

Jacob C. Rojan (IN)
 Sholom Rub (NY)
 David J. Scimecca (NY)
 Ronald D. Smith (IN)
 Kenneth W. Swisher (IL)
 Melissa Tell (NY)
 Jeremy N. Thompson (NY)
 Charles R. Thompson, Jr. (KY)
 Blane Tor (NJ)
 Samuel C. Tracy (WA)
 Terry L. Underwood, Jr. (VA)
 Aaron M. Vanlanduit (MO)
 William O. Wallen (IL)
 Steven G. Wehrle (MO)
 James H. Wilkey (ID)
 Joseph M. Wilson, II (WA)
 Joseph A. Wilson, Sr. (MA)
 Jefferson Yazzie (NM)
 Michael A. Zuke, Sr. (NY)

The drivers were included in docket numbers FMCSA–2015–0343; FMCSA–2016–0034. Their exemptions are applicable as of April 16, 2018, and will expire on April 16, 2020.

As of April 27, 2018, and in accordance with 49 U.S.C. 31136(e) and 31315, the following eight individuals have satisfied the renewal conditions for obtaining an exemption from the rule prohibiting drivers with ITDM from driving CMVs in interstate commerce (77 FR 13686; 77 FR 25227; 81 FR 85317):

Bobby D. Bennett (GA)
 Mark S. Clemence (KS)
 Mike W. Holland (IL)
 Dan M. McAllister (WI)
 Paul F. Rivers (MN)
 Marcus V. Romo (ID)
 Wayne L. Snyder (OH)
 Justin K. Zimmerschied (KS)

The drivers were included in docket number FMCSA–2011–0383. Their exemptions are applicable as of April 27, 2018, and will expire on April 27, 2020.

As of April 30, 2018, and in accordance with 49 U.S.C. 31136(e) and 31315, the following two individuals have satisfied the renewal conditions for obtaining an exemption from the rule prohibiting drivers with ITDM from driving CMVs in interstate commerce (79 FR 10612; 79 FR 14579; 79 FR 27685; 79 FR 28590; 81 FR 85317): Charles L. Bryant, (PA); Christopher P. Martin, (NH).

The drivers were included in docket numbers FMCSA–2014–0012; FMCSA–2014–0013. Their exemptions are applicable as of April 30, 2018, and will expire on April 30, 2020.

IV. Conditions and Requirements

The exemptions are extended subject to the following conditions: (1) Each driver must submit a quarterly monitoring checklist completed by the

treating endocrinologist as well as an annual checklist with a comprehensive medical evaluation; (2) each driver must report within two business days of occurrence, all episodes of severe hypoglycemia, significant complications, or inability to manage diabetes; also, any involvement in an accident or any other adverse event in a CMV or personal vehicle, whether or not it is related to an episode of hypoglycemia; (3) each driver must submit an annual ophthalmologist's or optometrist's report; and (4) each driver must provide a copy of the annual medical certification to the employer for retention in the driver's qualification file, or keep a copy in his/her driver's qualification file if he/she is self-employed. The driver must also have a copy of the exemption when driving, for presentation to a duly authorized Federal, State, or local enforcement official. The exemption will be rescinded if: (1) The person fails to comply with the terms and conditions of the exemption; (2) the exemption has resulted in a lower level of safety than was maintained before it was granted; or (3) continuation of the exemption would not be consistent with the goals and objectives of 49 U.S.C. 31136(e) and 31315.

V. Preemption

During the period the exemption is in effect, no State shall enforce any law or regulation that conflicts with this exemption with respect to a person operating under the exemption.

VI. Conclusion

Based upon its evaluation of the 191 exemption applications, FMCSA renews the exemptions of the aforementioned drivers from the rule prohibiting drivers with ITDM from driving CMVs in interstate commerce. In accordance with 49 U.S.C. 31136(e) and 31315, each exemption will be valid for two years unless revoked earlier by FMCSA.

Issued on: April 2, 2018.

Larry W. Minor,

Associate Administrator for Policy.

[FR Doc. 2018–07988 Filed 4–16–18; 8:45 am]

BILLING CODE 4910–EX–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

Proposed Information Collection; Comment Request

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice and request for comments.

SUMMARY: The Internal Revenue Service, 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.

DATES: Written comments should be received on or before June 18, 2018 to be assured of consideration.

ADDRESSES: Direct all written comments to Laurie Brimmer, Internal Revenue Service, Room 6526, 1111 Constitution Avenue NW, Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: To obtain additional information, or copies of the information collection and instructions, or copies of any comments received, contact LaNita Van Dyke, at (202) 317–6009, at Internal Revenue Service, Room 6526, 1111 Constitution Avenue NW, Washington, DC 20224, or through the internet, at Lanita.VanDyke@irs.gov.

