

DATES: Comments must be submitted on or before August 7, 2014.

ADDRESSES: Submit written comments on the collection of information through www.Regulations.gov, or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW., Washington, DC 20503 or sent through electronic mail to oir_submission@omb.eop.gov. Please refer to "OMB Control No. 2900-0776" in any correspondence.

FOR FURTHER INFORMATION CONTACT: Crystal Rennie, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 632-7492 or email crystal.rennie@va.gov. Please refer to "OMB Control No. 2900-0776."

Titles:

- a. Arteries and Veins Conditions (Vascular Diseases including Varicose Veins) Disability Benefits Questionnaire, VA Form 21-0960A-2.
- b. Hypertension Disability Benefits Questionnaire, VA Form 21-0960A-3.
- c. Non-Ischemic Heart Disease (including Arrhythmias and Surgery, Disability Benefits Questionnaire, VA Form 21-0960A-4.
- d. Diabetic Peripheral Neuropathy (Diabetic Sensory-Motor Peripheral Neuropathy), Disability Benefits Questionnaire, VA Form 21-0960C-4.
- e. Diabetes Mellitus Disability Benefits Questionnaire, VA Form 21-0960E-1.
- f. Scar/Disfigurement Disability Benefits Questionnaire, VA Form 21-0960F-1.
- g. Skin Diseases Disability Benefits Questionnaire, VA Form 21-0960F-2.
- h. Amputations Disability Benefits Questionnaire, VA Form 21-0960M-1.
- i. Muscle Injuries Disability Benefits Questionnaire, VA Form 21-0960M-10.
- j. Temporomandibular Joint (TMJ) Conditions Disability Benefits Questionnaire, VA Form 21-0960M-15.
- k. Eye Conditions Disability Benefits Questionnaire, VA Form 21-0960N-2.

OMB Control Number: 2900-0776.

Type of Review: Revision of a Currently Approved Collection.

Abstract: Data collected on VA Form 21-0960 series will be used obtain information from claimants treating physician that is necessary to adjudicate a claim for disability benefits.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period

soliciting comments on this collection of information was published on January 17, 2014, at pages 3275-3276.

Affected Public: Individuals or households.

Estimated Annual Burden:

- a. VA Form 21-0960A-2—10,000.
- b. VA Form 21-0960A-3—12,500.
- c. VA Form 21-0960A-4—10,000.
- d. VA Form 21-0960C-4—37,500.
- e. VA Form 21-0960E-1—18,750.
- f. VA Form 21-0960F-1—6,250.
- g. VA Form 21-0960F-2—6,250.
- h. VA Form 21-0960M-1—12,500.
- i. VA Form 21-0960M-10—15,000.
- j. VA Form 21-0960M-15—3,750.
- k. VA Form 21-0960N-2—30,000.

Estimated Average Burden Per Respondent:

- a. VA Form 21-0960A-2—30 minutes.
- b. VA Form 21-0960A-3—15 minutes.
- c. VA Form 21-0960A-4—30 minutes.
- d. VA Form 21-0960C-4—30 minutes.
- e. VA Form 21-0960E-1—15 minutes.
- f. VA Form 21-0960F-1—15 minutes.
- g. VA Form 21-0960F-2—15 minutes.
- h. VA Form 21-0960M-1—30 minutes.
- i. VA Form 21-0960M-10—30 minutes.
- j. VA Form 21-0960M-15—15 minutes.
- k. VA Form 21-0960N-2—45 minutes.

Frequency of Response: On occasion.

Estimated Number of Respondents:

- a. VA Form 21-0960A-2—20,000.
- b. VA Form 21-0960A-3—50,000.
- c. VA Form 21-0960A-4—20,000.
- d. VA Form 21-0960C-4—75,000.
- e. VA Form 21-0960E-1—75,000.
- f. VA Form 21-0960F-1—25,000.
- g. VA Form 21-0960F-2—25,000.
- h. VA Form 21-0960M-1—25,000.
- i. VA Form 21-0960M-10—30,000.
- j. VA Form 21-0960M-15—15,000.
- k. VA Form 21-0960N-2—40,000.

Dated: July 1, 2014.

By direction of the Secretary.

Crystal Rennie,

Department Clearance Officer, Department of Veterans Affairs.

[FR Doc. 2014-15791 Filed 7-7-14; 8:45 am]

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DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0660]

Agency Information Collection (Request for Contact Information) Activity Under OMB Review

AGENCY: Veterans Benefits Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501-3521), this notice announces that the Veterans Benefits Administration (VBA), Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden; it includes the actual data collection instrument.

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FOR FURTHER INFORMATION CONTACT:

Crystal Rennie, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 632-7492 or email crystal.rennie@va.gov. Please refer to "OMB Control No. 2900-0660" in any correspondence.

SUPPLEMENTARY INFORMATION:

Title: Request for Contact Information, VA Form 21-30.

OMB Control Number: 2900-0660.

Type of Review: Revision of a currently approved collection.

Abstract: VA Form 21-30 is used to locate individuals when contact information cannot be obtained by other means or when travel funds may be significantly impacted in cases where an individual resides in a remote location and is not home during the day or when visited. VA uses the data collected determine whether a fiduciary of a beneficiary is properly executing his or her duties.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published on January 16, 2014, at page 2945.

Affected Public: Individuals or households.
Estimated Annual Burden: 1,250 hours.
Estimated Average Burden per Respondent: 30 minutes.
Frequency of Response: One-time.
Estimated Number of Respondents: 5,000.

Dated: July 1, 2014.

By direction of the Secretary.

Crystal Rennie,

VA Clearance Officer, U.S. Department of Veterans Affairs.

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