

effective on October 13, 2001, unless stayed pending reconsideration. Petitions to stay that do not involve environmental issues,<sup>1</sup> formal expressions of intent to file an OFA under 49 CFR 1152.27(c)(2),<sup>2</sup> and trail use/rail banking requests under 49 CFR 1152.29 must be filed by October 22, 2001. Petitions to reopen or requests for public use conditions under 49 CFR 1152.28 must be filed by November 1, 2001, with: Surface Transportation Board, Office of the Secretary, Case Control Unit, 1925 K Street, NW., Washington, DC 20423.

A copy of any petition filed with the Board should be sent to CSXT's representative: Paul R. Hitchcock, Assistant General Counsel, CSX Transportation, Inc., 500 Water Street J150, Jacksonville, FL 32202.

If the verified notice contains false or misleading information, the exemption is void *ab initio*.

CSXT has filed an environmental report which addresses the effects, if any, of the abandonment and discontinuance on the environment and historic resources. SEA will issue an environmental assessment (EA) by October 17, 2001. Interested persons may obtain a copy of the EA by writing to SEA (Room 500, Surface Transportation Board, Washington, DC 20423) or by calling SEA, at (202) 565-1552. Comments on environmental and historic preservation matters must be filed within 15 days after the EA becomes available to the public.

Environmental, historic preservation, public use, or trail use/rail banking conditions will be imposed, where appropriate, in a subsequent decision.

Pursuant to the provisions of 49 CFR 1152.29(e)(2), CSXT shall file a notice of consummation with the Board to signify that it has exercised the authority granted and fully abandoned its line. If consummation has not been effected by CSXT's filing of a notice of consummation by October 12, 2002, and there are no legal or regulatory barriers to consummation, the authority to abandon will automatically expire.

Board decisions and notices are available on our Web site at [www.stb.dot.gov](http://www.stb.dot.gov).

Decided: October 3, 2001.

By the Board, David M. Konschnik,  
Director, Office of Proceedings.

**Vernon A. Williams,**  
Secretary.

[FR Doc. 01-25541 Filed 10-11-01; 8:45 am]

BILLING CODE 4915-00-P

## DEPARTMENT OF THE TREASURY

### Financial Crimes Enforcement Network

#### Agency Information Collection; Submission for OMB Review; Comment Request; Registration of Money Services Business

**AGENCY:** Financial Crimes Enforcement Network (FinCEN), Treasury.

**ACTION:** Submission for OMB review; comment request.

**SUMMARY:** In accordance with the requirements of the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35), FinCEN hereby gives notice that it plans to submit to the Office of Management and Budget (OMB) a request to review the information collection in Form TD F 90-22.55, Registration of Money Services Business. On October 10, 2000, FinCEN requested public comment on Form TD F 90-22.55 (65 FR 60246).

**DATES:** Written comments should be received on or before November 13, 2001 to be assured of consideration.

**ADDRESSES:** You are invited to submit written comments to FinCEN. In addition, you should send a copy of your comments to the OMB desk officer. Direct all written comments to:

FinCEN: Office of Chief Counsel,  
Financial Crimes Enforcement Network,  
Department of the Treasury, P.O. Box  
1618, Vienna, Virginia 22183-1618,  
*Attention:* PRA Comments—Registration  
of Money Services Business. Comments  
also may be submitted by electronic  
mail to the following Internet address:  
[regcomments@fincen.treas.gov](mailto:regcomments@fincen.treas.gov) with the  
caption in the body of the text,  
“*Attention:* PRA Comments—  
Registration of Money Services  
Business.”

OMB: Alexander T. Hunt, Office of  
Information and Regulatory Affairs,  
Office of Management and Budget, New  
Executive Office Building, Room 3208,  
Washington, DC 20503.

**FOR FURTHER INFORMATION CONTACT:**  
Requests for additional information  
should be directed to Patrice Motz,  
FinCEN (800) 949-2732, or Cynthia  
Clark, FinCEN (703) 905-3590.

