

meetings of the WTC Expert Panel can be found at the panel Web site.

III. Hot To Get Information on E-DOCKET

EPA has established an official public docket for this action under Docket ID No. ORD-2004-0003. The official public docket consists of the documents specifically referenced in this action, any public comments received, and other information related to this action. Although a part of the official docket, the public docket does not include Confidential Business Information (CBI) or other information whose disclosure is restricted by statute. The official public docket is the collection of materials that is available for public viewing at the Office of Environmental Information (OEI) Docket in the Headquarters EPA Docket Center, (EPA/DC) EPA West Building, Room B102, 1301 Constitution Avenue, NW., Washington, DC 20460. The EPA Docket Center Public Reading Room is open from 8:30 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays. The telephone number for the Public Reading Room is (202) 566-1744, and the telephone number for the OEI Docket is (202) 566-1752; facsimile: (202) 566-1753; or e-mail: ORD.Docket@epa.gov.

An electronic version of the public docket is available through EPA's electronic public docket and comment system, EPA Dockets. You may use EPA Dockets at <http://www.epa.gov/edocket/> to submit or view public comments, access the index listings of the contents of the official public docket, and to access those documents in the public docket that are available electronically. Once in the system, select "search," then key in the appropriate docket identification number.

Dated: April 28, 2005.

E. Timothy Oppelt,

Acting Assistant Administrator, EPA Office of Research and Development.

[FR Doc. 05-8871 Filed 5-4-05; 8:45 am]

BILLING CODE 6560-50-M

ENVIRONMENTAL PROTECTION AGENCY

[FRL-7908-2]

Intent To Grant a Co-Exclusive Patent License

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of intent to grant a co-exclusive license.

SUMMARY: Pursuant to 35 U.S.C. 207 (Patents) and 37 CFR part 404 (U.S. Government patent licensing regulations), EPA hereby gives notice of its intent to grant a co-exclusive, royalty-bearing, revocable license to practice the invention described and claimed in the U.S. patent application entitled Method for Isolating and Using Fungal Hemolysins, filed May 30, 2001, U.S. Serial Number 09/866,793, and all corresponding patents issued throughout the world, and all reexamined patents and reissued patents granted in connection with such patent application, to Roche Diagnostics Corporation, Indianapolis, Indiana, and to Aerotech Laboratories, Phoenix, Arizona.

The invention was announced as being available for licensing in the May 12, 2003 issue of the **Federal Register** (68 FR 25371) as U.S. Patent Application Number 09/866,793, filed May 30, 2001, and claiming priority from a provisional application filed June 1, 2000.

The proposed co-exclusive license will contain appropriate terms, limitations, and conditions to be negotiated in accordance with 35 U.S.C. 209 and 37 CFR 404.5 and 404.7 of the U.S. Government patent licensing regulations.

EPA will negotiate the final terms and conditions and grant the co-exclusive license, unless within 15 days from the date of this notice EPA receives, at the address below, written objections to the grant, together with supporting documentation. The documentation from objecting parties having an interest in practicing the above patents should include an application for an exclusive or nonexclusive license with the information set forth in 37 CFR 404.8. The EPA Patent Attorney and other EPA officials will review all written responses and then make recommendations on a final decision to the Director or Deputy Director of the National Exposure Research Laboratory who have been delegated the authority to issue patent licenses under EPA Delegation 1-55.

DATES: Comments on this notice must be received by EPA at the address listed below by May 20, 2005.

FOR FURTHER INFORMATION CONTACT: Laura Scalise, Patent Attorney, Office of General Counsel (Mail Code 2377A), Environmental Protection Agency, Washington, DC 20460, telephone (202) 564-8303.

Dated: April 27, 2005.

Marla E. Diamond,

Associate General Counsel, Finance and Operations Law Office.

[FR Doc. 05-8986 Filed 5-4-05; 8:45 am]

BILLING CODE 6560-50-P

EXPORT-IMPORT BANK

[Public Notice 75]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Export-Import Bank of the U.S.

