

## 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 17<sup>th</sup> 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 - 0 0 6 1</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, <b>without change</b>, of a previously approved collection for which approval has expired  e. <input type="checkbox"/> Reinstatement, <b>with change</b>, 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   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> 5 /31 / 07</u></p>																																			
<p>7. Title Gas Pipeline Certificates: Section 7(a) Mandatory Initial Service</p>																																			
<p>8. Agency form numbers(s) (<i>if applicable</i>) FERC-538</p>																																			
<p>9. Keywords 'gas pipeline operations, public energy'</p>																																			
<p>10. Abstract FERC-538 is used by FERC to implement the statutory provisions of Sections 7(a), 10(a) and 16 of the Natural Gas Act (NGPA)(P.L. 75-688)(15 U.S.C. 717f-717w). The information is used to determine whether a distributor applicant can economically construct and manage its facilities. Requests are made to FERC by individuals or entities to have FERC, by order, direct a natural gas pipeline to extend or improve its transportation facilities, and sell gas to an individual, or entity or municipality for the specific purpose indicated in the order, and to extend the pipeline's transportation facilities or to territories serviced by the natural gas pipeline company. In addition, FERC reviews the supply data to determine if the pipeline company can provide the service without curtailing certain of its existing customers. The flow data and market data are also used to evaluate future and existing customer requirements.</p>																																			
<p>11. Affected public (<i>Mark primary with [P] and all others that apply with [X]</i>)  a. <input type="checkbox"/> Individuals or household  b. <input checked="" type="checkbox"/> Business or other for-profit  c. <input type="checkbox"/> Not-for-profit institutions  d. <input type="checkbox"/> Farms  e. <input type="checkbox"/> Federal Government  f. <input type="checkbox"/> State, Local or Tribal Government</p>	<p>12. Obligation to respond (<i>Mark primary with [P] and all others that apply with [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: 80%;">a. Number of respondents</td> <td style="text-align: right; border-bottom: 1px solid black;">1</td> </tr> <tr> <td>b. Total annual responses</td> <td style="text-align: right; border-bottom: 1px solid black;">1</td> </tr> <tr> <td>    1. Percentage of these responses collected electronically</td> <td style="text-align: right; border-bottom: 1px solid black;">100 %</td> </tr> <tr> <td>c. Total annual hours requested</td> <td style="text-align: right; border-bottom: 1px solid black;">240</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right; border-bottom: 1px solid black;">240</td> </tr> <tr> <td>e. Difference</td> <td style="text-align: right; border-bottom: 1px solid black;">0</td> </tr> <tr> <td>f. Explanation of difference</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>    1. Program change</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>    2. Adjustment</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	a. Number of respondents	1	b. Total annual responses	1	1. Percentage of these responses collected electronically	100 %	c. Total annual hours requested	240	d. Current OMB inventory	240	e. Difference	0	f. Explanation of difference		1. Program change		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: 80%;">a. Total annualized capital/startup costs</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ 0</td> </tr> <tr> <td>b. Total annual costs (O&amp;M)</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ 0</td> </tr> <tr> <td>c. Total annualized cost requested</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ 0</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ 0</td> </tr> <tr> <td>e. Difference</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ 0</td> </tr> <tr> <td>f. Explanation of difference</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>    1. Program change</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ 0</td> </tr> <tr> <td>    2. Adjustment</td> <td style="text-align: right; border-bottom: 1px solid black;">\$</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	\$
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<p>15. Purpose of information collection (<i>mark primary with [P] and all others that apply with [X]</i>)  a. <input type="checkbox"/> Application for benefits  b. <input checked="" type="checkbox"/> Program evaluation  c. <input type="checkbox"/> General purpose statistics  d. <input type="checkbox"/> Audit  e. <input type="checkbox"/> Program planning or management  f. <input type="checkbox"/> Research  g. <input type="checkbox"/> P_Regulatory or compliance</p>	<p>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 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 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>Howard Wheeler</u>  Phone: <u>(202)502-8688</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