


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: 3/16/2017	For OIRA Use _____ _____

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