enter and leave the facility, and are prohibited from bringing the following items into the facility:

 Illegal drugs, drug paraphernalia, and contraband;

Weapons of any type.

The United States Mint Police Officer conducting the screening will evaluate whether an item may enter into or exit from a facility based upon federal law, Treasury policy, United States Mint Policy, and local operating procedure; and all prohibited and unauthorized items will be subject to confiscation and disposal.

For Further Information Contact: Betty Birdsong, Acting United States Mint Liaison to the CCAC; 801 9th Street NW., Washington, DC 20220; or call 202-354-7200.

Authority: 31 U.S.C. 5135(b)(8)(C).

Dated: March 2, 2017.

#### David Motl,

Acting Principal Deputy Director, United States Mint.

[FR Doc. 2017-04466 Filed 3-6-17; 8:45 am] BILLING CODE P

#### DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0051]

## Agency Information Collection Activity Under OMB Review: Supporting Statement for State Approving Agency **Reports and Notices**

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

#### **ACTION:** Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995, 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.

DATES: Comments must be submitted on or before April 6, 2017.

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 oira submission@ omb.eop.gov. Please refer to "OMB

Control No. 2900-0051" in any correspondence.

## FOR FURTHER INFORMATION CONTACT:

Cynthia Harvey-Pryor, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461-5870 or email cynthia.harveypryor@va.gov.

Please refer to "OMB Control No. 2900-0094.'

#### SUPPLEMENTARY INFORMATION:

*Title:* Supporting Statement for State Approving Agency Reports and Notices 38 CFR 21.4154, 21.4250(b), 21.4258, 21.4259.

OMB Control Number: 2900–0051. *Type of Review:* Revision of a currently approved collection.

Abstract: 2900–0051 is for

information reports provided by State Approving Agencies. VA will use data collected to determine the number of annual disapprovals and approvals for programs of education.

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 Vol. 81, No. 248, Tuesday, December 27,

2016, pages 95313 and 95314. Affected Public: State Approving Agencies.

- Estimated Annual Burden: 97,012 hours.

Estimated Average Burden per Respondent: 11 hours.

Frequency of Response: Annual. Estimated Number of Respondents: 53.

By direction of the Secretary.

#### Cynthia Harvey-Pryor,

Agency Clearance Officer, Office of Privacy and Records Management, Department of Veteran Affairs.

[FR Doc. 2017-04428 Filed 3-6-17; 8:45 am] BILLING CODE 8320-01-P

## DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0043]

#### Agency Information Collection Activity Under OMB Review (Declaration of Status of Dependents (VA Form 21-686c))

**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. 3501-21), this notice announces that the Veterans Benefits Administration, 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 and it includes the actual data collection instrument.

DATES: Comments must be submitted on or before April 6, 2017.

**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 oira submission@ omb.eop.gov. Please refer to "OMB Control No. 2900–0043" in any correspondence.

## FOR FURTHER INFORMATION CONTACT:

Cynthia Harvey-Pryor, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461–5870 or email cynthia.harveypryor@va.gov. Please refer to "OMB Control No. 2900–0043" in any correspondence.

### SUPPLEMENTARY INFORMATION:

Title: Declaration of Status of Dependents (VA Form 21–686c).

OMB Control Number: 2900–0043. Type of Review: Extension of a

currently approved collection. Abstract: VA Form 21–686c is

necessary to obtain current marital and dependency information in order to determine the proper rate of payment for Veterans and surviving spouses who are entitled to an additional allowance for dependents.

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 at 81 FR 240, on December 14, 2016, page 90411.

Affected Public: Individuals or Households.

Estimated Annual Burden: 56,500. Estimated Average Burden Per Respondent: 15 minutes.

Frequency of Response: One time. Estimated Number of Respondents: 226,000.

