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, 72 17th Street NW, Washington, DC 20503.

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1.	Agency/Subagency originating request DOJ, FBI, CJIS	2. OMB control number b. □ None a. 1 1 1 0 - 0 0 0 8
3.	Type of information collection (check one) a New collection b Revision of a currently approved collection c Extension of a currently approved collection d Reinstatement, without change, of a previously approved collection for which approval has expired e Reinstatement, with change, of a previously approved collection for which approval has expired f Existing collection in use without an OMB control number	4. Type of review requested (check one) a. ✓ Regular b Emergency - Approval requested by:// c Delegated 5. Small entities
		Will this information collection have significant economic impact on a substantial number of small entities? Yes ✓ No
	3a. Public Comments Has the agency received public comments on this information collection? Yes ∠ No	6. Requested expiration date a. Three years from the approval date b. Other Specify:/
7. Title Monthly Return of Arson Offenses Known to Law Enforcement		
8.	Agency form number(s) (if applicable) 1-725	
9.	Keywords Arson, Fire	
10.	Abstract Provides specific incident data related to arson. Data a	re published annually in Crime in the United States.
11.	Affected public (Mark primary with "P" and all others that apply with "X") a Individuals or households d Farms b Business or other for profit e Federal Government c Not-for-profit institutions f State, Local, or Tribal Government	12. Obligation to respond (Mark primary with "P" and all others that apply with "X") a. P Voluntary b. Required to obtain or retain benefits c. Mandatory
13.	Annual reporting and recordkeeping hour burden a. Number of respondents b. Total annual responses 1. Percentage of these responses collected electronically 89 % c. Total annual hours requested d. Current OMB Inventory e. Difference f. Explanation of difference 1. Program Change 2. Adjustment 18,108 89 % 217,296 89 % 220,465 +12,129 +12,129	14. Annual reporting and recordkeeping cost burden (in thousands of dollars) a. Total annualized capital/startup costs b. Total annualized cost (O&M) c. Total annualized cost requested d. Current OMB Inventory e. Difference f. Explanation of difference 1. Program Change 2. Adjustment 0
15.	Purpose of information collection (Mark primary with "P" and all others that apply with "X") a Application for benefits e Program planning or management b Program Evaluation fX Research cP General Purpose Statistics g Regulatory or Compliance d Audit	16. Frequency of recordkeeping or reporting (check all that apply) a Recordkeeping
17.	Statistical Methods Does this Information Collection employ statistical methods?	18. Agency contact (person who can best answer questions regarding the content of this submission)
	□ Yes ⊠ No	Name: Patricia S. Hanning
		Phone: (304) 625-2957

OMB 83-I