


PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/subagency DHS, USCIS		OMB Control Number _____ 1615 _____ . 0033 _____	
<i>Enter only items that change</i>			
		Current record	New record
Agency form number (s) Form I-693			
Annual reporting and recordkeeping hour burden			
Number of respondents			
Total annual responses			
Percent of these responses collected electronically	%		%
Total annual hours			
Difference			
Explanation of difference			
Program change			
Adjustment			
Annual reporting and recordkeeping cost burden (in thousands of dollars)			
Total annualized Capital/Startup costs			
Total annual costs (O&M)			
Total annualized cost requested			
Difference			
Explanation of difference			
Program change			
Adjustment			
Other changes** Correction to the instructions to match CDC regulation. Revising "All applicants 15 years of age and older must have a blood test for gonorrhoea." to read as "All applicants 15 years of age and older must be tested for gonorrhoea."			
Signature of Senior Official or designee:		Date:	For OIRA Use
		3/16/2017	_____ _____

** This form cannot be used to extend an expiration date.