

# PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/subagency	OMB Control Number <b>1830</b> — <b>0027</b> _____ - _____
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*Enter only items that change*

	Current record	New record
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Agency form number (s)		
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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

Signature of Senior Official or designee:	Date:	For OIRA Use
		_____ _____

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