

**PAPERWORK REDUCTION ACT
CHANGE WORKSHEET**

Agency/Subagency	OMB control number — — — — — —
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Enter only items that change		
	Current record	New record

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: <div align="center" style="font-family: cursive; font-size: 1.2em;">Brian Thompson</div>	Date:	For OIRA Use _____
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