

NW., Washington, DC 20420, (202) 461-7485, fax (202) 273-0443 or e-mail denise.mclamb@va.gov. Please refer to "OMB Control No. 2900-0080."

SUPPLEMENTAL INFORMATION:

Titles:

- a. Claim for Payment of Cost of Unauthorized Medical Services, VA Form 10-583.
- b. Funeral Arrangements Form for Disposition of Remains of the Deceased, VA Form 10-2065.
- c. Authority and Invoice for Travel by Ambulance or Other Hired Vehicle, VA Form 10-2511.
- d. Authorization and Invoice for Medical and Hospital Services, VA Form 10-7078.
- e. Request for Payment of Beneficiary Travel after the Date of Service.
OMB Control Number: 2900-0080.
Type of Review: Revision of a currently approved collection.

Abstract:

- a. VA Form 10-583 is used to request payment or reimbursement of the cost of unauthorized non-VA medical services.
- b. VA Form 10-2065 is completed by VA personnel during an interview with relatives of the deceased, and to identify the funeral home to which the remains are to be released. The form is also used as a control document when VA is requested to arrange for the transportation of the deceased from the place of death to the place of burial, and/or when burial is requested in a National Cemetery.
- c. VA Form 10-2511 is used to process payment for ambulance or other hired vehicular forms of transportation for eligible veterans to and from VA health care facilities for examination, treatment or care.
- d. VA uses VA Form 10-7078 to authorize expenditures from the medical care account and process payment of medical and hospital services provided by other than Federal health providers to VA beneficiaries.
- e. Claimants who request payment for beneficiary travel after the time of service may do so in writing or in person.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published on September 29, 2010, at page 60170.

Affected Public: Business or other for profit.

Estimated Total Annual Burden:

- a. VA Form 10-583—17,188.
- b. VA Form 10-2065—2,053.

- c. VA Form 10-2511—2,333.
- d. VA Form 10-7078—8,400.
- e. Request for Payment of Beneficiary Travel after the Date of Service—417.
Estimated Average Burden Per Respondent:
 - a. VA Form 10-583—15 minutes.
 - b. VA Form 10-2065—5 minutes.
 - c. VA Form 10-2511—2 minutes.
 - d. VA Form 10-7078—2 minutes.
 - e. Request for Payment of Beneficiary Travel after the Date of Service—1 minute.
- Frequency of Response:* Annually.
Estimated Number of Respondents:
 - a. VA Form 10-583—68,750 respondents.
 - b. VA Form 10-2065—24,630 respondents.
 - c. VA Form 10-2511—70,000 respondents.
 - d. VA Form 10-7078—252,000 respondents.
 - e. Request for Payment of Beneficiary Travel after the Date of Service—25,000.

Dated: December 1, 2010.

By direction of the Secretary.

Denise McLamb,

Program Analyst, Enterprise Records Service.

[FR Doc. 2010-30551 Filed 12-6-10; 8:45 am]

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DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0749]

Agency Information Collection (Disability Benefits Questionnaires) Activity Under OMB Review

AGENCY: Veterans Benefits Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501-3521), this notice announces that the Veterans Benefits Administration (VBA), Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden; it includes the actual data collection instrument.

DATE: Comments must be submitted on or before January 6, 2011.

ADDRESSES: Submit written comments on the collection of information through <http://www.Regulations.gov> or to VA's OMB Desk Officer, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 (202) 395-7316.

Please refer to "OMB Control No. 2900-0749" in any correspondence.

FOR FURTHER INFORMATION CONTACT:

Denise McLamb, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 461-7485, FAX (202) 273-0443 or e-mail denise.mclamb@va.gov. Please refer to "OMB Control No. 2900-0749."

SUPPLEMENTAL INFORMATION:

Titles:

- a. Ischemic Heart Disease (IHD) Disability Benefits Questionnaire, VA Form 21-0960a-1.
- b. Hairy Cell and Other B-Cell Leukemias Disability Benefits Questionnaire, VA Form 21-0960b-1.
- c. Parkinson's Disease Disability Benefits Questionnaire, VA Form 21-0960c-1.

OMB Control Number: 2900-0749.

Type of Review: Extension of a currently approved collection.

Abstract: VA Forms 21-0960a-1, 21-0960b-1, and 21-0960c-1 are used to expedite claims for the following presumptive diseases based on herbicide exposure: Hairy Cell and Other Chronic B-cell Leukemias, Parkinson's and Ischemic Heart diseases. Veterans have the option of providing the forms to their private physician for completion and submission to VA in lieu of scheduling a VA medical examination. The data collected will be used to adjudicate veterans claim for disability benefits.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published on September 29, 2010, at pages 60170-60171.

Affected Public: Individuals or households.

