

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, 725 17th Street NW, Washington, DC 20503.**

<p>1. Agency/Subagency originating request</p> <p>DOJ, Executive Office for Immigration Review</p>	<p>2. OMB control number</p> <p style="text-align: right;">b. <input checked="" type="checkbox"/> None</p> <p>a. _____</p>
<p>3. Type of information collection (check one)</p> <p>a. <input checked="" type="checkbox"/> New collection</p> <p>b. <input type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input type="checkbox"/> Extension, without change, 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 (check one)</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</p> <p>Has the agency received public comments on this information collection?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>5. Small entities</p> <p>Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>7. Title</p> <p>Request by Organization for Accreditation of Non-Attorney Representative</p> <p>Request for Accreditation of Non-Attorney Representative by Recognized Organization</p>	<p>6. Requested expiration date</p> <p>a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify ____/____</p>
<p>8. Agency form number(s) (if applicable)</p> <p>Form EOIR-31A</p>	
<p>9. Keywords</p> <p>Immigration, non-profit organizations, legal services, accreditation</p>	
<p>10. Abstract</p> <p>This voluntary information collection (Form EOIR-31A) will allow an organization to seek accreditation for a non-attorney representative to appear before the Executive Office for Immigration Review and/or the Department of Homeland Security. The Form EOIR-31A will elicit, in a uniform manner, all of the required information for EOIR to determine whether a proposed representative meets the eligibility requirements for accreditation. There is no other form for accreditation.</p>	
<p>11. Affected public (Mark primary with "P" and all others that apply with "X")</p> <p>a. <input type="checkbox"/> Individuals or households</p> <p>b. <input type="checkbox"/> Business or other for-profit</p> <p>c. <input checked="" type="checkbox"/> Not-for-profit institutions</p> <p>d. <input type="checkbox"/> Farms</p> <p>e. <input type="checkbox"/> Federal Government</p> <p>f. <input type="checkbox"/> State, Local or Tribal Government</p>	<p>12. Obligation to respond (Mark primary with "P" and all others that apply with "X")</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 <u>544</u></p> <p>b. Total annual responses <u>544</u></p> <p>1. Percentage of these responses collected electronically <u>0</u> %</p> <p>c. Total annual hours requested <u>1,088</u></p> <p>d. Current OMB inventory <u>n/a</u></p> <p>e. Difference <u>n/a</u></p> <p>f. Explanation of difference</p> <p>1. Program change _____</p> <p>2. Adjustment <u>n/a</u></p>	<p>14. Annual reporting and recordkeeping cost burden (in thousands of dollars)</p> <p>a. Total annualized capital/startup costs <u>0</u></p> <p>b. Total annual costs (O&M) <u>0</u></p> <p>c. Total annualized cost requested <u>0</u></p> <p>d. Current OMB inventory <u>0</u></p> <p>e. Difference <u>n/a</u></p> <p>f. Explanation of difference</p> <p>1. Program change <u>n/a</u></p> <p>2. Adjustment <u>n/a</u></p>
<p>15. Purpose of information collection (Mark primary with "P" and all others that apply with "X")</p> <p>a. <input type="checkbox"/> Application for benefits</p> <p>b. <input type="checkbox"/> Program evaluation</p> <p>c. <input type="checkbox"/> General purpose statistics</p> <p>d. <input type="checkbox"/> Audit</p> <p>e. <input type="checkbox"/> Program planning or management</p> <p>f. <input type="checkbox"/> Research</p> <p>g. <input checked="" type="checkbox"/> Regulatory or compliance</p>	<p>16. Frequency of recordkeeping or reporting (check all that apply)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping</p> <p>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 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 checked="" type="checkbox"/> Other (describe) <u>as needed</u></p>
<p>17. Statistical methods</p> <p>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 (person who can best answer questions regarding the content of this submission)</p> <p>Name: <u>Christina Baptista</u></p> <p>Phone: <u>703-305-0992 or 703-863-9836</u></p>

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