#### SUPPLEMENTARY INFORMATION:

*Title:* Registration of Money Services  
Business.

OMB Number: Unassigned.

Form Number: TD F 90-22.55.

Type of Review: New information  
collection.

Affected Public: Business or other for-  
profit institutions.

Estimated Number of Respondents:  
8500.

Estimated Total Annual Responses:  
8500.<sup>1</sup>

Estimated Total Annual Burden  
Hours: Reporting average of 30 minutes  
per response; recordkeeping average of  
15 minutes per response. Estimated total  
annual burden hours: Reporting burden  
of 4250 hours; recordkeeping burden of  
2125 hours, for an estimated combined  
total of 6375 hours.<sup>2</sup>

An agency may not conduct or  
sponsor, and a person is not required to  
respond to, a collection of information  
unless the collection of information  
displays a valid OMB control number.  
Records required to be retained under  
the Bank Secrecy Act must be retained  
for five years. Generally, information  
collected pursuant to the Bank Secrecy  
Act is confidential, but may be shared  
as provided by law with regulatory and  
law enforcement authorities.

#### Request for Comments

Comments submitted in response to  
this notice will be summarized and/or  
included in the request for OMB  
approval. All comments will become a  
matter of public record. Comments are  
invited on: (a) Whether the 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 collection of  
information; (c) ways to enhance the  
quality, utility, and clarity of the  
information to be collected; (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; and (e) estimates of capital  
or start-up costs and costs of operation,  
maintenance and purchase of services to  
provide information.

Dated: October 4, 2001.

**James F. Sloan,**

Director, Financial Crimes Enforcement  
Network.

BILLING CODE 4820-03-P

<sup>1</sup> The Board will grant a stay if an informed decision on environmental issues (whether raised by a party or by the Board's Section of Environmental Analysis (SEA) in its independent investigation) cannot be made before the exemption's effective date. See *Exemption of Out-of-Service Rail Lines*, 5 I.C.C.2d 377 (1989). Any request for a stay should be filed as soon as possible so that the Board may take appropriate action before the exemption's effective date.

<sup>2</sup> Each offer of financial assistance must be accompanied by the filing fee, which currently is set at \$1000. See 49 CFR 1002.2(f)(25).

<sup>1</sup> The estimated number of responses is for the year in which a registration form must be filed; because the form is generally required to be filed only every other year, the estimated annual number of responses would be lower.

<sup>2</sup> The estimated burden is for the year in which a registration form must be filed; because the form is generally required to be filed only every other year, the estimated annual burden would be lower.

Department of the Treasury  
**TD F 90-22.55**  
 Issued November 2001  
 OMB No.1506-0013

## Registration of Money Services Business

Do not write in this space.

|                                     |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                        |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Date of Filing<br>M M D D Y Y Y Y | 2 Type of Filing<br>a <input type="checkbox"/> Initial Registration<br>b <input type="checkbox"/> 2 Year Update<br>c <input type="checkbox"/> Corrects Prior Filing | d <input type="checkbox"/> Refiling because: Check all that apply [see instructions].<br>1 <input type="checkbox"/> re-registered under state law<br>2 <input type="checkbox"/> more than 10 percent transfer of equity interest<br>3 <input type="checkbox"/> more than 50 percent increase in agents |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Part I Registrant Information

|                                                   |                                         |
|---------------------------------------------------|-----------------------------------------|
| 3 Organization Name                               | 4 Doing Business As (DBA)               |
| 5 Address (Number, Street, and Apt. or Suite No.) | 6 Taxpayer Identification Number        |
| 7 City                                            | 8 State                                 |
| 9 Zip Code                                        | 10 Telephone Number (include area code) |