Estimated Annual Burden:

- a. Ischemic Heart Disease (IHD) Disability Benefits Questionnaire, VA Form 21-0960a-1—13,750.
- b. Hairy Cell and Other B-Cell Leukemias Disability Benefits Questionnaire, VA Form 21-0960b-1—500.
- c. Parkinson's Disease Disability Benefits Questionnaire, VA Form 21-0960c-1—1,250.

Estimated Average Burden per Respondent: 15 minutes.

Frequency of Response: On occasion.

Estimated Number of Respondents:

- a. Ischemic Heart Disease (IHD) Disability Benefits Questionnaire, VA Form 21-0960a-1—55,000.

b. Hairy Cell and Other B-Cell Leukemias Disability Benefits Questionnaire, VA Form 21-0960b-1—2,000.

c. Parkinson's Disease Disability Benefits Questionnaire, VA Form 21-0960c-1—5,000.

Dated: December 1, 2010.

By direction of the Secretary.

Denise McLamb,

Program Analyst, Enterprise Records Service.

[FR Doc. 2010-30552 Filed 12-6-10; 8:45 am]

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DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0546]

Agency Information Collection; Gravesite Reservation Survey (2-Year) Activity Under OMB Review

AGENCY: Veterans Benefits Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501-3521), this notice announces that the Veterans Benefits Administration, Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and includes the actual data collection instrument.

DATE: Comments must be submitted on or before January 6, 2011.

ADDRESSES: Submit written comments on the collection of information through <http://www.Regulations.gov>; or to VA's OMB Desk Officer, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 (202) 395-7316. Please refer to "OMB Control No. 2900-0546" in any correspondence.

FOR FURTHER INFORMATION CONTACT: Denise McLamb, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 461-7485, fax (202) 273-0443 or e-mail denise.mclamb@va.gov. Please refer to "OMB Control No. 2900-0546" in any correspondence.

SUPPLEMENTAL INFORMATION:

Title: Gravesite Reservation Survey (2-Year), VA Form 40-40.

OMB Control Number: 2900-0546.

Type of Review: Extension of a currently approved collection.

Abstract: VA Form Letter 40-40 is sent biennially to individuals holding gravesite set-asides to ascertain their wish to retain the set-aside, or relinquish it. Gravesite reservation surveys are necessary as some holders become ineligible, are buried elsewhere, or simply wish to cancel a gravesite set-aside. The survey is conducted to assure that gravesite set-asides do not go unused.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published on September 29, 2010, at page 60172.

Affected Public: Individuals or households, Business or other for profit.

Estimated Annual Burden: 2,750.

Estimated Average Burden per

Respondent: 10 minutes.

Frequency of Response: Biennially.

Estimated Number of Respondents: 16,500.

Dated: December 1, 2010.

By direction of the Secretary.

Denise McLamb,

Program Analyst, Enterprise Records Service.

[FR Doc. 2010-30554 Filed 12-6-10; 8:45 am]

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DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0521]

Agency Information Collection (Credit Underwriting Standards and Procedures for Processing VA Guaranteed Loans) Activity Under OMB Review

AGENCY: Veterans Benefits Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501-3521), this notice announces that the Veterans Benefits Administration (VBA), Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden; it includes the actual data collection instrument.

DATES: Comments must be submitted on or before January 6, 2011.

ADDRESSES: Submit written comments on the collection of information through

<http://www.Regulations.gov> or to VA's OMB Desk Officer, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503, (202) 395-7316. Please refer to "OMB Control No. 2900-0521" in any correspondence.

FOR FURTHER INFORMATION CONTACT:

Denise McLamb, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 461-7485, FAX (202) 273-0443 or e-mail denise.mclamb@va.gov. Please refer to "OMB Control No. 2900-0521."

SUPPLEMENTARY INFORMATION:

Titles:

a. Report and Certification of Loan Disbursement, VA Form 26-1820.

b. Request for Verification of Employment, VA Form 26-8497.

c. Request for Verification of Deposit, VA Form 26-8497a.

OMB Control Number: 2900-0521.

Type of Review: Extension of a currently approved collection.

Abstract: Lenders must obtain specific information concerning a veteran's credit history in order to properly underwrite the veteran's loan. VA loans may not be guaranteed unless the veteran is a satisfactory credit risk. The data collected on the following forms are used to ensure that applications for VA-guaranteed loans are underwritten in a reasonable and prudent manner.

a. VA Form 26-1820 is completed by lenders closing VA guaranteed and insured loans under the automatic or prior approval procedures.

b. VA Form 26-8497 is used by lenders to verify a loan applicant's income and employment information when making guaranteed and insured loans. VA does not require the exclusive use of this form for verification purposes, any alternative verification document would be acceptable provided that all information requested on VA Form 26-8497 is provided.

c. Lenders making guaranteed and insured loans complete VA Form 26-8497a to verify the applicant's deposits in banks and other savings institutions.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published on September 29, 2010, at pages 60171-60172.

Affected Public: Business or other for profit.

Estimated Annual Burden: