

*E-Gov Web site:* <http://www.regulations.gov>. This site allows the public to enter comments on any **Federal Register** notice issued by any agency.

*Fax:* 1-202-493-2251.

*Mail:* Docket Management Facility; U.S. Department of Transportation (DOT), 1200 New Jersey Avenue SE., West Building, Room W12-140, Washington, DC 20590-0001.

*Hand Delivery:* Room W12-140 on the ground level of the DOT West Building, 1200 New Jersey Avenue SE., Washington, DC, between 9:00 a.m. and 5:00 p.m., Monday through Friday, except on Federal holidays.

*Instructions:* Identify the docket number PHMSA-2016-0128 at the beginning of your comments. Note that all comments received will be posted without change to <http://www.regulations.gov>, including any personal information provided. You should know that anyone is able to search the electronic form of all comments received into any of our dockets by the name of the individual submitting the comment (or signing the comment, if submitted on behalf of an association, business, labor union, etc.). Therefore, you may want to review DOT's complete Privacy Act Statement in the **Federal Register** published on April 11, 2000, (65 FR 19477) or view the Privacy Notice at <http://www.regulations.gov> before submitting any such comments.

*Docket:* For access to the docket or to read background documents or comments, go to <http://www.regulations.gov> at any time or to Room W12-140 on the ground level of the DOT West Building, 1200 New Jersey Avenue SE., Washington, DC, between 9:00 a.m. and 5:00 p.m., Monday through Friday, except Federal holidays.

If you wish to receive confirmation of receipt of your written comments, please include a self-addressed, stamped postcard with the following statement: "Comments on PHMSA-2016-0128." The Docket Clerk will date stamp the postcard prior to returning it to you via the U.S. mail.

#### Privacy Act Statement

In accordance with 5 U.S.C. 553(c), DOT solicits comments from the public to better inform its rulemaking process. DOT posts these comments, without edit, including any personal information the commenter provides, to [www.regulations.gov](http://www.regulations.gov), as described in the system of records notice (DOT/ALL-14 FDMS), which can be reviewed at [www.dot.gov/privacy](http://www.dot.gov/privacy).

#### Services for Individuals With Disabilities

The public meeting will be physically accessible to people with disabilities. Individuals requiring accommodations, such as sign language interpretation or other ancillary aids, are asked to notify Cheryl Whetsel at [cheryl.whetsel@dot.gov](mailto:cheryl.whetsel@dot.gov) by December 12, 2016.

**FOR FURTHER INFORMATION CONTACT:** For information about the meeting, contact Cheryl Whetsel by phone at 202-366-4431 or by email at [cheryl.whetsel@dot.gov](mailto:cheryl.whetsel@dot.gov).

#### SUPPLEMENTARY INFORMATION:

##### I. Background

The VIS Working Group is a newly created advisory committee established in accordance with Section 10 of the Protecting our Infrastructure of Pipelines and Enhancing Safety (PIPES) Act of 2016 (Pub. L. 114-183), the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., App. 2, as amended), and 41 CFR 102-3.50(a).

##### II. Meeting Details and Agenda

The VIS Working Group will consider and provide recommendations to the Secretary as specifically outlined in section 10 of Public Law 114-183:

(a) The need for, and the identification of, a system to ensure that dig verification data are shared with in-line inspection operators to the extent consistent with the need to maintain proprietary and security-sensitive data in a confidential manner to improve pipeline safety and inspection technology;

(b) Ways to encourage the exchange of pipeline inspection information and the development of advanced pipeline inspection technologies and enhanced risk analysis;

(c) Opportunities to share data, including dig verification data between operators of pipeline facilities and in-line inspector vendors to expand knowledge of the advantages and disadvantages of the different types of in-line inspection technology and methodologies;

(d) Options to create a secure system that protects proprietary data while encouraging the exchange of pipeline inspection information and the development of advanced pipeline inspection technologies and enhanced risk analysis;

(e) Means and best practices for the protection of safety- and security-sensitive information and proprietary information; and

(f) Regulatory, funding, and legal barriers to sharing the information described in paragraphs (a) through (d).

