

for the proper performance of the functions of the agency, including whether the information will have practical utility;

- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

*Agency:* Occupational Safety and Health Administration.

*Type of Review:* Extension without change of a previously approved collection.

*Title of Collection:* Gear Certification (29 CFR part 1919).

*OMB Control Number:* 1218-0003.

*Agency Form Number:* OSHA-70.

*Affected Public:* Private Sector: Business or other for-profits.

*Estimated Number of Respondents:* 1,116.

*Estimated Total Annual Burden Hours:* 190.

*Estimated Total Annual Costs Burden:* \$1,128,000.

*Description:* The OSHA-70 Form is used by applicants seeking accreditation from OSHA to be able to test or examine certain equipment and material handling devices, as required under the maritime regulations, 29 CFR part 1917 (Marine Terminals), and 29 CFR part 1918 (Longshoring). The OSHA-70 Form provides an easy means for companies to apply for accreditation. For additional information, see related notice published on September 17, 2007 at 72 FR 52912.

*Agency:* Occupational Safety and Health Administration.

*Type of Review:* Extension without change of a previously approved collection.

*Title of Collection:* Powered Platforms for Building Maintenance (29 CFR § 1910.66).

*OMB Control Number:* 1218-0121.

*Agency Form Number:* None.

*Affected Public:* Private Sector: Business or other for-profits.

*Estimated Number of Respondents:* 900.

*Estimated Total Annual Burden Hours:* 135,656.

*Estimated Total Annual Costs Burden:* \$0.

*Description:* The recordkeeping requirements of the Powered Platforms for Building Maintenance Standard (29 CFR 1910.66) include written emergency action plans and work plans for training; affixing load rating plates to each suspended unit, labeling emergency electric operating devices with instructions for their use, and attaching a tag to one of the fastenings holding a suspension wire rope; the inspection and testing of, and written certification for, building-support structures, components of powered platforms, powered platform facilities, and suspension wire ropes; and training employees and the preparation and maintenance of written training certification records. OSHA requires this information to be collected by employers in order to assure that employees who operate powered platforms receive uniform and comprehensive instruction and information in the operation, safe use, and inspection of this equipment. For additional information, see related notice published on October 5, 2007 at 72 FR 57072.

*Agency:* Occupational Safety and Health Administration.

*Type of Review:* Extension without change of a previously approved collection.

*Title of Collection:* Standard on Manlifts (29 CFR 1910.68(e)).

*OMB Control Number:* 1218-0226.

*Agency Form Number:* None.

*Affected Public:* Private Sector: Business or other for-profits.

*Estimated Number of Respondents:* 3,000.

*Estimated Total Annual Burden Hours:* 37,801.

*Estimated Total Annual Costs Burden:* \$0.

*Description:* 29 CFR 1910.68(e) specifies requirements for inspecting manlifts; and developing, maintaining, and disclosing inspection records. OSHA requires this information to be collected by employers for determining the cumulative maintenance status of a manlift and or taking the necessary preventive actions to ensure employee safety. For additional information, see related notice published on September 6, 2007 at 72 FR 51253.

**Darrin A. King,**

*Acting Departmental Clearance Officer.*

[FR Doc. E7-24777 Filed 12-20-07; 8:45 am]

**BILLING CODE 4510-26-P**

## DEPARTMENT OF LABOR

### Office of the Secretary

#### Submission for OMB Review: Comment Request

December 17, 2007.

The Department of Labor (DOL) hereby announces the submission of the following public information collection requests (ICR) to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13, 44 U.S.C. chapter 35). A copy of each ICR, with applicable supporting documentation; including among other things a description of the likely respondents, proposed frequency of response, and estimated total burden may be obtained from the RegInfo.gov Web site at <http://www.reginfo.gov/public/do/PRAMain> or by contacting Darrin King on 202-693-4129 (this is not toll-free number) / e-mail: [king.darrin@dol.gov](mailto:king.darrin@dol.gov).

Comments should be sent to Office of Information and Regulatory Affairs, Attn: Carolyn Lovett, OMB Desk Officer for the Employment Standards Administration (ESA), Office of Management and Budget, Room 10235, Washington, DC 20503, Telephone: 202-395-7316 / Fax: 202-395-6974 (these are not a toll-free numbers), e-mail: [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) within 30 days from the date of this publication in the **Federal Register**. In order to ensure the appropriate consideration, comments should reference the OMB Control Number (see below).

The OMB is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

- Enhance the quality, utility, and clarity of the information to be collected; and

- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

*Agency:* Employment Standards Administration.

*Type of Review:* Extension without change of currently approved collection.

*Title of Collection:* Request for Information on Earnings, Dual Benefits, Dependents and Third Part Settlements.

*OMB Control Number:* 1215-0151.

*Agency Form Number:* CA-1032.

*Estimated Number of Annual*

*Respondents:* 50,000.

*Estimated Total Annual Burden*

*Hours:* 16,667.

*Total Estimated Annual Cost Burden:* \$22,000.

*Affected Public:* Individuals or households.

