## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1601-0014)

**TITLE OF INFORMATION COLLECTION:** Waterways Analysis and Management (WAMS) Study

**PURPOSE:**

WAMS studies are conducted pursuant to the Ports and Waterways Safety Act (PWSA), 33 U.S.C., Chapter 25 – Ports and Waterways Safety Program. In the Statement of Policy for Chapter 25, Congress stated “that advance planning is critical in determining proper and adequate protective measures for the Nation’s ports and waterways and the marine environment, with continuing consultation with other Federal agencies, State representatives, affected users, and the general public, in the development and implementation of such measures.” 33 U.S.C. § 1221(4)(d). In accordance with Congressional intent, the Coast Guard seeks to develop and implement the next-generation of waterway system management and design to meet current user navigation capabilities and requirements. In furtherance of its statutory responsibilities under the PWSA, the Coast Guard is requesting information on navigational requirements from maritime stakeholders. This long-term effort focuses on revised waterway marking design standards that optimize the Aids to Navigation (ATON) mix through the use of traditional (physical) and the emerging technology of electronic aids, and must also consider established service levels and transmission of enhanced Marine Safety Information (e-MSI) to mariners. As a result of this study, the Coast Guard will better understand current mariner navigational needs and capabilities, which will inform the Coast Guard’s management of the U.S. ATON system. This study will not lead to substantive changes to the ATON program, but will help the Coast Guard validate that we are providing the required services to the mariner. We anticipate this study will not only benefit coastal navigation and improve port resiliency, but will also foster enhanced workforce efficiency for the Coast Guard as it transforms U.S. waterways into a physical and information-based system.

**DESCRIPTION OF RESPONDENTS**:

Respondents will be our maritime stakeholders. Both professional mariners, as well as recreational boaters will have the opportunity to provide information if they choose to do so.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[] Focus Group [X ] Other: \_Feedback as a result of public meetings

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name:\_CDR John Stone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No **N/A**
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ ] No **N/A**

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time** | **Burden** |
| Private Sector | 500 | 10 | 83 |
|  |  |  |  |
| **Totals** | **500** | 10 | **83** |

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_\_$631.20\_\_\_\_\_\_

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe? [X] Yes [ ] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

**The Coast Guard will be conducting public meetings, and the members in attendance will be given the opportunity to provide feedback via our collection tool.**

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[X ] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [ ] Yes [X ] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

## Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS**: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**