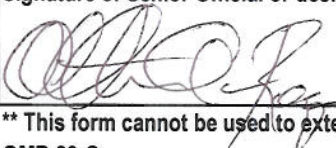


## PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/subagency  DEPARTMENT OF HOMELAND SECURITY, U.S. COAST GUARD	OMB Control Number  _____ 1625 _____ . 0080 _____	
<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	6392	6642
Difference		250
Explanation of difference		
Program change Adjustment		250
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** GENERIC CUSTOMER SERVICE SURVEY 545 BURDEN HOURS WERE ALREADY ACCOUNTED FOR IN THIS PROGRAM, AN ADDITIONAL 250 HOURS IS REQUESTED.		
Signature of Senior Official or designee: 	Date: 6-14-07	For OIRA Use _____ _____
FORMS AND COI MGR		

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