### Part II Owner or Controlling Person Information

|                                                                                                                |                                           |                                               |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------|
| 11 Individual's last name or Organization's name                                                               | 12 First Name                             | 13 Middle Initial                             |
| 14 Address (Number, Street, and Apt. or Suite No.)                                                             | 15 Telephone Number - (include area code) |                                               |
| 16 City                                                                                                        | 17 State                                  | 18 Zip Code                                   |
| 19 Country (if other than US)                                                                                  | 20 Date of Birth<br>M M D D Y Y Y Y       | 21 Taxpayer Identification Number             |
| 22 If an individual, provide identification information for Owner or Controlling Person (Provide at least one) |                                           |                                               |
| a <input type="checkbox"/> Driver's Lic./State ID                                                              | b <input type="checkbox"/> Passport       | c <input type="checkbox"/> Alien Registration |
| d <input type="checkbox"/> Other                                                                               | e Number                                  |                                               |
| f Issuer of Identification                                                                                     |                                           |                                               |

### Part III Money Services Information

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 23 Where services are offered: Check as many as apply. a <input type="checkbox"/> All States and Territories b <input type="checkbox"/> All States                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 24 Number of Branches of Registrant                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Alabama (AL) <input type="checkbox"/> Idaho (ID) <input type="checkbox"/> Montana (MT) <input type="checkbox"/> Puerto Rico (PR)<br><input type="checkbox"/> Alaska (AK) <input type="checkbox"/> Illinois (IL) <input type="checkbox"/> Nebraska (NE) <input type="checkbox"/> Rhode Island (RI)<br><input type="checkbox"/> American Samoa (AS) <input type="checkbox"/> Indiana (IN) <input type="checkbox"/> Nevada (NV) <input type="checkbox"/> South Carolina (SC)<br><input type="checkbox"/> Arizona (AZ) <input type="checkbox"/> Iowa (IO) <input type="checkbox"/> New Hampshire (NH) <input type="checkbox"/> South Dakota (SD)<br><input type="checkbox"/> Arkansas (AR) <input type="checkbox"/> Kansas (KS) <input type="checkbox"/> New Jersey (NJ) <input type="checkbox"/> Tennessee (TN)<br><input type="checkbox"/> California (CA) <input type="checkbox"/> Kentucky (KY) <input type="checkbox"/> New Mexico (NM) <input type="checkbox"/> Texas (TX)<br><input type="checkbox"/> Colorado (CO) <input type="checkbox"/> Louisiana (LA) <input type="checkbox"/> New York (NY) <input type="checkbox"/> Utah (UT)<br><input type="checkbox"/> Connecticut (CT) <input type="checkbox"/> Maine (ME) <input type="checkbox"/> North Carolina (NC) <input type="checkbox"/> Vermont (VT)<br><input type="checkbox"/> Delaware (DE) <input type="checkbox"/> Maryland (MD) <input type="checkbox"/> North Dakota (ND) <input type="checkbox"/> Virgin Islands (VI)<br><input type="checkbox"/> District of Columbia (DC) <input type="checkbox"/> Massachusetts (MA) <input type="checkbox"/> Northern Mariana Islands (MP) <input type="checkbox"/> Virginia (VA)<br><input type="checkbox"/> Florida (FL) <input type="checkbox"/> Michigan (MI) <input type="checkbox"/> Ohio (OH) <input type="checkbox"/> Washington (WA)<br><input type="checkbox"/> Georgia (GA) <input type="checkbox"/> Minnesota (MN) <input type="checkbox"/> Oklahoma (OK) <input type="checkbox"/> West Virginia (WV)<br><input type="checkbox"/> Guam (GU) <input type="checkbox"/> Mississippi (MS) <input type="checkbox"/> Oregon (OR) <input type="checkbox"/> Wisconsin (WI)<br><input type="checkbox"/> Hawaii (HI) <input type="checkbox"/> Missouri (MO) <input type="checkbox"/> Pennsylvania (PA) <input type="checkbox"/> Wyoming (WY) | 25 Services Offered by Registrant at its Branches:<br>Check as many as apply.<br>a <input type="checkbox"/> Traveler's Checks issue<br>b <input type="checkbox"/> Traveler's Checks sales and/or redemption<br>c <input type="checkbox"/> Money Orders issue<br>d <input type="checkbox"/> Money Orders sales and/or redemption<br>e <input type="checkbox"/> Currency Exchange<br>f <input type="checkbox"/> Check Cashing<br>g <input type="checkbox"/> Money Transmission |
| 26 Is this a mobile operation?<br>a <input type="checkbox"/> Yes b <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

