

mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

### Overview of This Information Collection

(1) *Type of Information Collection:* New collection.

(2) *Title of the Form/Collection:* COPS' Rural Law Enforcement National Training Assessment.

(3) *Agency form number, if any, and the applicable component of the Department sponsoring the collection:* None. U.S. Department of Justice Office of Community Oriented Policing Services.

(4) *Affected public who will be asked or required to respond, as well as a brief abstract:* Primary: Law enforcement agencies.

(5) *An estimate of the total number of respondents and the amount of time estimated for an average respondent to respond/reply:*

It is estimated that approximately 6569 respondents biannually will complete the form within 27 minutes.

(6) *An estimate of the total public burden (in hours) associated with the collection:* 2954.5 total burden hours.

If additional information is required contact: Lynn Bryant, Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Patrick Henry Building, Suite 1600, 601 D Street, NW., Washington, DC 20530.

Dated: May 24, 2010.

Lynn Bryant,

Department Clearance Officer, PRA, U.S. Department of Justice.

[FR Doc. 2010-12939 Filed 5-27-10; 8:45 am]

BILLING CODE 4410-AT-P

## DEPARTMENT OF LABOR

### Office of the Secretary

#### Submission for OMB Review: Comment Request

May 25, 2010.

The Department of Labor (DOL) hereby announces the submission of the following public information collection requests (ICR) to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13, 44 U.S.C. chapter 35). A copy of each ICR, with applicable supporting documentation; including among other things a description of the likely respondents, proposed frequency

of response, and estimated total burden may be obtained from the RegInfo.gov Web site at <http://www.reginfo.gov/public/do/PRAMain> or by contacting Darrin A. King on 202-693-4129 (this is not a toll-free number)/e-mail: [DOL\\_PRA\\_PUBLIC@dol.gov](mailto:DOL_PRA_PUBLIC@dol.gov).

Interested parties are encouraged to send comments to the Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for the Department of Labor—Office of Workers' Compensation Programs (OWCP), Office of Management and Budget, Room 10235, Washington, DC 20503, Telephone: 202-395-7316/Fax: 202-395-5806 (these are not toll-free numbers), E-mail: [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) within 30 days from the date of this publication in the **Federal Register**. In order to ensure the appropriate consideration, comments should reference the OMB Control Number (see below).

The OMB is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

*Agency:* Office of Workers' Compensation Programs (OWCP).

*Type of Review:* Extension without change of a currently approved collection.

*Title of Collection:* Claim for Compensation by Dependents Information Reports.

*OMB Control Number:* 1240-0013.  
*Agency Form Numbers:* CA-5; CA-5b; CA-1031; and CA-1074.

*Affected Public:* Individuals or Households.

*Total Estimated Number of Respondents:* 1,358.

*Total Estimated Annual Burden Hours:* 870.

*Total Estimated Annual Costs Burden (Operation and Maintenance):* \$638.

*Description:* These reports request information from the survivors of

deceased Federal employees which verify dependents status when making a claim for benefits and on a periodic basis in accepted claims. Some of the forms are used to obtain information on claimed dependents in disability cases. For additional information, see related notice published in the **Federal Register** on January 28, 2010 (75 FR 4587).

*Agency:* Office of Workers' Compensation Programs (OWCP).

*Type of Review:* Extension without change of a currently approved collection.

*Title of Collection:* Certification By School Official.

*OMB Control Number:* 1240-0031.

*Agency Form Number:* CM-981.

*Affected Public:* Individuals or Households.

*Total Estimated Number of Respondents:* 300.

*Total Estimated Annual Burden Hours:* 50.

*Total Estimated Annual Costs Burden (Operation and Maintenance):* \$0.

*Description:* CM-981 is completed by a school official to verify whether a Black Lung beneficiary's dependent, aged 18 to 23, qualifies as a full-time student. For additional information, see related notice published in the **Federal Register** on January 28, 2010 (75 FR 4585).

Darrin A. King,

Departmental Clearance Officer.

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## DEPARTMENT OF LABOR

### Office of the Secretary

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Interested parties are encouraged to send comments to the Office of