

Control No. 2900–0808” in any correspondence.

FOR FURTHER INFORMATION CONTACT:

Cynthia Harvey-Pryor, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461–5870 or email cynthia.harvey-pryor@va.gov. Please refer to “OMB Control No. 2900–0808” in any correspondence.

SUPPLEMENTARY INFORMATION:

Title: (Back (Thoracolumbar Spine) Conditions Disability Benefits Questionnaire (VA Form 21–0960M–14).

OMB Control Number: 2900–0808.

Type of Review: Extension of a currently approved collection.

Abstract: VA Forms 21–0960M–14 is used to gather necessary information from a claimant’s treating physician regarding the results of medical examinations.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published at Vol. 81, No. 250, Thursday, December 29, 2016, page 96202.

Affected Public: Individuals or Households.

Estimated Annual Burden: 37,500.

Estimated Average Burden per Respondent: 45 minutes.

Frequency of Response: One time.

Estimated Number of Respondents: 50,000.

By direction of the Secretary.

Cynthia Harvey-Pryor,

Department Clearance Officer, Office of Privacy and Records Management, Department of Veterans Affairs.

[FR Doc. 2017–04423 Filed 3–6–17; 8:45 am]

BILLING CODE 8320–01–P

DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900–0810]

Agency Information Collection Activity Under OMB Review: (Foot Conditions Including Flatfoot (Pes Planus) Disability Benefits Questionnaire (VA Form 21–0960M–6))

AGENCY: Veterans Benefits Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of

1995, this notice announces that the Veterans Benefits Administration, Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and it includes the actual data collection instrument.

DATES: Comments must be submitted on or before April 6, 2017.

ADDRESSES: Submit written comments on the collection of information through www.Regulations.gov, or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW., Washington, DC 20503 or sent through electronic mail to oira_submission@omb.eop.gov. Please refer to “OMB Control No. 2900–0810” in any correspondence.

FOR FURTHER INFORMATION CONTACT:

Cynthia Harvey-Pryor, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461–5870 or email cynthia.harvey-pryor@va.gov. Please refer to “OMB Control No. 2900–0810” in any correspondence.

SUPPLEMENTARY INFORMATION:

Title: (Foot Conditions Including Flatfoot (Pes Planus) Disability Benefits Questionnaire (VA Form 21–0960M–6).

OMB Control Number: 2900–0810.

Type of Review: Extension of a currently approved collection.

Abstract: VA Forms 21–0960M–6 is used to gather necessary information from a claimant’s treating physician regarding the results of medical examinations.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published at Vol. 81, No. 250, Thursday, December 29, 2016, pages 96201 and 96202.

Affected Public: Individuals or Households.

Estimated Annual Burden: 40,000.

Estimated Average Burden per Respondent: 30 minutes.

Frequency of Response: One time.

Estimated Number of Respondents: 80,000.

By direction of the Secretary:

Cynthia Harvey-Pryor,

Department Clearance Officer, Office of Privacy and Records Management, Department of Veterans Affairs.

[FR Doc. 2017–04424 Filed 3–6–17; 8:45 am]

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DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900–0655]

Agency Information Collection Activity Under OMB Review (Residency Verification Report—Veterans and Survivors (FL 21–914))

AGENCY: Veterans Benefits Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501–21), this notice announces that the Veterans Benefits Administration, Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and it includes the actual data collection instrument.

DATES: Comments must be submitted on or before April 6, 2017.

ADDRESSES: Submit written comments on the collection of information through www.Regulations.gov, or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW., Washington, DC 20503 or sent through electronic mail to oira_submission@omb.eop.gov. Please refer to “OMB Control No. 2900–0655” in any correspondence.

FOR FURTHER INFORMATION CONTACT:

Cynthia Harvey-Pryor, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461–5870 or email cynthia.harvey-pryor@va.gov. Please refer to “OMB Control No. 2900–0655” in any correspondence.

SUPPLEMENTARY INFORMATION:

Title: Residency Verification Report—Veterans and Survivors (FL 21–914).

OMB Control Number: 2900–0655.

Type of Review: Extension of a currently approved collection.

Abstract: VA Form Letter 21–914 gathers the information necessary to