Date Revoked: October 10, 2012.
Reason: Voluntary surrender of license.

License No.: 020442N.
Name: JWJ Express Inc.
Address: 149–23 182nd Street, Suite 100, Jamaica, NY 11413.
Date Revoked: October 23, 2012.
Reason: Voluntary surrender of license.

License No.: 015574N.
Name: WW Messenger & Shipping Co.
Address: 150 Main Street, Unit 9, Orange, NJ 07050.
Date Revoked: October 15, 2012.
Reason: Failed to maintain a valid bond.

License No.: 019370F.
Name: Cheryl G. Wilson dba JC Logistics.
Address: 28612 Redondo Beach Drive South, Des Moines, WA 98198.
Date Revoked: October 23, 2012.
Reason: Voluntary surrender of license.

License No.: 019480NF.
Name: Intrans Logistics, Inc.
Address: 77 Paloma Avenue, Suite 33, Pacifica, CA 94044.
Date Revoked: October 5, 2012.
Reason: Failed to maintain valid bonds.

License No.: 019599F.
Name: Trans Global Services, L.L.C.
Address: 1600 Wilson Blvd., Suite 1210, Arlington, VA 22209.
Date Revoked: October 15, 2012.
Reason: Voluntary surrender of license.

License No.: 022069N.
Name: Unique Logistics International (ATL) LLC.
Address: 510 Plaza Drive, Suite 2290, Atlanta, GA 30349.
Date Revoked: October 15, 2012.
Reason: Failed to maintain a valid bond.

License No.: 022136N.
Name: Sterling Logistics Group, LLC.
Address: 18 Augusta Pines Drive, Suite 283–W, Spring, TX 77389.
Date Revoked: October 14, 2012.
Reason: Failed to maintain a valid bond.

License No.: 022330NF.
Name: Fluent Logistics LLC.
Address: 4770 Highway 165, Meggett, SC 29449.
Date Revoked: October 19, 2012.
Reason: Failed to maintain valid bonds.

License No.: 022432N.
Name: Acher and Chex International, LLC.
Address: 123 Polaris Drive, Walkersville, MD 27193.
Date Revoked: September 19, 2012.
Reason: Failed to maintain a valid bond.

License No.: 022554F.
Name: Saheed Olalekan Bello dba Sahbell International Services.
Address: 8180 Southwest Freeway, Houston, TX 77074.
Date Revoked: October 7, 2012.
Reason: Failed to maintain a valid bond.

License No.: 023553NF.
Name: Airbridge Corp.
Address: 22 Stonehurst Lane, Dix Hills, NY 11746.
Date Revoked: October 17, 2012.
Reason: Failed to maintain valid bonds.

Vern W. Hill,

Director, Bureau of Certification and Licensing.

[FR Doc. 2012–27967 Filed 11–15–12; 8:45 am]

BILLING CODE 6730–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting Notice for the President's Advisory Council on Faith-Based and Neighborhood Partnerships

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the President's Advisory Council on Faith-based and Neighborhood Partnerships announces the following meeting:

Name: President's Advisory Council on Faith-based and Neighborhood Partnerships Council Meeting.

Dates: Time and Date: Thursday, November 29th 10 a.m.–1:00 p.m. (EST).

Place: Meeting will be held at a location to be determined in the White House complex, 1600 Pennsylvania Ave. NW., Washington, DC. Space is extremely limited. Photo ID and RSVP are required to attend the event. Please RSVP to Ben O'Dell at *partnerships@hhs.gov.*

Status: Open to the public, limited only by space available.

Purpose: The Council brings together leaders and experts in fields related to the work of faith-based and neighborhood organizations in order to: Identify best practices and successful modes of delivering social services; evaluate the need for improvements in the implementation and coordination of public policies relating to faith-based and other neighborhood organizations; and make recommendations for changes in policies, programs, and practices.

Contact Person for Additional Information: Please contact Ben O'Dell for any additional information about the President's Advisory Council meeting at *partnerships@hhs.gov.*

Agenda: Please visit *http://www.whitehouse.gov/partnerships* for further updates on the Agenda for the meeting.

