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 Department of Defense OASD(PA) CR&PL 0290 0704 NONE 4. TYPE OF REVIEW REQUESTED (X one) 3. TYPE OF INFORMATION COLLECTION (X one) (For b. - f., note Item A2 of Supporting Statement instructions) X a. REGULAR SUBMISSION a. NEW COLLECTION b. EMERGENCY - APPROVAL REQUESTED BY: b. REVISION OF A CURRENTLY APPROVED COLLECTION e. EXTENSION OF A CURRENTLY APPROVED COLLECTION × 5. SMALL ENTITIES Will this information collection have a significant economic d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY impact on a substantial number of small entities? APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED a. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY 6. REQUESTED EXPIRATION DATE APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED a. THREE YEARS FROM APPROVAL DATE f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL b. OTHER: 7. TITLE ARMED FORCES PARTICIPATION IN PUBLIC EVENTS 8. AGENCY FORM NUMBER(S) (If applicable) DD Form 2535 DD Form 2536 9. KEYWORDS Armed Forces, Military Personnel, Ceremonies, Flyovers 10. ABSTRACT DoD public affairs offices require the information to determine the eligibility of event sponsors to receive community relations support and to determine whether assets are available for eligible sponsors. The information is not provided to third parties and is related only to information on the event and its sponsor. Typical respondents and non-Federal governments, civic groups, associations, and non-profit organizations. 11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X") 12. OBLIGATION TO RESPOND (X over) a. INDIVIDUALS OR HOUSEHOLDS d. FARMS s. VOLUNTARY b. BUSINESS OR OTHER FOR PROFIT e. FEDERAL GOVERNMENT b. REQUIRED TO OBTAIN OR RETAIN BENEFITS c. NOT-FOR-PROFIT INSTITUTIONS X f. STATE, LOCAL OR TRIBAL GOVERNMENT c. MANDATORY 13. ANNUAL REPORTING AND RECORDIKEPING HOUR BURDEN 14. ANNUALIZED COST TO RESPONDENTS (in thousands of dollars) a. NUMBER OF RESPONDENTS 43,000 50.00 a. TOTAL CAPITALISTARTUP COSTS b. TOTAL ANNUAL RESPONSES 43,000 TOTAL ANNUAL COSTS (O&M) 0.00 0.00 (1) Percentage of these responses collected electronically 0.00 % TOTAL ANNUALIZED COST REQUESTED 5,547 0.00 # TOTAL ANNUAL HOURS REQUESTED d. CURRENT OMB INVENTORY 5,547 d. CURRENT OMB INVENTORY e. DIFFERENCE (+, -/ 0.00 DIFFERENCE (+, -) 0 f. EXPLANATION OF DIFFERENCE: **EXPLANATION OF** 0 0.00 (1) Program change (+, -) (1) Program change (+, -/ DIFFERENCE: (2) Adustment / +, -/ 0 (2) Adustment (+, -) 0.00 16. FREQUENCY OF RECORDKEEPING OR REPORTING IX All that Apply? 15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X") a. RECORDICEPING b. THIRD PARTY DISCLOSURE c. REPORTING: a. APPLICATION FOR BENEFITS e. PROGRAM PLANNING OR MANAGEMENT b. PROGRAM EVALUATION (1) On Occasion (3) Monthly (2) Weekly f. RESEARCH GENERAL PURPOSE STATISTICS (4) Quarterly (5) Semi-Annually (6) Annually g. REGULATORY OR COMPLIANCE d AUDIT (7) Biennially (B) Other (Describe) 17. STATISTICAL METHODS 18. AGENCY CONTACT (Person who can best answer questions regarding the content of this authmissioni Does this information collection employ statistical methods? b. TELEPHONE NUMBER //viclude a. NAME (Last, First, Middle Initial) Minnick, Cynthia L. NO (703) 695-6108

OMB CONTROL NUMBER	ARMED FORCES PARTICIPATION IN PUBLIC EVENTS	
0704 - 0290		
19. CERTIFICATION FOR	PAPERWORK REDUCTION ACT SUBMISSIONS	
a. PROGRAM OFFICIAL CERT	IFICATION (Internal DoD Use Only)	ii,
(1) Signature	fer S. Sporth	6/29/06
On behalf of this Fede	ral agency, I certify that the collection of information in the collection in the collecti	ation encompassed by this request
NOTE: The text of 5 instructions. The cert instructions.	CFR 1320.9, and the related provisions of 5 CFF ification is to be made with reference to those re	R 1320.8(b)(3), appear at the end of the egulatory provisions as set forth in the
The following is a sur certification covers:	nmary of the topics, regarding the proposed colle	ection of information, that the
(a) It is necessary for	the proper performance of agency functions;	
(b) It avoids unnecess	ary duplication;	
(c) It reduces burden	on small entities;	
(d) It uses plain, cohe	ent, and unambiguous language that is understa	ndable to respondents;
(e) Its implementation	will be consistent and compatible with current r	eporting and recordkeeping practices;
(f) It indicates the rete	ention periods for recordkeeping requirements;	
(g) It informs respond	ents of the information called for under 5 CFR 13	320.8(b)(3) about:
(i) Why the infor	nation is being collected;	

(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 the instructions);

If you are unable to certify compliance with any of these provisions, identify the item below and explain the

(iv) Nature of response (voluntary, required for a benefit, or mandatory);

(i) If applicable, it uses effective and efficient statistical survey methodology; and

(ii) Use of information;

(v) Nature and extent of confidentiality; and

(j) It makes appropriate use of information technology.

reason in Item 18 of the Supporting Statement.

b. SENIOR OFFICIAL OR DESIGNEE CERTIFICATION

(1) Signature

OMB FORM 83-I (BACK), 10/95

(vi) Need to display currently valid OMB control number;

(iii) Burden estimate;