

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous language that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8 (b)(3) about:
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology (if applicable); and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee



Date

7/10/23

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.**

<p>1. Agency/Subagency originating request</p> <p>FBI/CJIS</p>	<p>2. OMB control number b. <input type="checkbox"/> None</p> <p>a. <u>1110</u> - <u>0052</u> _____</p>
<p>3. Type of information collection (<i>check one</i>)</p> <p>a. <input type="checkbox"/> New Collection</p> <p>b. <input checked="" type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired</p> <p>f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p><i>For b-f, note Item A2 of Supporting Statement instructions</i></p>	<p>4. Type of review requested (<i>check one</i>)</p> <p>a. <input checked="" type="checkbox"/> Regular</p> <p>b. <input type="checkbox"/> Emergency - Approval requested by: ___/___/___</p> <p>c. <input type="checkbox"/> Delegated</p>
	<p>5. Small entities</p> <p>Will this information collection have a significant economic impact on a substantial number of small entities?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
	<p>6. Requested expiration date</p> <p>a. <input checked="" type="checkbox"/> Three years from the approval date b. <input type="checkbox"/> ___/___/___</p>
<p>7. Title</p> <p>Identity History Summary Request Form</p>	
<p>8. Agency form number(s) (<i>if applicable</i>)</p> <p>1-783</p>	
<p>9. Keywords</p> <p>Identity History Summary Request, Departmental Order 556-73, Rap Sheet, Criminal History Request</p>	
<p>10. Abstract</p> <p>DOJ's CJIS is requesting PRA approval for a revision of a currently approved collection used by individuals to request a copy of their personal identification record to view it or to obtain a change, correction, or update to the record.</p>	
<p>11. Affected public (<i>Mark primary with "P" and all others with "X"</i>)</p> <p>a. <input checked="" type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms</p> <p>b. <input type="checkbox"/> Business or other for-profit e. <input type="checkbox"/> Federal Government</p> <p>c. <input type="checkbox"/> Not-for-profit institutions f. <input type="checkbox"/> State, Local, or Tribal Government</p>	<p>12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input checked="" type="checkbox"/> Voluntary</p> <p>b. <input type="checkbox"/> Required to obtain or retain benefits</p> <p>c. <input type="checkbox"/> Mandatory</p>
<p>13. Annual reporting and recordkeeping hour burden</p> <p>a. Number of respondents <u>86,707</u></p> <p>b. Total annual responses <u>86,707</u></p> <p>1. Percentage of these responses collected electronically <u>0</u> %</p> <p>c. Total annual hours requested <u>7,226</u></p> <p>d. Current OMB inventory <u>10,417</u></p> <p>e. Difference <u>3,191</u></p> <p>f. Explanation of difference</p> <p>1. Program change <u>N/A</u></p> <p>2. Adjustment <u>Automation</u></p>	<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>)</p> <p>a. Total annualized capital/startup costs <u>N/A</u></p> <p>b. Total annual costs (O&M) <u>1,458,803.00</u></p> <p>c. Total annualized cost requested <u>1,458,803.00</u></p> <p>d. Current OMB inventory <u>299,375.00</u></p> <p>e. Difference <u>1,159,427.00</u></p> <p>f. Explanation of difference</p> <p>1. Program change <u>N/A</u></p> <p>2. Adjustment <u>Added Staffing</u></p>
<p>15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance</p> <p>d. <input checked="" type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting:</p> <p>1. <input checked="" type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly</p> <p>4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually</p> <p>7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____</p>
<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: <u>Larry E. Cotton-Zinn, Management and Program Analyst</u></p> <p>Phone: <u>(304) 625-5590</u></p>

**Paperwork
Certification**

In submitting this request for OMB approval, I certify the Identity History Summary Request (OMB 1110-0052) form submitted for approval is necessary for the proper performance of our agency and the proposed data collection represents no burden on respondents consistent with the need for information.

The requirements of the Privacy Act and OMB Directives have been complied with including the paperwork reduction regulations, statistical standards or directives, and any other information policy directives, and other informational policy directives promulgated under the Paperwork Reduction Act of 1995.



Chris Ormerod

Section Chief


Biometric Services Section

Criminal Justice Information Services Division

Date

7/10/23

MEMORANDUM TO: Melody Braswell
Department Clearance Officer
United States Department of Justice

FROM: Chris Ormerod 
Section Chief
Biometric Services Section
Federal Bureau of Investigation

SUBJECT: Revision of the currently approved, Identity History Summary
Request Form (OMB 1110-0052)

Attached is the information collection request (ICR) pertaining to the Identity History Summary Request Form (OMB 1110-0052) for approval and submission to the Office of Management and Budget (OMB). The authorities for this collection are prescribed by Title 28, Code of Federal Regulations, Part 16, Subpart C. Subjects of Identification Records may obtain copies thereof by submitting written requests via U.S. mail directly to the FBI. This collection is necessary to obtain the descriptive details required for Departmental Order 556-73 identity history summary requests.

The following documents are contained in this ICR package:

1. Supporting Statement for Paperwork Reduction Act Submission with burden statement
2. Law or authority mandating the information collection
3. Certification Statement
4. OMB form 83-I Paperwork Reduction Act Submission
6. Identity History Summary Request Form
7. 60-day ICR notice published in the Federal Register
8. 30-day ICR notice published in the Federal Register

If there are any questions concerning this ICR, please contact Larry Cotton-Zinn, Federal Bureau of Investigation, Criminal Justice Information Services Division, Criminal History Information Policy Unit, 1000 Custer Hollow Road, Clarksburg, West Virginia 26306; telephone (304) 625-5590, email <fbi-iii@fbi.gov>.

Thank you