

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.

<p>1. Agency/Subagency originating request DOJ, FBI, CJIS</p>	<p>2. OMB control number b. <input type="checkbox"/> None a. 1110-0008</p>
<p>3. Type of information collection (<i>check one</i>)</p> <p>a. <input type="checkbox"/> New collection</p> <p>b. <input type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input checked="" 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>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: ___/___/___</p> <p>c. <input type="checkbox"/> Delegated</p>
<p>3a. Public Comments Has the agency received public comments on this information collection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>5. Small entities Will this information collection have 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 the approval date</p> <p>b. <input type="checkbox"/> Other Specify: ___/___</p>	
<p>7. Title Monthly Return of Arson Offenses Known to Law Enforcement</p>	
<p>8. Agency form number(s) (<i>if applicable</i>) 1-725</p>	
<p>9. Keywords Arson, Fire</p>	
<p>10. Abstract Provides specific incident data related to arson. Data are published annually in <i>Crime in the United States</i>.</p>	
<p>11. Affected public (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Individuals or households 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 "P" and all others that apply with "X"</i>)</p> <p>a. <input checked="" type="checkbox"/> Voluntary</p> <p>b. <input type="checkbox"/> Required to obtain or retain benefits</p> <p>c. <input type="checkbox"/> Mandatory</p>
<p>13. Annual reporting and recordkeeping hour burden</p> <p>a. Number of respondents 18,108</p> <p>b. Total annual responses 217,296</p> <p> 1. Percentage of these responses collected electronically 89 %</p> <p>c. Total annual hours requested 32,594</p> <p>d. Current OMB Inventory 20,465</p> <p>e. Difference +12,129</p> <p>f. Explanation of difference</p> <p> 1. Program Change _____</p> <p> 2. Adjustment +12,129</p>	<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>)</p> <p>a. Total annualized capital/startup costs 0</p> <p>b. Total annual costs (O&M) 0</p> <p>c. Total annualized cost requested 0</p> <p>d. Current OMB Inventory 0</p> <p>e. Difference 0</p> <p>f. Explanation of difference</p> <p> 1. Program Change _____</p> <p> 2. Adjustment 0</p>
<p>15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program Evaluation f. <input checked="" type="checkbox"/> Research</p> <p>c. <input checked="" 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 type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third Party Disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p> 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input checked="" type="checkbox"/> Monthly</p> <p> 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually</p> <p> 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____</p>
<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: Patricia S. Hanning</p> <p>Phone: (304) 625-2957</p>