**Paperwork Reduction Act.** The estimated average burden associated with this collection of information is 45 minutes per respondent or recordkeeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Paperwork Reduction Act; Department of the Treasury, Financial Crimes Enforcement Network, P.O. Box 1618, Vienna, VA 22183-1618. You are not required to provide the requested information unless a form displays a valid OMB control number.

27 Specify number of Agents authorized to conduct each Money Services Business activity:

a Traveler's Check sales or redemption

b Money Order sales or redemption

c Currency Exchange

d Check Cashing

e Money Transmission

2

**Part IV Primary Transaction Account**28 Check here if Registrant has more than one primary transaction account ☐ If more than one primary transaction account, enter the account with the greatest dollar amount of transaction activity.

29 Name of bank or other depository institution where primary transaction account for Money Services Business activities is held

30 Bank address (Number, Street, and Suite No.)

31 City

32 State

33 Zip Code

34 Primary Transaction Account number at bank

**Part V Location of Supporting Documentation**If kept at the U.S. location reported in Part I, check here, ☐ and leave this part blank.

35 Address (Number, Street, and Apt. or Suite No.)

36 City

37 State

38 Zip Code

**Part VI Authorized Signature**

39 I am authorized to file this form on behalf of the money services business listed in Part I. I declare that the information provided is true, correct and complete, and I understand that the registered money services business listed in Part I is subject to the Bank Secrecy Act and its implementing regulations. See 31 CFR Part 103. The registered money services business maintains a current list of all agents, an estimate of its business volume in the coming year, and all other information required to comply with 31 U.S.C. 5330 and the regulations thereunder. **The signature of the owner, controlling person or authorized corporate officer is mandatory.**

Sign  
Here

Print Name of Owner, Controlling Person or Authorized Corporate Officer

Signature of Owner, Controlling Person or Authorized Corporate Officer

40 Date Signed

M M D D Y Y Y Y

41 Title of signer

**PRIVACY ACT NOTIFICATION**

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that, in accordance with 5 U.S.C. 552a(e), the authority to collect information on TD F 90-22.55 is Public Law 103-305; 31 USC 5330; 5 USC 301; 31 CFR 103.

The principal purpose for collecting the information is to assure maintenance of reports or records where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States, to any State, or Tribal Government, or part thereof, upon the request of the head of such department or agency, or authorized State or Tribal Government official for use in a criminal, tax, or regulatory investigation or proceeding, and to foreign governments in accordance with an agreement, or a treaty. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$5,000 per day and imprisonment of not more than five years, are provided for failure to file the form, supply information requested by the form, and for filing a false or fraudulent form. Disclosure of the Social Security or Taxpayer Identification Number is mandatory. The authority to collect is 31 CFR 103. The Social Security Number/Taxpayer Identification Number will be used as a means to identify the individual or entity who files the report.

**General Instructions for TD F 90-22.55**

All fields must be completed in their entirety.

**When to File**

**Initial Registration: Item 2a.** File the form by December 31, 2001 or within 180 days after the business begins operations, whichever is later.

**2-Year Update: Item 2b.** File the form not later than December 31 of the second calendar year in each two year registration period. See 31 CFR 103.41(b)(2).

**Corrects Prior Filing: Item 2c.** File this form to correct a prior report. Complete Part I in its entirety and only those other entries that are being amended. Staple a copy of the prior report (or the acknowledgement from DCC if received) to the corrected report.

