Paperwork Reduction Act Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 21xx-xxx. The information collected in this study will be used to create a database of vehicle occupant body size, shape, and posture. The data will be used to improve vehicle safety. Public reporting for this collection of information is estimated to be approximately **5 minutes**, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are voluntary; all responses will be de-identified and confidential, per 45 CFR part 46. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Room W45-205, Washington, DC, 20590.

DESCRIPTION

The following form is your acknowledgement of receipt of an honorarium for your most recent participation at Dynamic Research, Inc. Please fill out the requested information below. Feel free to reach out if you have any questions at 310-212-5211.

STUDY

Study: [*Insert internal study designation*]

LEGAL NAME

Your full legal name: *** must provide value**

[*Insert full name*]

AMOUNT * must provide value

[*Insert amount received*]

DATE * must provide value

Date you participated in our study.

[Insert study date]

TYPE

Do you have a Social Security Number (SSN) or a Tax Identification Number (TIN)? We are collecting this information because if you receive more than $600 from DRI in one calendar year, we will send you a 1099 form for tax purposes. *** must provide value**

☐ Social Security Number (SSN)

☐ Tax Identification Number (TIN)

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*This is the end of this page. The respondent next touches or clicks the button "Next Page >>". If the respondent selects "Social Security Number (SSN)", go to **SSN**. Otherwise, go to **TIN**.*

SSN

Your social security number (no dashes). Example: 123456789 *** must provide value**

[Insert social security number]

This is the end of this page. The respondent next touches or clicks the button "Next Page >>".

TIN

Your tax identification number (no dashes). Example: 912345678 *** must provide value**

[Insert tax identification number]

This is the end of this page. The respondent next touches or clicks the button "Next Page >>".

SIGNATURE

Please provide your signature for receipt of the honorarium. *** must provide value**

[Insert signature]

DATE

Please select today's date. *** must provide value**

[Select today's date].

This is the end of the questionnaire. The respondent next touches or clicks the button "Submit".