By direction of the Secretary. **Cynthia Harvey-Pryor,** Department Clearance Officer, Office of Privacy and Records Management, Department of Veterans Affairs. [FR Doc. 2017–04344 Filed 3–6–17; 8:45 am]

BILLING CODE 8320-01-P

## DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0809]

## Agency Information Collection Activity (Hand and Finger Conditions Disability Benefits Questionnaire (VA Form 21– 0960M–7))

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

#### ACTION: Notice.

**SUMMARY:** The Veterans Benefits Administration (VBA), Department of Veterans Affairs (VA), is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act (PRA) of 1995, Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed revision of a currently approved collection, and allow 60 days for public comment in response to the notice.

VA Form 21-0960 series is used to gather necessary information from a claimant's treating physician regarding the results of medical examinations. VA gathers medical information related to the claimant that is necessary to adjudicate the claim for VA disability benefits. The Disability Benefit Questionnaire title will include the name of the specific disability for which it will gather information. VAF 21-0960M-7, Hand and Finger Conditions Disability Benefits Ouestionnaire, will gather information related to the claimant's diagnosis of a hand or finger condition.

**DATES:** Written comments and recommendations on the proposed collection of information should be received on or before May 8, 2017.

**ADDRESSES:** Submit written comments on the collection of information through Federal Docket Management System (FDMS) at *www.Regulations.gov* or to Nancy J. Kessinger, Veterans Benefits Administration (20M33), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420 or email to *nancy.kessinger@va.gov.* Please refer to "OMB Control No. 2900–0809" in any correspondence. During the comment period, comments may be viewed online through the FDMS.

FOR FURTHER INFORMATION CONTACT: Nancy J. Kessinger at (202) 632–8924 or FAX (202) 632–8925.

**SUPPLEMENTARY INFORMATION:** Under the PRA of 1995 (Pub. L. 104–13; 44 U.S.C. 3501–21), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. This request for comment is being made pursuant to Section 3506(c)(2)(A) of the PRA.

With respect to the following collection of information, VBA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of VBA's functions, including whether the information will have practical utility; (2) the accuracy of VBA's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

*Title:* (Hand and Finger Conditions Disability Benefits Questionnaire (VA Form 21–0960M–7)).

OMB Control Number: 2900-0809.

*Type of Review:* Extension without change of an approved collection.

Abstract: VA Form 21-0960 series is used to gather necessary information from a claimant's treating physician regarding the results of medical examinations. VA gathers medical information related to the claimant that is necessary to adjudicate the claim for VA disability benefits. The Disability Benefit Questionnaire title will include the name of the specific disability for which it will gather information. VAF 21-0960M-7, Hand and Finger **Conditions Disability Benefits** Questionnaire, will gather information related to the claimant's diagnosis of a hand or finger condition.

*Affected Public:* Individuals or households.

Estimated Annual Burden: 15,000. Estimated Average Burden per Respondent: 30 minutes.

Frequency of Response: One time. Estimated Number of Respondents: 30,000. By direction of the Secretary. **Cynthia Harvey-Pryor,** Department Clearance Officer, Office of Privacy and Records Management, Department of Veterans Affairs. [FR Doc. 2017–04348 Filed 3–6–17; 8:45 am] **BILLING CODE 8320–01–P** 

## DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0659]

Agency Information Collection Activity Under OMB Review: Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD) and Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD) Secondary to Personal Assault

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs (VA). **ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995, this notice announces that the Veterans Benefits Administration, 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 and it includes the actual data collection instrument. **DATES:** Comments must be submitted on or before April 6, 2017.

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 *oira submission*@ *omb.eop.gov*. Please refer to "OMB Control No. 2900–0659" in any correspondence.

# FOR FURTHER INFORMATION CONTACT:

Cynthia Harvey-Pryor, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461–5870 or email *cynthia.harveypryor@va.gov.* Please refer to "OMB Control No. 2900–0659" in any correspondence.

# SUPPLEMENTARY INFORMATION:

*Authority:* 44 U.S.C. 3501–21. *Title:* Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD) (VA Form 21–0781) and Support of Claim for Service