**Refiling: Item 2d.** Refile the form if:

- 1 there has been a change in ownership requiring re-registration under state registration law;
  - 2 more than 10 percent of voting power or equity interest has been transferred (except certain publicly-traded companies) or;
  - 3 the number of agents has increased by more than 50 percent.
- See 31 CFR 103.41(b)(4).

**Who should file:**

Each money services business, except one that is a money services business solely because it serves as an agent of another money services business, must register. Money services businesses include:

- money transmitters;
  - currency exchangers (except those who do not exchange more than \$1,000 for any one customer on any day);
  - check cashers (except those who do not cash checks totaling more than \$1,000 for any one customer on any day);
  - issuers of traveler's checks or money orders (except those who do not issue more than \$1,000 in traveler's checks or money orders for any one customer on any day);
  - sellers or redeemers of traveler's checks or money orders (except those who do not sell or redeem more than \$1,000 in traveler's checks or money orders for any one customer on any day).
- See 31 CFR 103.11(n) and (uu).

Excluded from the registration requirement are the United States Postal Service, any agency of the United States, of any state or of any political subdivision of any state. At this time, persons are not required to register to the extent that they issue, sell or redeem stored value. If, however, a money services business provides money services in addition to stored value, the provision of stored value services does not relieve it of the responsibility to register, if required, as a provider of those other services.

**Where to file:** Send this completed form to:

**IRS Detroit Computing Center  
Attn: Money Services Business Registration  
P.O. Box 33116  
Detroit, MI 48232-0116**

Keep a copy of this registration form.

**Penalties for failure to comply:** Any person who fails to comply with the requirements to register, keep records, and/or maintain agent lists pursuant to 31 CFR 103.41 shall be liable for a civil penalty of \$5,000 for each violation. Failure to comply may also subject a person to criminal penalties including imprisonment of five (5) years and/or a criminal fine. 18 USC 1960.

**Estimate of Business Volume:**

The law requires a money services business to estimate the volume of its business in the coming year. 31 U.S.C. 5330(b). That estimate must be prepared annually. The estimate is not reported on this form, but must be maintained in the files of the money services business.

**Supporting Documentation:**

A money services business must retain for five (5) years certain information in support of this registration form at a location within the United States. That information includes: a copy of the registration form and, as indicated above, an estimate of the volume of its business in the coming year.

In addition, a money services business must retain as supporting documentation the following information with regard to the ownership or

control of the business: the name and address of any shareholder holding more than 5%; any general partner; any trustee; and/or any director or officer of the business. If the supporting documentation is retained at a location other than the address listed in Part I, enter the appropriate location information in Part V; if not, check the box in Part V.

**Agent Lists:**

A money services business that has agents must prepare and maintain a listing of its agents. That list must be updated annually and retained by the business at the location in the United States reported on the registration form in Part I or Part V, as appropriate. The list should NOT BE FORWARDED with the registration form. The list must include:

- each agent's name;
- each agent's address;
- each agent's telephone number;
- the type of service(s) provided by each agent on behalf of the money services business in Part I;
- a listing of the months in the immediately preceding 12 months in which the gross transaction amount of each agent with respect to financial products/services issued by the money services business in Part I exceeds \$100,000;
- the name and address of any depository institution at which each agent maintains a transaction account for the money services in Item 27 conducted by the agent on behalf of the money services business in Part I;
- the year in which each agent first became an agent of the money services business in Part I; and
- the number of branches or subagents each agent has.

See 31 CFR 103.41(d)(2).

**Note: Registration with the IRS Detroit Computing Center does not satisfy any state or local licensing or registration requirement.**

**Specific Instructions****Part I. Registrant Information**

**Items 3 and 4. Organization Name and Doing Business As (DBA).** –

Enter the name of the organization and, if applicable, the Doing Business As name. For example, Good Hope Enterprises, Inc., DBA Joe's Check Cashing.