The Secretary will publish the VIS Working Group's recommendations on a publicly available DOT Web site. The VIS Working Group will fulfill its purpose once its recommendations are published online.

The agenda will be published on the PHMSA Web site.

Issued in Washington, DC, on November 21, 2016, under authority delegated in 49 CFR 1.97.

**Linda Daugherty,**

*Deputy Associate Administrator for Field Operations.*

[FR Doc. 2016-28425 Filed 11-25-16; 8:45 am]

**BILLING CODE 4910-60-P**

#### DEPARTMENT OF TRANSPORTATION

##### Office of the Secretary

[Docket No. DOT-OST-2016-0171]

##### Request for Comments

**AGENCY:** Office of the Secretary, U.S. Department of Transportation

**ACTION:** Notice and request for comments

**SUMMARY:** In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), this notice announces that the U.S. Department of Transportation (DOT) will forward the Information Collection Request (ICR) abstracted below to the Office of Management and Budget (OMB) for renewal of a previously approved collection. The ICR describes the nature of the information collection and its expected cost and burden hours. The OMB approved the form in 2015 with its renewal required by December 31, 2016. The **Federal Register** Notice with a 60-day comment period soliciting comments on the form renewal was published on September 16, 2016, [FR Vol. 81, No. 180, page 63855]. No comments were received.

**DATES:** Comments on this notice must be received by December 28, 2016.

**ADDRESSES:** Interested persons are invited to submit comments regarding this proposal to the DOT/OST Desk Officer, Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street, NW., Washington, DC 20503, or by email to [oira\\_submission@omb.eop.gov](mailto:oira_submission@omb.eop.gov).

**FOR FURTHER INFORMATION CONTACT:** Tami L. Wright, Associate Director, Equal Employment Opportunity Complaints and Investigations Division

(S-34), Departmental Office of Civil Rights, Office of the Secretary, U.S. Department of Transportation, 1200 New Jersey Avenue SE., Washington, DC 20590, 202-366-9370.

**SUPPLEMENTARY INFORMATION:**

*Form Title(s):* Individual Complaint of Employment Discrimination Form.

*Form Number:* DOT F 1050-8.

*OMB Control Number:* 2105-0056.

*Abstract:* The DOT will utilize the form to collect information necessary to process Equal Employment Opportunity (EEO) discrimination complaints filed by employees, former employees, and applicants for employment with the Department. These complaints are processed in accordance with the Equal Employment Opportunity Commission's regulations, 29 CFR part 1614, as amended. The DOT will use the form to: (a) Request requisite information from the individual for processing his or her EEO employment discrimination

complaint; and (b) obtain information to identify an individual or his or her attorney or other representative, if appropriate. An individual's filing of an EEO employment complaint is solely voluntary. The DOT estimates that it takes an individual approximately one hour to complete the form.

*Type of Request:* Renewal of a previously approved collection.

*Affected Public:* Job applicants filing EEO employment discrimination complaints.

*Total Annual Estimated Burden:* 10 hours.

*Frequency of Collection:* An individual's filing of an EEO complaint is solely voluntary.

*Comments are Invited on:* (a) Whether the proposed collection of information is reasonable for the proper performance of the EEO functions of the Department; (b) the accuracy of the Department's estimate of the burden of the proposed

information collection, including the validity of methodology and assumptions used; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on those who are to respond, including use of appropriate, automated, electronic, mechanical, or other technology. Comments should be addressed to the address in the preamble. All responses to this notice will be summarized and included in the request for Office of Management and Budget approval. All comments will also become a matter of public record.

Issued in Washington, DC, on November 18, 2016.

**Habib Azarsina,**

*OST Privacy and PRA Officer, U.S. Department of Transportation.*

**BILLING CODE 4910-9X?-P**

OMB No.

