Freight Forwarder—Ocean Transportation Intermediary pursuant to section 19 of the Shipping Act of 1984 as amended (46 U.S.C. app. 1718 and 46 CFR part 515).

Persons knowing of any reason why the following applicants should not receive a license are requested to contact the Office of Transportation Intermediaries, Federal Maritime Commission, Washington, DC 20573.

Non-Vessel—Operating Common Carrier Ocean Transportation Intermediary Applicants

InterCaribbean Cargo, Inc., 8080 NW 71st Street, Miami, FL 33166, Officer: Ramona A. Lopez, President (Qualifying Individual).

The One Shipping Inc., 19390 East Fadden Street, Rowland Heights, CA 91748, Officers: San Wei Huang, CFO (Qualifying Individual), Chiao Ling Dong, CEO.

International Express Inc., 11435 NW 34th Street, Miami, FL 33178, Officers: Susan Pollard, Director (Qualifying Individual), Mala Veerasawmy, President.

Non-Vessel—Operating Common Carrier and Ocean Freight Forwarder Transportation Intermediary Applicants

United Aircraft Sales, Corp. dba ILS Cargo USA, 7517–21 NW 52 Street, Miami, FL 33166, Officers: Marlen Estevez, Account Executive (Qualifying Individual), Rafael Mosquera, Vice President.

USL, Inc. dba USL Logistics, 3621 S. Harbor Blvd., Suite 225, Santa Ana, CA 92704, Officers: Robert A. Beilin, Sen. Vice President (Qualifying Individual), Edward W. Aldridge, President.

Ocean Freight Forwarder—Ocean Transportation Intermediary Applicants

Pro Packing, Inc., 100 Broad Avenue, Wilmington, CA 90477, Officer: Greg Sanden, President (Qualifying Individual).

Rohclem Corporation, 2005 Bierce Drive, Virginia Beach, VA 23454, Officer: Melchor C. Lazo, II, President (Qualifying Individual).

Dated: February 4, 2005.

Bryant L. VanBrakle,

Secretary.

[FR Doc. 05–2525 Filed 2–8–05; 8:45 am]

BILLING CODE 6730–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–05–0337]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of this request, call the CDC Reports Clearance Officer at (404) 371–5976 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC via fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

National Blood Lead Surveillance System (OMB No. 0920–0337)—Revision—National Center for Environmental Health (NCEH) and National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

CDC, National Center for Environmental Health began the National Childhood Lead Surveillance Program in 1992. The goals of the childhood lead surveillance program are to: (1) Establish childhood lead surveillance systems at the state and national levels; (2) use surveillance data to estimate the extent of elevated blood-lead levels (BLLs) among children; (3) assess the follow-up of children with elevated blood-lead levels; (4) examine potential sources of lead exposure; and (5) help allocate resources for lead poison prevention activities. State surveillance systems are based on reports of blood-lead tests from laboratories. Ideally, laboratories report results of all lead tests (not just elevated values) to the state health department; however, each state determines the reporting level for blood-lead tests. In addition to blood-lead test results, state child-specific surveillance databases contain follow-up data on children with elevated blood-lead levels including data on medical treatment, environmental investigations, and potential sources of lead exposure. Surveillance data for the national database are extracted from the state child tracking databases and transferred to CDC.

Since 1987, CDC National Institute for Occupational Safety and Health has sponsored the state-based Adult Blood Lead Epidemiology and Surveillance (ABLES) program to track cases of elevated BLLs among persons ages 16 years and older, and provide intervention consultation and other assistance. The public health objective of the ABLES program, as stated in Healthy People 2010, is to reduce the number of persons with BLLs >25 μg/dL from work exposures to zero by 2010. The ABLES program seeks to accomplish its objective by continuing to improve its surveillance programs and helping state health and other agencies to effectively intervene to prevent further lead exposures. Intervention strategies implemented by state ABLES-reporting include: conducting follow-up interviews with physicians, employers, and workers; investigating work sites; delivering technical assistance regarding exposure reduction or prevention; providing referrals for consultation and enforcement; and developing and disseminating educational materials and outreach programs. To coordinate their reporting and intervention activities for maximum efficiency, state ABLES programs are strongly encouraged to develop effective working relationships with the childhood lead prevention programs in their states. An estimated two-three percent of children with BLLs >10 μg/dL reach those levels from exposure to lead brought home from the workplace on the clothes or in the vehicles of their adult caregivers.

ABLES is being included for the first time under this OMB approval request. ABLES is also a state laboratory-based surveillance system and many states collect both child and adult blood lead data. This request formerly known as the ''National Childhood Blood Lead Surveillance System'' is for a three-year extension with various changes to the current childhood system and the inclusion of the adult blood lead surveillance system. There is no cost to respondents other than their time. The estimated annualized burden is 672 hours.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per respondent (in hrs.)
State and Local Health Departments for Child Surveillance	47	4	2
State and Local Health Departments for Adult Surveillance	37	4	2

Dated: February 1, 2005.

Betsey Dunaway,

Acting Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.

[FR Doc. 05–2486 Filed 2–8–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–05BF]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–371–5976 or send comments to Sandi Gambescia, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Human Smoking Behavior Study—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background

CDC, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) in a joint venture with the National Center for Environmental Health (NCEH) proposes to conduct a study to better understand patterns of human smoking behavior across several of the most popular cigarette categories (ultralight, light, full flavored menthol and full-flavored non-menthol) and to determine the level of exposure to smoke toxins delivered by these cigarette categories. This is important because the current method of measuring constituents that smoke is via the Federal Trade Commission's machine smoking method, which does not accurately reflect human smoking patterns. Although there is ample evidence of the inadequacies and biases inherent in machine-smoking protocols, they serve the purpose of ranking cigarettes smoked under standardized conditions. Comparison of cigarette smoke emissions using machine-smoking methods will persevere until something superior is developed. Therefore, machine-smoking must be adequately informed to yield results that better reflect human smoking behavior. Funding for this study will come from both NCCDPHP and NCEH. The Centers will share responsibilities, with administrative and technical assistance coming from NCCDPHP and laboratory support coming from NCEH.

This is a laboratory-based descriptive study of smoking behavior and analysis of biomarkers of exposure for current adult smokers of a range of cigarette categories that are representative of the most commonly smoked U.S. cigarettes. The goals of this project are to characterize the range of human smoking behavior for a variety of cigarette categories and machine-smoked yields, and to estimate the levels of biomarkers of exposure with the various cigarette styles. This study will assess known indicators of smoking behavior (ventilation pore-blocking behavior, puff volume, puff duration, puff velocity and inter-puff interval) to determine typical patterns of smoking behavior.

Measures of exposure will include expired-air carbon monoxide boost, assessment of carcinogens, nicotine and its metabolites in urine, cotinine in saliva and solanesol in cigarette butts as an indicator of total smoke exposure. There are no direct respondent costs associated with the information collection for the study. The smoking behavior and biomarkers of 360 smokers will be ascertained.

ANNUALIZED BURDEN

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Screening	500	1	6/60	50
Clinic Visit 1	360	1	1.1	198
Clinic Visit 2	360	1	1.0	180
Total				428