

**PAPERWORK REDUCTION ACT  
CHANGE WORKSHEET**

|                         |                                             |
|-------------------------|---------------------------------------------|
| <b>Agency/Subagency</b> | <b>OMB control number</b><br>—<br>— — — — — |
|-------------------------|---------------------------------------------|

*Enter only items that change*

|                                                                                 | Current record | New record |
|---------------------------------------------------------------------------------|----------------|------------|
| <b>Agency form number(s)</b>                                                    |                |            |
| <b>Annual reporting and recordkeeping hour burden</b>                           |                |            |
| Number of respondents                                                           |                |            |
| Total annual responses                                                          |                |            |
| Percent of these responses collected electronically                             | %              | %          |
| Total annual hours                                                              |                |            |
| Difference                                                                      |                |            |
| Explanation of difference                                                       |                |            |
| Program change                                                                  |                |            |
| Adjustment                                                                      |                |            |
| <b>Annual reporting and recordkeeping cost burden (in thousands of dollars)</b> |                |            |
| Total annualized Capital/Startup costs                                          |                |            |
| Total annual costs (O&M)                                                        |                |            |
| Total annualized cost requested                                                 |                |            |
| Difference                                                                      |                |            |
| Explanation of difference                                                       |                |            |
| Program change                                                                  |                |            |
| Adjustment                                                                      |                |            |

|                        |
|------------------------|
| <b>Other changes**</b> |
|------------------------|

|                                                                                                                                   |                      |                             |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|
| <b>Signature of Senior Official or designee:</b><br><br><div style="font-family: cursive; font-size: 1.2em;">Brian Thompson</div> | <b>Date:</b><br><br> | <b>For OIRA Use</b><br><br> |
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