## PAPERWORK REDUCTION ACT BURDEN STATEMENT

Under the Paperwork Act of 1995, no persons are required to respond to a collection of information unless it displays valid OMB control number. The public reporting burden for this voluntary collection of information is estimated to average 1 hour per response. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to the U.S. Department of Transportation, Departmental Office of Civil Rights, S-34, 1200 New Jersey Avenue, S.E., Washington, DC 20590



## U.S. Department of Transportation

INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION  
FORM INSTRUCTIONS

*(Read the following instructions carefully before you complete this form.)  
(Please complete all items on the complaint form.)*

**GENERAL:** This form should be used only if you, as an applicant for employment with the Department of Transportation, or as a present or former Department of Transportation employee:

- 1) believe you have been discriminated against because of your **race, color, religion, sex** (gender, sexual harassment, pregnancy, sexual orientation, gender identity, or transgender status), **national origin, age** (40 years or older at the time of the event giving rise to your claim), **physical or mental disability, equal pay/compensation, genetic information**, or believe that you have been **retaliated** against for participating in activities covered under the Equal Employment Opportunity statutes; **and**
- 2) have presented the matter for informal resolution to an EEO Counselor within **45-calendar days** of the event giving rise to your claim, or within **45-calendar days** of first becoming aware of the alleged discrimination.

**IMPORTANT NOTE:** In certain situations, the information provided in Part III of the attached complaint form may be used in lieu of an affidavit in the investigation of your complaint. Accordingly, the information you provide in this part should be brief, clear, and complete.

**WHEN TO FILE:** In accordance with 29 C.F.R. § 1614.106, your formal complaint must be filed within **15-calendar days** of the date you received the Notice of Right to File a Discrimination Complaint form from your EEO Counselor. You must sign and date your complaint. If you are represented **by an attorney**, the attorney may sign the complaint on your behalf.

These time limits may be extended: **1)** if you show that you were not notified of the time limits and were not otherwise aware of them, or **2)** if you were prevented by circumstances beyond your control from submitting the matter within the time limits, or **3)** for other reasons considered sufficient by the Department.

**REPRESENTATION:** You may have a representative of your own choosing at all stages of the processing of your complaint. However, your representative will be disqualified if such representation would conflict with the official or collateral duties of the representative. No EEO Counselor or EEO Officer may serve as a representative. *(Your representative need not be an attorney, but only an attorney representative may sign the complaint on your behalf.)*


**WHERE TO FILE:** The complaint should be filed with the Associate Director, Equal Employment Opportunity Complaints and Investigations Division (S-34), Departmental Office of Civil Rights, 1200 New Jersey Avenue, S.E., W76-401, Washington, DC 20590. Filing instructions are contained in the Notice of Right to File a Discrimination Complaint form which was provided by your EEO Counselor. Keep a copy of the completed complaint form for your records.

(PLEASE ALSO READ THE PRIVACY ACT STATEMENT ON THE REVERSE SIDE)

**PRIVACY ACT STATEMENT**

1. **FORM NUMBER/TITLE DATE:** Department of Transportation Form Number 1050-8, Individual Complaint of Employment Discrimination with the Department of Transportation.
2. **AUTHORITY:** 42 U.S.C. 2000e; 29 U.S.C. 633a; PL 95-062 as amended; 5 U.S.C. 1303 and 1304; 5 C.F.R. 5.2 and 5.3; 29 C.F.R. 1614.105 and 1614.107; and Executive Order 11478, as amended.
3. **PRINCIPAL PURPOSES:** The purpose of this complaint form, whether recorded initially on the form or taken from a letter from the Complainant, is to record the filing of a formal written complaint of employment discrimination with the Department of Transportation on the grounds of race, color, religion, sex (gender, sexual harassment, pregnancy, sexual orientation, gender identity, or transgender status), national origin, age, physical or mental disability, genetic information, or reprisal, and to reach a decision on the complaint. Information provided on this form will be used by the Department of Transportation to determine whether the complaint was timely filed and whether the claims in the complaint are within the purview of 29 C.F.R. Part 1614, and to provide a factual basis for investigation of the complaint.
4. **ROUTINE USES:** Other disclosures may be:
  - a. to respond to a request from a Member of Congress regarding the status of the complaint or appeal;
  - b. to respond to a court subpoena and/or to refer to a district court in connection with a civil suit;
  - c. to disclose information to authorized officials or personnel to adjudicate a complaint or appeal;
  - d. to disclose information to another Federal agency or to a court or third party in litigation when the Government is party to a suit before the court.
5. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY, AND EFFECT ON INDIVIDUAL BY NOT PROVIDING INFORMATION:** Formal complaints of employment discrimination must be in writing, signed by the Complainant (or attorney representative), and must identify the parties and action or policy at issue. Failure to comply may result in the Department of Transportation dismissing the complaint. It is not mandatory that this form be used to provide the requested information.