Public Comment: There will be an opportunity for public comment at the end of the meeting. Comments and questions can be sent in advance to *partnerships@hhs.gov.*

Dated: November 9, 2012.

Ben O'Dell,

Designated Federal Officer and Associate Director, HHS Center for Faith-based and Neighborhood Partnerships.

[FR Doc. 2012–27855 Filed 11–15–12; 8:45 am]

BILLING CODE 4154–07–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–13–13BF]

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 404–639–7570 and send comments to Ron Otten, at CDC 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email 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

Spectrum of Flavoring Chemical-Related Lung Disease—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research

and prevention. The Occupational Safety and Health Act, Public Law 91–596 (section 20[a][1]), authorizes NIOSH to conduct research to advance the health and safety of workers. NIOSH is proposing to conduct a study characterizing the nature of restrictive lung disease occurring in flavoring and microwave popcorn workers.

Preliminary evidence suggests that flavorings exposures may be associated with restrictive lung disease in exposed workers. In two previous NIOSH health hazard evaluations, we found excesses of restrictive spirometry among workers in a flavoring manufacturing plant and a flavoring-exposed food production plant. There was virtually no obstructive lung disease in either of these health hazard evaluations. Over the course of eight cross-sectional studies at a microwave popcorn plant, we also found strong relationships between decreases in FEV1 and cumulative exposure estimates, without differentiating between obstructive and restrictive abnormalities.

NIOSH requests OMB approval to collect additional information on a subset of participants from previous NIOSH studies to determine if restrictive lung disease is occurring among flavoring and popcorn workers. Diagnostic methods for restrictive lung disease will be applied in field settings. This will include spirometry, lung volume testing such as total lung capacity (TLC) and diffusing capacity of the lung to carbon monoxide (DLCO), as well as high resolution computed tomography (HRCT), which can detect lung abnormalities consistent with interstitial lung disease. These medical tests are critical to establishing lung disease of a fibrotic or inflammatory nature in persons with spirometric restriction.

Recent literature has demonstrated that bronchiolitis obliterans and obstructive lung disease are related to flavoring exposures in an exposure-dependent way. However, secondary prevention of further impairment among flavoring workers with spirometric restriction and excessive declines in lung function of a restrictive nature is not occurring. Flavoring workers with restrictive abnormalities are not identified as having possible occupational lung disease, are not removed from further flavorings exposure, are not counseled about respiratory protection and work practices, and are unlikely to be successful in claims for work-related lung disease and medical expenses. These cases of restrictive spirometric abnormality do not motivate employers to implement controls to prevent lung injury to co-workers or to enhance medical surveillance programs.

Results from this study will benefit many stakeholders, including physicians who can appropriately manage workers with restrictive lung disease with consideration of enhanced respiratory protection or reassignment; workers who can make decisions regarding continued exposures and apply for compensation if warranted; companies who can set data driven priorities for preventive interventions; and policy makers who can recommend measures to prevent flavoring-related lung diseases.

For this study, we will recruit participants from two study populations: approximately 100 workers from a flavorings plant for whom we have spirometry data and 130 workers that had abnormal spirometry on any test from a previous NIOSH health hazard evaluation at a microwave popcorn plant. Thirty additional workers from the microwave popcorn plant who had normal spirometry on their last test also will be chosen at random.

NIOSH anticipates that information collection will begin during the summer of 2013 for the microwave popcorn workers and for the flavorings workers in the summer of 2014. Both study populations will be offered a questionnaire, spirometry, TLC test, DLCO, and HRCT of the chest. Those with abnormal spirometry will also be offered a bronchodilator test. Testing is expected to take between 3 to 3.25 hours per respondent. All testing will be conducted by trained NIOSH personnel, except for the HRCT chest scan, which will be done at a local hospital or radiology clinic. Participants will receive a letter which will explain their testing results. All study results will be stored at NIOSH.