SUPPLEMENTARY INFORMATION:

Request for Comments

The Internal Revenue Service, as part of their continuing effort to reduce paperwork and respondent burden, invite the general public and other Federal agencies to take this opportunity to comment on the proposed or continuing information collections listed below in this notice, as required by the Paperwork Reduction Act of 1995, (44 U.S.C. 3501 *et seq.*).

Request for Comments: Comments submitted in response to this notice will be summarized and/or included in our request for Office of Management and Budget (OMB) approval of the relevant information collection. All comments will become a matter of public record. Please do not include any confidential or inappropriate material in your comments.

We invite comments on: (a) Whether the collection of information is necessary for the proper performance of the agency's functions, including whether the information has 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 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 the requested information.

The IRS is seeking comments concerning the following form, and reporting and record-keeping requirements:

Title: Distributions From an HSA, Archer MSA or Medical Advantage MSA.

OMB Number: 1545–1517.

Form Number: 1099–SA.

Abstract: This form is used to report distributions from a medical savings account as required by Internal Revenue Code section 220(h).

Current Actions: There are no changes being made to the form at this time.

Type of Review: Extension of a currently approved collection.

Affected Public: Business or other for-profit organizations.

Estimated Number of Responses: 25,839.

Estimated Time per Response: 8 min.

Estimated Total Annual Burden Hours: 3,618.

The following paragraph applies to the collection of information covered by this notice:

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. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

Approved: April 10, 2018.

Laurie Brimmer,

Senior Tax Analyst.

[FR Doc. 2018–07967 Filed 4–16–18; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900–NEW]

Agency Information Collection Activity: Pulmonary Health and Deployment to Southwest Asia and Afghanistan

AGENCY: Veterans Health Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995, this notice announces that the Veterans Health 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 May 17, 2018.

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 oir_submission@omb.eop.gov. Please refer to “OMB Control No. 2900–NEW” in any correspondence.

FOR FURTHER INFORMATION CONTACT:

Cynthia D. Harvey-Pryor, Office of Quality, Privacy and Risk (OQPR), 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–NEW” in any correspondence.

SUPPLEMENTARY INFORMATION:

Authority: 38 CFR part 16.

Title: Pulmonary Health and Deployment to Southwest Asia and Afghanistan.

OMB Control Number: 2900–NEW.

Type of Review: New collection.

Abstract: The Department of Veterans Affairs Cooperative Studies Program (CSP) is conducting a human subjects research study to understand the association between military deployment to Afghanistan, Iraq, and 5 other countries and current pulmonary function. Data on deployment locations, exposures while deployed, current pulmonary function and several important covariates are not available and will need to be collected from participants. This research study will generate data which will be used to assist VA in obtaining information that can be used to improve health care for Veterans.

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 83 FR 2876 on January 19, 2018, pages 2876–2877.

Affected Public: Individuals and households.

Estimated Annual Burden:

Recruitment Screening Module—517 hours.

Spirometry Screening Module—1,033 hours.

Military Overview Module—517 hours.

OEI/OIF/OND Location Module—1,550 hours.

Non-OEI/OIF/OND Location Module—1,550 hours.

OEI/OIF/OND Exposure Module—1,033 hours.

Non-OEI/OIF/OND Exposure Module—1,033 hours.

Civilian Occupation and Hobby Exposure Module—517 hours.

Health, Smoking, and Demographics Module—1,550 hours.

Medication and Dietary Supplement Module—1,033 hours.

Participant Status Check-In Module—517 hours.

Spirometry—3,617 hours.

Medical History Module—517 hours.

Functional Health Module—413 hours.

Health Symptoms Module—310 hours.

Current Mood Module—517 hours.

Participant Feedback Module—310 hours.

Post-Visit Feedback Module—52 hours.

Estimated Average Burden per Respondent:

Recruitment Screening Module—5 minutes.

Spirometry Screening Module—10 minutes.

Military Overview Module—5 minutes.

OEI/OIF/OND Location Module—15 minutes.

Non-OEI/OIF/OND Location Module—15 minutes.

OEI/OIF/OND Exposure Module—10 minutes.

Non-OEI/OIF/OND Exposure Module—10 minutes.

Civilian Occupation and Hobby Exposure Module—5 minutes.

Health, Smoking, and Demographics Module—15 minutes.

Medication and Dietary Supplement Module—10 minutes.

Participant Status Check-In Module—5 minutes.

Spirometry—35 minutes.

Medical History Module—5 minutes.

Functional Health Module—4 minutes.

Health Symptoms Module—3 minutes.

Current Mood Module—5 minutes.

Participant Feedback Module—3 minutes.

Post-Visit Feedback Module—10 minutes.

Frequency of Response: Annually.

Estimated Number of Respondents:

Recruitment Screening Module—6200.