

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 03/03/2016

Department of Commerce
National Oceanic and Atmospheric Administration

FOR CERTIFYING OFFICIAL: Jennifer Jessup
FOR CLEARANCE OFFICER: Jennifer Jessup

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 03/03/2016

ACTION REQUESTED: No material or nonsubstantive change to a currently approved collection

TYPE OF REVIEW REQUESTED: Regular

ICR REFERENCE NUMBER: 201603-0648-001

AGENCY ICR TRACKING NUMBER:

TITLE: Alaska Recreational Charter Vessel Guide and Owner Data Collection

LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change

OMB CONTROL NUMBER: 0648-0647

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 02/28/2019

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	446	229	0
New	446	229	0
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	0	0
Change due to Agency Adjustment	0	0	0
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE: Terms of the previous clearance remain in effect.

OMB Authorizing Official: Dominic J. Mancini
Acting Deputy Administrator,
Office Of Information And Regulatory Affairs

List of ICs

IC Title	Form No.	Form Name	CFR Citation
Alaska Charter Boat Sport Fishing Cost and Earnings Survey	NA	Alaska Charter Boat Sport Fishing Cost and Earnings Survey	
Telephone follow-up/nonresponse survey	NA	Telephone follow-up	

JUSTIFICATION FOR CHANGE
ALASKA RECREATIONAL CHARTER VESSEL GUIDE AND OWNER DATA
COLLECTION
OMB CONTROL NO. 0648-0647

The National Marine Fisheries Service (NMFS) had intended to provide a \$5 incentive to each respondent, along with the survey. However, providing incentives with the mailings to selected respondents is not allowable under the terms of the Federal Grant for this project. Nor can the Alaska Region or the Pacific States Fishery Marine Commission (PSFMC) provide the dollars from any other source.

This change request removes the incentive from this information collection.

There is no estimated change to burden or cost.

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency	OMB Control Number _____ - _____	
<i>Enter only items that change</i>		
	Current record	New record
Agency form number (s)		
Annual reporting and recordkeeping hour burden		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically	%	%
Total annual hours		
Difference		
Explanation of difference		
Program change		
Adjustment		
Annual reporting and recordkeeping cost burden (in thousands of dollars)		
Total annualized Capital/Startup costs		
Total annual costs (O&M)		
Total annualized cost requested		
Difference		
Explanation of difference		
Program change		
Adjustment		
Other changes**		
Signature of Senior Official or designee:	Date:	For OIRA Use _____ _____

** This form cannot be used to extend an expiration date.