, 1993, through May 31, 1994. As a result of litigation, the Court of International Trade (CIT) remanded the results of the review to the Department on October 25, 2001. See *Peer Bearing Company v. United States*, Court No. 97-03-00419, Slip Op. 01-125 (CIT October 25, 2001). The CIT ordered the Department to make the following changes to its original calculations: (1) Correct a clerical error resulting from the application of best information available to certain models for which factor-of-production data were available; (2) redetermine direct labor costs on the basis of SKF India's data on labor (supplemented by facts otherwise available only to the extent necessitated by the insufficiency, if any, of SKF India's data currently on the record); and (3) determine marine insurance in a manner related to the value and risk of transporting tapered roller bearings. The Department submitted its final results of redetermination on remand to the CIT on March 12, 2002; the CIT affirmed the Department's final remand results and dismissed the case. See *Peer Bearing Company v. United States*, Court No. 97-03-00419, Slip Op. 02-53 (CIT June 5, 2002). In another decision, *Transcom, Inc., et al. v. United States*, Court No. 01-1138, 2002 U.S. App. LEXIS 12723 (June 27, 2002), the Court of Appeals for the Federal Circuit issued an opinion upholding the Department's determination in this administrative review.

As there is now a final and conclusive court decision in this action, we are amending our final results of review and we will instruct the Customs Service to liquidate entries subject to this review.

Amendment to Final Results

Pursuant to section 516A(e) of the Act, we are now amending the final results of administrative review of the antidumping duty order on tapered roller bearings and parts thereof, finished and unfinished, from the People's Republic of China for the period of review June 1, 1993, through May 31, 1994. The revised weighted-average margins are as follows:

Company	Margin (percent)
Premier Bearing and Equipment Ltd	60.95
Guizhou Machinery Import and Export Corporation	9.06
Henan Machinery and Equipment Import and Export Corporation	0.61
Luoyang Bearing Factory	0.57
Shanghai General Bearing Company Limited	0.05
Jilin Province Machinery Import and Export Corporation	60.95
Chin Jun Industrial Limited	10.00
Wafangdian Bearing Factory	13.36
Lianning MEC Group Company Limited	7.24
China National Machinery Import and Export Corp (CMC)	0.06
China Nat'l Automotive Industry Machinery Import and Export Corp (Guizou Automotive)	0.96
Tianshui Hailin Import and Export Corp	16.55
Zhejiang Machinery Import and Export Corp	10.08

Accordingly, the Department will determine and the Customs Service shall assess appropriate antidumping duties on entries of the subject merchandise exported by firms covered by this review. Weighted-average margins for other respondent companies remain as published in the *Final Results*.

We are issuing and publishing this determination in accordance with section 751(a) of the Act.

Dated: December 19, 2002.

Bernard T. Carreau,

Acting Assistant Secretary for Import Administration.

[FR Doc. 02-33009 Filed 12-30-02; 8:45 am]

BILLING CODE 3510-DS-P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 122602A]

Proposed Information Collection; Comment Request; StormReady and TsunamiReady/StormReady Application Forms

AGENCY: National Oceanic and Atmospheric Administration (NOAA).

ACTION: Notice.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the

Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506 (c)(2)(A)).

DATES: Written comments must be submitted on or before March 3, 2003.

ADDRESSES: Direct all written comments to Diana Hynek, Departmental Paperwork Clearance Officer, Department of Commerce, Room 6625, 14th and Constitution Avenue NW, Washington DC 20230 (or via Internet at *dHynek@doc.gov*).

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument and instructions should be directed to Stephan Kuhl at *Stephan.Kuhl@noaa.gov* at 301-713-0090, extension 175.

SUPPLEMENTARY INFORMATION:

I. Abstract

StormReady and TsunamiReady are voluntary programs offered as a means of providing guidance and incentive to officials interested in improving their respective hazardous weather operations. The StormReady Application Form and TsunamiReady/StormReady Application Form will be used by localities to apply for initial StormReady or TsunamiReady and StormReady recognition and renewal of that recognition every three years. A typical StormReady and/or TsunamiReady community would use this form two times every 10 years. The government will use the information collected by the StormReady or TsunamiReady/StormReady Application Form to determine whether a community has met all of the criteria to receive StormReady and/or TsunamiReady recognition.