**Items 5, 7, 8 and 9. Address.** – Enter the permanent street address, including zip code, of the registering business. Use the Post Office's two-letter state abbreviation code. A P.O. Box address may only be used if there is no street address.

**Part II. Owner or Controlling Person**

**Items 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 and 21.**

Any person who owns or controls a money services business shares the responsibility for seeing that the business is registered. Only one registration form is required for any business in any registration period. If more than one person owns or controls the business, they may enter into an agreement designating one of them to register the business. The designated owner or controlling person must complete Part II and provide the requested information about himself, herself, or itself. In addition, that person must sign and date the form as indicated in Part VI. Failure by the designated person to register the business does not relieve any other person who owns or controls the business of the liability for failure to register the business.

An "Owner or Controlling person" includes the following:

**Registrant Business                      Owner or Controlling Person**

Sole Proprietorship..... the individual who owns the business

Partnership..... a general partner

Trust..... a trustee

Corporation..... the largest single shareholder

If two or more persons own equal numbers of shares of a corporation, those persons may enter into an agreement as explained above that one of those persons may register the business.

If the owner or controlling person is a corporation, a duly authorized officer of the owner-corporation may execute the form on behalf of the owner-corporation.

**Public Corporation**

If the registrant business is a public corporation, it is sufficient to write "public corporation" in line 11 of Part II. Where registrant is a public corporation, a duly authorized officer of the registrant may execute the form.

**Item 22. Identification** – Do not provide "other" identification unless no driver's license/state ID, passport or alien registration number is available. "Other" identification includes any official identification that is issued by a governmental authority.

**Part III. Money Services Information**

**Item 23. Where services are offered.** -- Mark the box(es) for any state, territory or district in which the money services business offers services through its branches, its agents, or both. If a service is offered on tribal lands, mark the box for the state, territory or district in which the tribal lands are located.

**Item 24. Number of Branches of Registrant.** -- Enter the number of branches of the money services business at which one or more Money Services Business (MSB) services are offered.

**Item 25. Services Offered by Registrant.** -- The services listed in Items 25a through 25g are MSB services. Mark the box of each MSB service that is offered by the registrant at its branches.

**Item 26. Mobile Operation.** -- If any part of the money services business is conducted as a mobile operation, check yes here. A mobile operation is one based in a vehicle, for example, a check cashing service offered from a truck. For purposes of Item 24, each mobile operation is counted as a separate branch.

**Item 27. Number of Agents.** -- Enter the number of agents that the

registrant has authorized to sell or distribute its MSB services. A bank is not an agent for this purpose. See 31 CFR 103.11(c) and 103.11(uu).

**Part IV Primary Transaction Account**

**Item 28.** -- Mark this box if the money services business (registrant) has more than one primary transaction account. Example: If the registrant is both an issuer of money orders and an issuer of traveler's checks and the registrant has a separate clearing account for money orders and one for traveler's checks, the box should be checked because there is a primary transaction account for money orders and a primary transaction account for traveler's checks.

**Items 29, 30, 31, 32, 33, and 34. Name, Address, and Account Number of Primary Transaction Account.** -- Enter the name and address of the bank or other depository institution where the money services business has its primary transaction account.

If the business has more than one primary transaction account and the box in Item 28 has been checked, enter information about the account with the greatest transaction volume as measured by value in dollars.

A transaction account is defined in 12 U.S.C. 461(b)(1)(c).

[FR Doc. 01-25609 Filed 10-11-01; 8:45 am]

BILLING CODE 4820-03-C

**DEPARTMENT OF THE TREASURY****Treasury Advisory Committee on Commercial Operations of the U.S. Customs Service**

**AGENCY:** Departmental Offices, Treasury.

**ACTION:** Notice of meeting.

**SUMMARY:** This notice announces the date, time, and location for a meeting of the Treasury Advisory Committee on Commercial Operations (COAC), combining both the fourth meeting of the first COAC year, and the first meeting of the second COAC year of the current charter, and the provisional agenda for consideration by the Committee.

