

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</p> <p>Federal Energy Regulatory Commission</p>	<p>2. OMB control number b. <input type="checkbox"/> None</p> <p>a. <u>1</u> <u>9</u> <u>0</u> <u>2</u> - <u>0</u> <u>0</u> <u>6</u> <u>2</u> _____</p>																																																			
<p>3. Type of information Collection (<i>check one</i>)</p> <p>a. <input type="checkbox"/> New Collection</p> <p>b. <input checked="" type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired</p> <p>f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p><i>For b-f, note item A2 of Supporting Statement instructions</i></p>	<p>4. Type of review requested (<i>check one</i>)</p> <p>a. <input checked="" type="checkbox"/> Regular</p> <p>b. <input type="checkbox"/> Emergency - Approval requested by: <u> </u> / <u> </u> / <u> </u></p> <p>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</p> <p>a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: <u> </u> / <u> </u> / <u> </u></p>																																																				
<p>7. Title Gas Pipeline Certificates: Import/Export Related, RM06-1-000 Final Rule</p>																																																				
<p>8. Agency form numbers(s) (<i>if applicable</i>) FERC-539</p>																																																				
<p>9. Keywords 'gas pipeline operations, fuels'</p>																																																				
<p>10. Abstract FERC issued a Final Rule in RM06-1-000 in response to enactment by Congress of the Energy Policy Act of 2005. (August 8, 2005 signed by President). The regulations are to fulfill to implement Section 313 of the Energy Policy Act of 2005 (EPAct 2005) amends section 15 of the Natural Gas Act (NGA) to provide the Federal Energy Regulatory Commission (Commission) with additional authority to (1) coordinate the processing of authorizations required under federal law for proposed natural gas projects subject to NGA sections 3 and 7 and (2) maintain a complete consolidated record of decisions with respect to such federal authorizations.</p>																																																				
<p>11. Affected public (<i>Mark primary with <input type="checkbox"/>P and all others that apply with <input type="checkbox"/>X</i>)</p> <p>a. <input type="checkbox"/> Individuals or household d. <input type="checkbox"/> Farms</p> <p>b. <input type="checkbox"/> Business or other for-profit e. <input checked="" type="checkbox"/> Federal Government</p> <p>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>)</p> <p>a. <input type="checkbox"/> Voluntary</p> <p>b. <input type="checkbox"/> Required to obtain or retain benefits</p> <p>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="width: 10%; text-align: center;">12</td> <td style="width: 20%;"></td> </tr> <tr> <td>b. Total annual responses</td> <td style="text-align: center;">304</td> <td></td> </tr> <tr> <td> 1. Percentage of these responses collected electronically</td> <td style="text-align: center;">60</td> <td style="text-align: center;">%</td> </tr> <tr> <td>c. Total annual hours requested</td> <td style="text-align: center;">3,652</td> <td></td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: center;">3,646</td> <td></td> </tr> <tr> <td>e. Difference</td> <td style="text-align: center;">6</td> <td></td> </tr> <tr> <td>f. Explanation of difference</td> <td></td> <td></td> </tr> <tr> <td> 1. Program change</td> <td style="text-align: center;">+ 6</td> <td></td> </tr> <tr> <td> 2. Adjustment</td> <td></td> <td></td> </tr> </table>	a. Number of respondents	12		b. Total annual responses	304		1. Percentage of these responses collected electronically	60	%	c. Total annual hours requested	3,652		d. Current OMB inventory	3,646		e. Difference	6		f. Explanation of difference			1. Program change	+ 6		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="width: 10%; text-align: center;">\$</td> <td style="width: 20%; text-align: center;">0</td> </tr> <tr> <td>b. Total annual costs (O&M)</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">0</td> </tr> <tr> <td>c. Total annualized cost requested</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">0</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">0</td> </tr> <tr> <td>e. Difference</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">0</td> </tr> <tr> <td>f. Explanation of difference</td> <td></td> <td></td> </tr> <tr> <td> 1. Program change</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">0</td> </tr> <tr> <td> 2. Adjustment</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">0</td> </tr> </table>	a. Total annualized capital/startup costs	\$	0	b. Total annual costs (O&M)	\$	0	c. Total annualized cost requested	\$	0	d. Current OMB inventory	\$	0	e. Difference	\$	0	f. Explanation of difference			1. Program change	\$	0	2. Adjustment	\$	0
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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>)</p> <p>a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management</p> <p>b. <input checked="" type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <table style="width: 100%;"> <tr> <td>1. <input checked="" type="checkbox"/> On occasion</td> <td>2. <input type="checkbox"/> Weekly</td> <td>3. <input type="checkbox"/> Monthly</td> </tr> <tr> <td>4. <input type="checkbox"/> Quarterly</td> <td>5. <input type="checkbox"/> Semi-annually</td> <td>6. <input type="checkbox"/> Annually</td> </tr> <tr> <td>7. <input type="checkbox"/> Biennially</td> <td>8. <input type="checkbox"/> Other (describe)</td> <td></td> </tr> </table>	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 type="checkbox"/> Annually	7. <input type="checkbox"/> Biennially	8. <input type="checkbox"/> Other (describe)																																											
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<p>17. Statistical Methods Does this information collection employ statistical methods?</p> <p style="text-align: center;"><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>)</p> <p>Name: <u>John Leiss</u></p> <p>Phone: <u>(202)502-8058</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
(signed)

Michael P. Miller, Information Clearance Officer, FERC

Date