II. Method of Collection

The information will be collected through the submission of a paper application form.

III. Data

OMB Number: 0648-0419.
Form Number: None.
Type of Review: Regular submission.
Affected Public: State, Local, or Tribal government (emergency management).
Estimated Number of Respondents: 75.
Estimated Time Per Response: 1 hour.
Estimated Total Annual Burden Hours: 75.
Estimated Total Annual Cost to Public: \$27.75.

IV. Request for Comments

Comments are invited on: (a) whether the proposed collection of information is necessary for the proper performance

of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: December 20, 2002.

Gwellnar Banks,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. 02-33034 Filed 12-30-02; 8:45 am]

BILLING CODE 3510-KE-S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 122602B]

Proposed Information Collection; Comment Request; Capital Construction Fund Deposit/Withdrawal Report

AGENCY: National Oceanic and Atmospheric Administration (NOAA).

ACTION: Notice.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506 (c)(2)(A)).

DATES: Written comments must be submitted on or before March 3, 2003.

ADDRESSES: Direct all written comments to Diana Hynek, Departmental Paperwork Clearance Officer, Department of Commerce, Room 6625, 14th and Constitution Avenue NW, Washington DC 20230 (or via Internet at dHynek@doc.gov).

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument and instructions should be directed to Charles L. Cooper, Financial

Services Division, Office of Sustainable Fisheries, National Marine Fisheries Service, 1315 East West Highway, Silver Spring, Maryland 20910, 301-713-2396.

SUPPLEMENTARY INFORMATION:

I. Abstract

Respondents will be commercial fishing industry individuals, partnerships, and corporations which entered into Capital Construction Fund agreements with the Secretary of Commerce allowing deferral of Federal taxation on fishing vessel income deposited into the fund for use in the acquisition, construction, or reconstruction of fishing vessels. Deferred taxes are recaptured by reducing an agreement vessel's basis for depreciation by the amount withdrawn from the fund for its acquisition, construction, or reconstruction. The deposit/withdrawal information collected from agreement holders is required pursuant to 50 CFR part 259.35 and Public Law 99-514 (The Tax Reform Act, 1986). The information collected is required to ensure that agreement holders are complying with fund deposit/withdrawal requirements established in program regulations and properly accounting for fund activity on their Federal income tax returns. The information must also be reported annually to the Secretary of Treasury in accordance with the Tax Reform Act, 1986.

II. Method of Collection

The information will be collected on the Capital Construction Fund Deposit/Withdrawal Report form, which agreement holders are required to submit at the end of their tax year.

III. Data

OMB Number: 0648-0041.

Form Number: NOAA Form 38-42.

Type of Review: Regular submission.

Affected Public: Business or other for-profit organizations.

Estimated Number of Respondents: 3,600.

Estimated Time Per Response: 20 minutes.

Estimated Total Annual Burden Hours: 1,200.

Estimated Total Annual Cost to Public: \$20,000.

IV. Request for Comments

Comments are invited on: (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the

proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: December 20, 2002.

Gwellnar Banks,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. 02-33035 Filed 12-30-02; 8:45 am]

BILLING CODE 3510-22-S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 122602C]

Proposed Information Collection; Comment Request; Alaska Region Permit Family of Forms

AGENCY: National Oceanic and Atmospheric Administration (NOAA).

ACTION: Notice.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506 (c)(2)(A)).

DATES: Written comments must be submitted on or before March 3, 2003.

ADDRESSES: Direct all written comments to Diana Hynek, Departmental Paperwork Clearance Officer, Department of Commerce, Room 6625, 14th and Constitution Avenue NW, Washington DC 20230 (or via Internet at dHynek@doc.gov).

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument and instructions should be directed to Patsy A. Bearden, NMFS Alaska Region, 907-586-7228 or e-mail at patsy.bearden@noaa.gov.