**DATES:** The next meeting of the Treasury Advisory Committee on Commercial Operations of the U.S. Customs Service will be held on Thursday, November 15, 2001, starting at 9 a.m., the Department of the Treasury, Secretary's Diplomatic Reception Room (Rm. 3311), located at 15th Street and Pennsylvania Avenue, NW., in Washington, DC. The duration of the meeting will be the entire day.

**FOR FURTHER INFORMATION CONTACT:** Gordana S. Earp, Deputy Director, Tariff and Trade Affairs (Enforcement), Office of the Under Secretary (Enforcement), Telephone: (202) 622-0336.

The morning meeting will replace the COAC meeting which had been scheduled for September 14 in Detroit, but was cancelled due to travel disruptions following the terrorist attacks on September 11. The afternoon session will cover the meeting that had been tentatively scheduled for December of this year.

At this meeting, the Advisory Committee is expected to pursue the

following agenda. The agenda may be modified prior to the meeting.

**Agenda**

- (1) Merchandise Processing Fee Subcommittee
- (2) Office of Rules & Regulations Subcommittee
- (3) Compliance Assessment Team Subcommittee
- (4) Import Data & Customs Entry Subcommittee; ACE (Automated Commercial Environment) development; impact of bill S. 1214; "Port and Maritime Security Act of 2001"
- (5) Impact on Customs Operations stemming from heightened alert in terrorist activities
- (6) Update on Other Customs Matters

**SUPPLEMENTARY INFORMATION:** The meeting is open to the public; however, participation in the Committee's deliberations is limited to Committee members, Customs and Treasury Department staff, and persons invited to attend the meeting for special presentations. A person other than an Advisory Committee member who wishes to attend the meeting should contact Theresa Manning at (202) 622-0220 or Helen Belt at (202) 622-0230.

Dated: October 2, 2001.

**Timothy E. Skud,**

*Acting Deputy Assistant Secretary,  
Regulatory, Tariff, and Trade (Enforcement).*

[FR Doc. 01-25749 Filed 10-11-01; 8:45 am]

BILLING CODE 4810-25-P

**DEPARTMENT OF THE TREASURY****Internal Revenue Service**

[REG-118620-97]

**Proposed Collection; Comment Request for Regulation Project**

**AGENCY:** Internal Revenue Service (IRS), Treasury.

**ACTION:** Notice and request for comments.

**SUMMARY:** The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Pub. L. 104-13 (44 U.S.C. 3506(c)(2)(A)). Currently, the IRS is soliciting comments concerning an existing final regulation, REG-118620-97 (TD 8855), Communications Excise Tax; Prepaid Telephone Cards.

**DATES:** Written comments should be received on or before December 11, 2001 to be assured of consideration.

**ADDRESSES:** Direct all written comments to Garrick R. Shear, Internal Revenue Service, room 5244, 1111 Constitution Avenue NW., Washington, DC 20224.

**FOR FURTHER INFORMATION CONTACT:**

Requests for additional information or copies of the regulation should be directed to Larnice Mack, (202) 622-3179, Internal Revenue Service, room 5244, 1111 Constitution Avenue NW., Washington, DC 20224.

**SUPPLEMENTARY INFORMATION:**

*Title:* Communications Excise Tax; Prepaid Telephone Cards.

*OMB Number:* 1545-1628.

*Regulation Project Number:* REG-118620-97.

*Abstract:* Carriers must keep certain information documenting their sales of prepaid telephone cards to other carriers to avoid responsibility for collecting tax. The regulations provide rules for the application of the communications excise tax to prepaid telephone cards.

*Current Actions:* There are no changes being made to this existing regulation.

*Type of Review:* Extension of a currently approved collection.