The total estimated burden for the one-time collection of data is 822 hours. This is an overestimate of the actual burden to account for any possible waiting at the radiology clinic. Participation in this study is voluntary, and there are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Testing	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Popcorn workers with normal spirometry.	Questionnaire Spirometry DLCO TLC HRCT.	30	1	3	90
Popcorn workers with abnormal spirometry.	Questionnaire Spirometry DLCO TLC HRCT Bronchodilator test.	130	1	3.25	423
Flavoring workers with normal spirometry.	Questionnaire Spirometry DLCO TLC HRCT.	64	1	3	192
Flavoring workers with abnormal spirometry.	Questionnaire Spirometry DLCO TLC HRCT Bronchodilator test.	36	1	3.25	117
Total					822

Dated:November 2, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity OSI), Office of the Associate Director for Science OADS), Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–27835 Filed 11–15–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–13–0819]

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 these requests, call (404) 639–7570 or send an email to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Nationally Notifiable Sexually Transmitted Disease (STD) Morbidity Surveillance (OMB No. 0920–0819, Expiration 08/31/2012)—Reinstatement with Change—National Center for HIV, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Because the STD epidemiology in the United States is changing rapidly, CDC must continue to monitor disease indicators that are included in the STD surveillance currently being implemented. CDC is proposing to continue electronic information collection which includes information elements that are integrated into the existing nationally notifiable STDs. These information elements are beyond the scope of the OMB-approved collection called Weekly and Annual Morbidity and Mortality Reports (MMWR, OMB #0920–0007). This ongoing collection will have a title change from ''Sexually Transmitted Disease (STD) Morbidity Surveillance'' to ''Nationally Notifiable Sexually Transmitted Disease (STD) Morbidity Surveillance and provides evidence to better define STD distribution and epidemiology in the United States. The surveillance system modifies several data elements currently included in the MMWR collection and add others to produce a set of sensitive indicators. This surveillance will continue to provide the evidence to enhance our understanding of STDs, develop intervention strategies, and evaluate the impact of ongoing control efforts. CDC works closely with state and local STD control programs to monitor and respond to STD outbreaks and trends in STD-associated risk behavior. Users of data include, but are not limited to, congressional offices, state and local health agencies, health care providers, and other health-related groups.

CDC disseminates all STD surveillance information through the MMWR series of publications, including the MMWR, the CDC Surveillance Summaries, the Recommendations and Reports, and the annual Summary of Notifiable Diseases, United States. Additionally, DSTDP publishes an annual STD-specific surveillance summary and supplements in hard copy and on the Internet *http://www.cdc.gov/std/Stats/.* CDC will use the findings from this and other STD surveillance to develop guidelines, control strategies, and impact measures that monitor trends in STDs in the United States. We expect a total of 57 sites in state, city, and territory health departments will be submitting STD morbidity information to CDC each week.

There is no cost to respondents other than their time. The total estimated annualized burden hours are 989.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Types of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Health Departments	Electronic STD Case report	50	52	20/60
Territorial Health Agencies	Electronic STD Case report	5	52	20/60
City and county health departments	Electronic STD Case report	2	52	20/60

Dated: November 2, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–27832 Filed 11–15–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Breast Cancer in Young Women (ACBCYW)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

Time and Date: 9:30 a.m.–3:30 p.m. EST, December 13, 2012.

Place: The meeting will be held via teleconference.

Teleconference login information is as follows:

For Public:

TOLL-FREE PHONE #: 800–857–4875.

Participant passcode: 9377.

Net Conference URL: *https://www.mymeetings.com/nc/join/.*

Conference number: PW6978681.

Audience passcode: 9377, or

Public can join the event directly:

https://www.mymeetings.com/nc/join.php?i=PW6978681&p=9377&t=c.

There is also a toll number for anyone outside of the USA:

TOLL # 1–212–287–1661.

Participant passcode: 9377.

Please go to the ACBCYW meeting Web page to register for this meeting:

http://www.cdc.gov/cancer/breast/what_cdc_is_doing/conference.htm.