**DETACH AND KEEP THIS PAGE WHEN YOU FILE YOUR COMPLAINT**

 <p><b>DEPARTMENT OF TRANSPORTATION</b></p> <p>INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION WITH THE DEPARTMENT OF TRANSPORTATION</p>	<p><b>FOR OFFICE USE ONLY</b></p> <p>DEPARTMENT CASE NUMBER _____</p> <p>FILING DATE _____</p>
<b>PART I COMPLAINANT IDENTIFICATION INFORMATION</b>	
<p><b>1. Name (Last, First, Middle Initial):</b></p> <p><b>2. Telephone/Fax (Include Area Code):</b></p> <p>Home: _____ Fax: _____</p> <p>Work: _____ Fax: _____</p> <p>E-Mail: _____</p> <p><b>3. Present Home Address (You must notify the Departmental Office of Civil Rights of any changes to your address while the complaint is pending, or your complaint may be dismissed):</b></p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p><b>4. If you are a <i>current</i> or <i>former</i> employee of the Federal government, list your most recent title, series, and grade.</b></p> <p>Title _____ Series _____ Grade _____</p>	<p><b>5. Name and Address of Organization Where You Work (If a Department of Transportation Employee):</b></p> <p>Office and Staff Symbol: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p><b>6. Employment Status in Relation to this Complaint:</b></p> <p><input type="checkbox"/> Applicant   <input type="checkbox"/> Probationary   <input type="checkbox"/> Career/Career Conditional</p> <p><input type="checkbox"/> Former Employee      Date Last Employed at Department: _____</p> <p><input type="checkbox"/> Retired                      Date of Retirement: _____</p> <p><input type="checkbox"/> Other                          Specify _____</p>
<p><b>7. I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief.</b></p> <p>Signature of Complainant or ATTORNEY Representative _____ Date _____</p>	
<b>PART II DESIGNATION OF REPRESENTATIVE</b>	
<p><b>8. You may represent yourself in this complaint or you may choose someone to represent you. Your representative does not have to be an attorney. You may change your designation of a representative at a later date, but you must notify the Departmental Office of Civil Rights immediately in writing of any change, and you must include the same information requested in this Part.</b></p> <p>"I hereby designate _____ (Please Print Name) to serve as my representative during the course of this complaint. I understand that my representative is authorized to act on my behalf.</p>	
<p><b>9. Representative's Mailing Address:</b></p> <p>Firm/Organization _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p>	<p><b>10. Representative's Employer (If Federal Agency):</b></p> <p><b>11. Representative's Telephone/Fax (Include Area Code):</b></p> <p>Telephone: _____ Fax: _____</p>
<p><b>12. SIGNATURE of Complainant (or ATTORNEY)      DATE</b></p>	

<b>PART III ALLEGED DISCRIMINATORY ACTIONS</b>																			
<p><b>13. Name and Address of Agency/office that took the action at issue (if different than item 5.)</b></p> <hr/> <p><b>Office and Organizational Component</b></p> <hr/> <p><b>Street Address</b></p> <hr/> <p><b>City</b>                      <b>State</b>                      <b>Zip Code</b></p>	<p><b>14. If your complaint involves non-selection for a position, please complete the following:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>Position Title</b></td> <td style="width: 20%;"><b>Series</b></td> <td style="width: 20%;"><b>Grade</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td><b>Vacancy Announcement No.</b></td> <td colspan="2"><b>Date Learned of Non-selection</b></td> </tr> <tr> <td> </td> <td colspan="2"> </td> </tr> </table>	<b>Position Title</b>	<b>Series</b>	<b>Grade</b>				<b>Vacancy Announcement No.</b>	<b>Date Learned of Non-selection</b>										
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