*Description:* In accordance with 20 CFR 10.528, DOL periodically requires each employee who is receiving compensation benefits to complete an affidavit as to any work, or activity indicating an ability to work, which the employee has performed for the prior 15 months. If an employee who is required to file such a report fails to do so within 30 days of the date of the request, his or her right to compensation for wage loss under 5 U.S.C. 8105 or 8106 is suspended until DOL receives the requested report.

The information collected through the Form CA-1032 is used to ensure that compensation being paid is correct. Without this information, claimants might receive compensation to which they were not entitled, resulting in an overpayment of compensation. For additional information, see related notice published on August 29, 2007 at 72 FR 49737.

*Agency:* Employment Standards Administration.

*Type of Review:* Extension without change of currently approved collection.

*Title of Collection:* Worker Information—Terms and Conditions of Employment.

*OMB Control Number:* 1215-0187.

*Agency Form Numbers:* WH-516 and WH-516-Espanol.

*Estimated Number of Annual*

*Respondents:* 129,250.

*Estimated Total Annual Burden*

*Hours:* 77,550.

*Total Estimated Annual Cost Burden:* \$93,060.

*Affected Public:* Private Sector: Farms.

*Description:* Various sections of the Migrant and Seasonal Agricultural Worker Protection Act (MSPA), 29 U.S.C. 1801 et seq., require respondents [i.e., Farm Labor Contractors (FLCs), Agricultural Employers (AGERS), and Agricultural Associations (AGASs)] to disclose employment terms and conditions in writing to: (1) Migrant agricultural workers at the time of recruitment [MSPA section 201(a)]; (2) seasonal agricultural workers, upon request, at the time an offer of

employment is made [MSPA section 301(a)(1)]; and (3) seasonal agricultural workers employed through a day-haul operation at the place of recruitment [MSPA section 301(a)(2)]. See 29 CFR 500.75–.76. Moreover, MSPA sections 201(b) and 301(b) require respondents to provide each migrant worker, upon request, with a written statement of the terms and conditions of employment. See 29 CFR 500.75(d). MSPA sections 201(g) and 301(f) require providing such information in English or, as necessary and reasonable, in a language common to the workers and that the U.S. Department of Labor (DOL) make forms available to provide such information. The DOL prints and makes Optional Form WH-516, Worker Information—Terms and Conditions of Employment, available for these purposes. See 29 CFR 500.75(a), 500.76(a).

MSPA sections 201(a)(8) and 301(a)(1)(H) require disclosure of certain information regarding whether State workers' compensation or state unemployment insurance is provided to each migrant or seasonal agricultural worker. See 29 CFR 500.75(b)(6). For example, if State workers' compensation is provided, the respondents must disclose the name of the State workers' compensation insurance carrier, the name of the policyholder of such insurance, the name and the telephone number of each person who must be notified of an injury or death, and the time period within which this notice must be given. See 29 CFR 500.75(b)(6)(i). Respondents may also meet this disclosure requirement, by providing the worker with a photocopy of any notice regarding workers' compensation insurance required by law of the state in which such worker is employed. See 29 CFR 500.75(b)(6)(ii).

The Form WH-516 is an optional form that allows respondents to disclose employment terms and conditions in writing to migrant and seasonal agricultural workers, as required by the MSPA. Respondents may either complete the optional form and use it to make the required disclosures to workers or use the form as a written reflection of the information workers may request from employers under the MSPA. Disclosure of the information on this form is beneficial to both parties in that it enables workers to understand their employment terms and conditions, while also providing respondents with an easy way to disclose the information required by the MSPA and its regulations. For additional information,

see related notice published on September 12, 2007 at 72 FR 52166.

**Darrin A. King,**

*Acting Departmental Clearance Officer.*

[FR Doc. E7-24810 Filed 12-20-07; 8:45 am]

**BILLING CODE 4510-27-P**

## DEPARTMENT OF LABOR

### Employee Benefits Security Administration

#### Proposed Extension of Information Collection Request Submitted for Public Comment and Recommendations; Delinquent Filer Voluntary Compliance Program

**AGENCY:** Employee Benefits Security Administration, Department of Labor.

**ACTION:** Notice.

**SUMMARY:** The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA 95) (Pub. L. 104-13, 44 U.S.C. Chapter 35). This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Employee Benefits Security Administration is soliciting comments concerning the proposed extension of a currently approved collection of information included in the Delinquent Filer Voluntary Compliance Program.

A copy of the proposed information collection request (ICR) can be obtained by contacting the individual listed in the **ADDRESSES** section of this notice.

**DATES:** Written comments must be submitted to the office listed in the **ADDRESSES** section below on or before February 19, 2008.

**ADDRESSES:** Gerald B. Lindrew, Department of Labor, Employee Benefits Security Administration, 200 Constitution Avenue, NW., Room N-5718, Washington, DC 20210, (202) 693-8410, FAX (202) 693-4745 (these are not toll-free numbers).

#### SUPPLEMENTARY INFORMATION:

##### I. Background

The Secretary of Labor has the authority, under section 502(c)(2) of the