

# PAPERWORK REDUCTION ACT CHANGE WORKSHEET

|   |  |
|---|--|
| Agency/subagency<br><div style="background-color: #d9e1f2; height: 40px; width: 100%;"></div> | OMB Control Number<br><div style="background-color: #d9e1f2; width: 100%; text-align: center; font-size: 24px; font-weight: bold;">-</div> |
|---|--|

Enter only items that change

|  | Current record | New record |
|--|----------------|------------|
|--|----------------|------------|

|                        |  |  |
|------------------------|--|--|
| Agency form number (s) |  |  |
|------------------------|--|--|

|   |   |   |
|---|---|---|
| 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.