

The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

**DATES:** Consideration will be given to all comments received by August 5, 2005.

**Title and OMB Number:** Commissary Evaluation and Utility Surveys—Generic; OMB Number 0704–0407.

**Type of Request:** Extension.

**Number of Respondents:** 6,633.

**Responses Per Respondent:** 1.

**Annual Responses:** 6,633.

**Average Burden Per Response:** 1.34 minutes (average).

**Annual Burden Hours:** 148.

**Needs and Uses:** The Defense Commissary Agency (DeCA) will conduct a variety of one-time surveys to include customer satisfaction and preference surveys on various services and processes within the commissary system. The survey population will include, but is not limited to, persons eligible to use the commissary throughout the world. The information collected will be used to support or assess: (1) Commissary renovation and new construction, (2) commissary site decisions, (3) impact to commissaries that are near a closing commissary or a commissary that is undergoing some other kind of transformation, (4) processes within the commissaries, (5) commissary patrons perception of savings compared to local commercial supermarkets, and (6) demographic mark-up of commissary users.

**Affected Public:** Individuals or households; business or other for-profit.

**Frequency:** On occasion.

**Respondent's Obligation:** Voluntary.

**OMB Desk Officer:** Mr. Lewis Oleinick. Written comments and recommendations on the proposed information collection should be sent to Mr. Oleinick at the Office of Management and Budget, Desk Officer for DoD, Room 10236, New Executive Office Building, Washington, DC 20503.

**DOD Clearance Officer:** Ms. Patricia Toppings. Written requests for copies of the information collection proposal should be sent to Ms. Toppings, WHS/ESD/Information Management Division, 1225 South Clark Street, Suite 504, Arlington, VA 22202–4326.

Dated: June 27, 2005.

**Patricia L. Toppings,**  
Alternate OSD Federal Register, Liaison  
Officer, Department of Defense.

[FR Doc. 05–13191 Filed 7–5–05; 8:45 am]

BILLING CODE 5001–06–M

## DEPARTMENT OF DEFENSE

### Office of the Secretary

#### Submission for OMB Review; Comment Request

**ACTION:** Notice.

The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

**DATES:** Consideration will be given to all comments received by August 5, 2005.

**Title, Form, and OMB Number:** Application for Uniformed Services Identification Card—DEERS Enrollment; DD Form 1172; OMB Number 0704–0020.

**Type of Request:** Revision.

**Number of Respondents:** 1,146,898.

**Responses Per Respondent:** 1.

**Annual Responses:** 1,146,898.

**Average Burden Per Response:** 5 minutes.

**Annual Burden Hours:** 95,575.

**Needs and Uses:** This information collection requirement is needed to obtain the necessary information to authorize members of the Uniformed Services, their spouses and dependents, and other authorized individuals certain benefits and privileges. These privileges include health care, use of commissary, base exchange, and morale, welfare, and recreation facilities. This information collection is needed to obtain the necessary data to determine eligibility, to provide eligible individuals with an identification card for benefits and privileges administered by the Uniformed Services, and maintain a centralized database of eligible individuals.

**Affected Public:** Individuals or households.

**Frequency:** On occasion.

**Respondent's Obligation:** Required to obtain or retain benefits.

**OMB Desk Officer:** Mr. Lewis Oleinick.

Written comments and recommendations on the proposed information collection should be sent to Mr. Oleinick at the Office of Management and Budget, Desk Officer for DoD, Room 10236, New Executive Office Building, Washington, DC 20503.

**DOD Clearance Officer:** Ms. Patricia Toppings.

Written requests for copies of the information collection proposal should be sent to Ms. Toppings, WHS/ESD/Information Management Division, 1225 South Clark Street, Suite 504, Arlington, VA 22202–4326.

Dated: June 27, 2005.

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[FR Doc. 05–13192 Filed 7–5–05; 8:45 am]

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## DEPARTMENT OF DEFENSE

### Office of the Secretary

#### New Collection; Comment Request

**AGENCY:** Office of the Assistant Secretary of Defense for Health Affairs, DoD.

**ACTION:** Notice.

In accordance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Assistant Secretary of Defense (Health Affairs) announces the new collection of a public information collection and seeks public comment on the provisions thereof. Comments are invited on: (a) Whether the new 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 information collection; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the information collection on respondents, including through the use of automated collection techniques or other forms of information technology.

**DATES:** Consideration will be given to all comments received by September 6, 2005.

**ADDRESSES:** Written comments and recommendations on the information collection will be sent to Office of the Assistant Secretary of Defense (Health Affairs) TRICARE Management Activity, Contracting Office, 16401 East Centretech Parkway, Aurora Colorado 80011–9088—Attn: Mr. Bruce Mitterer or Mr. Marty Blomberg.

**FOR FURTHER INFORMATION CONTACT:** To request more information on this proposed information collection, please write to the above address or contact one of the following: Mr. Bruce Mitterer, TRICARE Management Activity, Contracting Officer, or Mr. Marty Blomberg, 16401 East Centretech Parkway, Aurora, Colorado 80011–9088, 1–303–676–3575.

**Title; Associated Form; and OMB Number:** TRIWEST/TRICARE Provider Satisfaction Survey.

**Needs and Uses:** The data will be used to improve the services and