## PAPERWORK REDUCTION ACT SUBMISSION Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503. 1. AGENCY/SUBAGENCY ORIGINATING REQUEST 2. OMB CONTROL NUMBER b. NONE 4. TYPE OF REVIEW REQUESTED (X one) 3. TYPE OF INFORMATION COLLECTION (X one) a. REGULAR SUBMISSION a. NEW COLLECTION b. EMERGENCY - APPROVAL REQUESTED BY: b. REVISION OF A CURRENTLY APPROVED COLLECTION c. DELEGATED c. EXTENSION OF A CURRENTLY APPROVED COLLECTION 5. SMALL ENTITIES Will this information collection have a significant economic d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY impact on a substantial number of small entities? APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY 6. REQUESTED EXPIRATION DATE APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED a. THREE YEARS FROM APPROVAL DATE f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL NUMBER b. OTHER: 7. TITLE 8. AGENCY FORM NUMBER(S) (if applicable) 9. KEYWORDS 10. ABSTRACT 11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X") 12. OBLIGATION TO RESPOND (Mark primary with "P" and all others that apply with "X") a. INDIVIDUALS OR HOUSEHOLDS d. FARMS a. VOLUNTARY b. BUSINESS OR OTHER FOR-PROFIT e. FEDERAL GOVERNMENT b. REQUIRED TO OBTAIN OR RETAIN BENEFITS c. NOT-FOR-PROFIT INSTITUTIONS f. STATE, LOCAL OR TRIBAL GOVERNMENT c. MANDATORY 13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN 14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars) a. NUMBER OF RESPONDENTS a. TOTAL CAPITAL/STARTUP COSTS b. TOTAL ANNUAL COSTS (O&M) b. TOTAL ANNUAL RESPONSES (1) Percentage of these responses collected electronically c. TOTAL ANNUALIZED COST REQUESTED c. TOTAL ANNUAL HOURS REQUESTED d. CURRENT OMB INVENTORY d. CURRENT OMB INVENTORY e. DIFFERENCE (+, -) f. EXPLANATION OF DIFFERENCE: e. DIFFERENCE (+, -) f. EXPLANATION OF (1) Program change (+, -) (1) Program change (+, -) DIFFERENCE: (2) Adustment (+, -) (2) Adustment (+, -) 16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply) 15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X") a. RECORDKEEPING b. THIRD PARTY DISCLOSURE a. APPLICATION FOR BENEFITS c. REPORTING: e. PROGRAM PLANNING b. PROGRAM EVALUATION OR MANAGEMENT (2) Weekly (1) On Occasion (3) Monthly f. RESEARCH c. GENERAL PURPOSE STATISTICS (4) Quarterly (5) Semi-Annually (6) Annually g. REGULATORY OR d. AUDIT (7) Biennially (8) Other (Describe) 17. STATISTICAL METHODS 18. AGENCY CONTACT (Person who can best answer questions regarding the content of this submission) Does this information collection employ statistical methods? b. TELEPHONE NUMBER (Include area code) a. NAME YES NO

OMB CONTROL NUMBER	TITLE		
<del>-</del>			
19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS			
a. PROGRAM OFFICIAL CERTIFIC Type name	ATION (Internal DOC Use Only)		Date
On behalf of this Federal complies with 5 CFR 132	agency, I certify that the collection of in	formation encompassed	by this request
<b>NOTE:</b> The text of 5 CFF instructions. <i>The certificatinstructions</i> .	R 1320.9, and the related provisions of 5 ation is to be made with reference to the	CFR 1320.8(b)(3), appose regulatory provisions	pear at the end of the s as set forth in the
The following is a summa certification covers:	ary of the topics, regarding the proposed	collection of information	n, that the
(a) It is necessary for the	proper performance of agency functions	;	
(b) It avoids unnecessary	duplication;		
(c) It reduces burden on s	small entities;		
(d) It uses plain, coherent	, and unambiguous language that is unde	erstandable to responde	ents;
(e) Its implementation wil	I be consistent and compatible with curre	ent reporting and record	keeping practices;
(f) It indicates the retention	on periods for recordkeeping requirement	'S;	
(g) It informs respondents	s of the information called for under 5 CF	R 1320.8(b)(3) about:	
(i) Why the informat	ion is being collected;		
(ii) Use of information	n;		
(iii) Burden estimate;			
(iv) Nature of respons	e (voluntary, required for a benefit, or m	andatory);	
(v) Nature and exten	t of confidentiality; and		
(vi) Need to display cı	urrently valid OMB control number;		
(h) It was developed by a management and use	n office that has planned and allocated roof the information to be collected (see n	esources for the efficier ote in Item 19 of the in	nt and effective structions);
(i) If applicable, it uses effective and efficient statistical survey methodology; and			
(j) It makes appropriate u	(j) It makes appropriate use of information technology.		
If you are unable to certif reason in Item 18 of the S	Ty compliance with any of these provision Supporting Statement.	ns, identify the item belo	ow and explain the
b. SENIOR OFFICIAL OR DESIGNEE Type name	CERTIFICATION		Date
Турстать			Date

MB CONTROL NUMBER 0607 - 0152	Automated Export System (AES) Program	
	APERWORK REDUCTION ACT SUBMISSIONS	
pe name	ICATION (Internal DOC Use Only)	Date
Enrique Lamas, Performing the Bureau	Non-Eccusive Diffes and Functions of the Deputy Directo	or, U.S. Census
On behalf of this Feder complies with 5 CFR 1	al agency, I certify that the collection of informa 320.9.	ation encompassed by this request
<b>NOTE:</b> The text of 5 C instructions. <i>The certificins instructions.</i>	FR 1320.9, and the related provisions of 5 CFR ication is to be made with reference to those re	R 1320.8(b)(3), appear at the end of the equipment of the equipment of the equipment of the equipment of the end of the equipment of the equipment of the end of the equipment of the end o
The following is a summer certification covers:	nary of the topics, regarding the proposed colle	ction of information, that the
(a) It is necessary for the	e proper performance of agency functions;	
(b) It avoids unnecessa	y duplication;	
(c) It reduces burden or	small entities;	
(d) It uses plain, cohere	nt, and unambiguous language that is understar	ndable to respondents;
(e) Its implementation v	vill be consistent and compatible with current re	eporting and recordkeeping practices;
(f) It indicates the reter	tion periods for recordkeeping requirements;	
(g) It informs responde	nts of the information called for under 5 CFR 13	320.8(b)(3) about:
(i) Why the inform	ation is being collected;	
(ii) Use of informat	on;	
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(iv) Nature of respo	nse (voluntary, required for a benefit, or mandat	tory);
(v) Nature and exte	nt of confidentiality; and	
(vi) Need to display	currently valid OMB control number;	
(h) It was developed by management and us	an office that has planned and allocated resour e of the information to be collected (see note in	rces for the efficient and effective n Item 19 of the instructions);
(i) If applicable, it uses	effective and efficient statistical survey method	dology; and
(j) It makes appropriate	use of information technology.	
If you are unable to cer reason in Item 18 of th	tify compliance with any of these provisions, ide e Supporting Statement.	entify the item below and explain the
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pe name	L CERTIFICATION	Date