

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**

<p>1. Agency/Subagency originating request Federal Energy Regulatory Commission</p>	<p>2. OMB control number a. <u>1 9 0 2</u> - <u>0 1 5 7</u> b. <input type="checkbox"/> None</p>																																		
<p>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 checked="" 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 <i>For b-f, note item A2 of Supporting Statement instructions</i></p>	<p>4. Type of review requested (<i>check one</i>) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: <u> / / </u> c. <input type="checkbox"/> Delegated</p> <p>5. Small entities Will this information collection have any significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>																																		
<p>6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: <u> / / </u></p>																																			
<p>7. Title Energy Affiliates of Interstate Pipelines,</p>																																			
<p>8. Agency form numbers(s) (<i>if applicable</i>) FERC-592</p>																																			
<p>9. Keywords 'gas pipeline operations, ethical conduct'</p>																																			
<p>10. Abstract FERC-592 requirements apply to Transmission Providers who are defined as any interstate natural gas pipeline that transports gas for others, subject to the Natural Gas Act (i.e., pursuant to subpart A of Part 157 or subparts B or G of Part 284). See 18 C.F.R. §§358.3(a)(1) and (2). Excluded are natural gas storage providers authorized to charge market-based rates that are not interconnected with the jurisdictional facilities of any affiliated interstate natural gas pipeline, have no exclusive franchise area, no captive ratepayers or no market power. FERC issued the Standards of Conduct to prevent Transmission Providers from discriminating against non-affiliated shippers or from granting undue preferences to their marketing and energy affiliates. FERC revised its reporting requirements to monitor for undue discrimination. The information is also used by FERC, market participants and state commissions to monitor discrimination by pipeline companies favoring their marketing affiliates and as the basis of filing of a complaint.</p>																																			
<p>11. Affected public (<i>Mark primary with <input type="checkbox"/>P and all others that apply with <input type="checkbox"/>X</i>) a. <input checked="" type="checkbox"/> Individuals or household d. <input type="checkbox"/> Farms b. <input checked="" type="checkbox"/> Business or other for-profit e. <input type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions f. <input checked="" type="checkbox"/> State, Local or Tribal Government</p>	<p>12. Obligation to respond (<i>Mark primary with <input type="checkbox"/>P and all others that apply with <input type="checkbox"/>X</i>) a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input checked="" type="checkbox"/> Mandatory</p>																																		
<p>13. Annual reporting and recordkeeping hour burden</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a. Number of respondents</td> <td style="text-align: right;">85</td> </tr> <tr> <td>b. Total annual responses</td> <td style="text-align: right;">85</td> </tr> <tr> <td> 1. Percentage of these responses collected electronically</td> <td style="text-align: right;">100 %</td> </tr> <tr> <td>c. Total annual hours requested</td> <td style="text-align: right;">9,913</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">0</td> </tr> <tr> <td>e. Difference</td> <td style="text-align: right;">9,913</td> </tr> <tr> <td>f. Explanation of difference</td> <td></td> </tr> <tr> <td> 1. Program change</td> <td style="text-align: right;">9,913</td> </tr> <tr> <td> 2. Adjustment</td> <td></td> </tr> </table>	a. Number of respondents	85	b. Total annual responses	85	1. Percentage of these responses collected electronically	100 %	c. Total annual hours requested	9,913	d. Current OMB inventory	0	e. Difference	9,913	f. Explanation of difference		1. Program change	9,913	2. Adjustment		<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a. Total annualized capital/startup costs</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b. Total annual costs (O&M)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c. Total annualized cost requested</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>e. Difference</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>f. Explanation of difference</td> <td></td> </tr> <tr> <td> 1. Program change</td> <td style="text-align: right;">\$</td> </tr> <tr> <td> 2. Adjustment</td> <td style="text-align: right;">\$</td> </tr> </table>	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	\$
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<p>15. Purpose of information collection (<i>mark primary with <input type="checkbox"/>P and all others that apply with <input type="checkbox"/>X</i>) a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management b. <input checked="" type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> P_Regulatory or compliance d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>) a. <input checked="" type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting 1. <input checked="" 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 checked="" type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe)</p>																																		
<p>17. Statistical Methods Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>) Name: <u>Demetra Anas, (202)502-8178.</u> Phone: <u>(202)502-8178</u></p>																																		

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 test 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 uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementations will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods 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, or 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 for the efficient and effective management and use of the information to be collected (see note in Item 19 of the 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 these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Item no. 19 (g)(vi) See item no. 17 of Supporting Statement.
 Item no. 19 (i). See Item no. 18 of the Supporting Statement

Signature of Senior Official or designee

Michael P. Miller, Information Clearance Officer, FERC

Date