

JUSTIFICATION FOR CHANGE
ALASKA REGION SCALE & CATCH WEIGHING REQUIREMENTS
OMB CONTROL NO. 0648-0330

JUSTIFICATION FOR CHANGE: Reinstate regulations that were inadvertently removed in a previous final rule about locations where the National Marine Fisheries Service (NMFS) will conduct scale inspections (associated with a proposed rule, RIN 0648-AX97).

NMFS proposes to revise recordkeeping and reporting regulations and make miscellaneous revisions to 50 CFR Part 679. NMFS proposes to reinstate regulations that were inadvertently removed in a previous final rule about locations where NMFS will conduct scale inspections. This proposed action is necessary to re-establish a previous regulation. Scales inspections by inspectors paid by NMFS will be conducted on vessels tied up at docks in Kodiak, Alaska; Dutch Harbor, Alaska; and in the Puget Sound area of Washington State.

No economic impacts or additional burden are expected from the revisions in the rule, because annually providing the location of a scale inspection is part of normal business when requesting a scale inspection from NMFS. The groundfish fishing industry currently uses scales to comply with recordkeeping and reporting requirements, so the time and knowledge it takes to complete an inspection request are already established.

This action would create no new costs or additional burden. The scale and weighing forms may be viewed on the NMFS Alaska Region web site at <http://www.fakr.noaa.gov/rr/report.htm>

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency	OMB Control Number _____ - _____	
<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		
Difference		
Explanation of difference		
Program change		
Adjustment		
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**		
Signature of Senior Official or designee:	Date:	For OIRA Use _____ _____

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