ACTION: Notice and request for comments.

SUMMARY: The Export-Import Bank of the United States (Ex-Im Bank) provides working capital guarantees to lenders. In assessing the creditworthiness of an applicant, Ex-Im Bank reviews EIB Form 84-1. This form provides information which allows the Bank to obtain legislatively required reasonable assurance of repayment, as well as to fulfill other statutory requirements. The form has had some minor change in content and requires a three-year extension.

DATES: Written comments should be received on or before July 5, 2005 to be assured of consideration.

ADDRESSES: Direct all comments and requests for additional information to Pamela Bowers, Export-Import Bank of the U.S., 811 Vermont Avenue, NW., Washington, DC 20571 (202) 565-3792, or pamela.bowers@exim.gov.

SUPPLEMENTARY INFORMATION:

Titles and Form Numbers: U.S. Small Business Administration, Export-Import Bank of the United States Joint Application for Working Capital Guarantee.

OMB Number: 3048-0003.

Form Number: EIB-SBA 84-1 (Revised 2/2005).

Type of Review: Revision and extension of expiration date.

Annual Number of Respondents: 600.
Estimated Time Per Respondent: 2 Hours.

Annual Burden Hours: 1,200.

Frequency of Reporting or Use: Upon application for guarantees or working capital loans advanced by the lenders to U.S. exporters.

Dated: April 29, 2005.

Solomon Bush,

Agency Clearance Officer.

BILLING CODE 6690-01-M

OMB No.: 3048-0003
Expires 5/31/08

(SBA Use Only) Date Received C.I.D. No. Intermediary	U.S. SMALL BUSINESS ADMINISTRATION EXPORT-IMPORT BANK OF THE UNITED STATES JOINT APPLICATION FOR EXPORT WORKING CAPITAL GUARANTEE	(Ex-Im Bank Use Only) Date Received
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PART A. PRINCIPAL PARTIES

1. Borrower/Exporter Please circle the appropriate answer: New to Ex-Im Bank or SBA?				Yes	No
Company Name		D&B No.		Telephone No.	
Name and Title of Contact Person		Federal ID No.		Fax No.	
Address		City	State	Zip	
Gross Sales: \$	No. of Full-Time Employees:	Primary North American Industrial Classification System (NAIC) No.:		"Small Business Concern" as described in SBA Guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the Borrower or its owner(s), or the Guarantor ever filed for protection under U.S. bankruptcy laws? <input type="checkbox"/> Yes <input type="checkbox"/> No Has either had an involuntary bankruptcy petition filed against it? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Borrower's Management (Proprietors, partners, officers, directors and holders of all outstanding stock or other ownership interests - 100% of ownership must be shown. Include anyone who was a principal within the last six months.) Attach separate sheet of paper if necessary.					
Name	Complete Street Address	% owned	Social Security Number	Title/Management position	Gender* (M/F)
Race* (check one or more boxes): <input type="checkbox"/> American Indian/Alaska Native; <input type="checkbox"/> Black/African American; <input type="checkbox"/> Asian; <input type="checkbox"/> Native Hawaiian/Pacific Islander; <input type="checkbox"/> White. Ethnicity:* <input type="checkbox"/> Hispanic/Latino; <input type="checkbox"/> Not Hispanic/Latino.					
Military Service Status* (choose one): <input type="checkbox"/> Non-Veteran; <input type="checkbox"/> Veteran; <input type="checkbox"/> Service Disabled Veteran					
Race* (check one or more boxes): <input type="checkbox"/> American Indian/Alaska Native; <input type="checkbox"/> Black/African American; <input type="checkbox"/> Asian; <input type="checkbox"/> Native Hawaiian/Pacific Islander; <input type="checkbox"/> White. Ethnicity:* <input type="checkbox"/> Hispanic/Latino; <input type="checkbox"/> Not Hispanic/Latino.					
Military Service Status* (choose one): <input type="checkbox"/> Non-Veteran; <input type="checkbox"/> Veteran; <input type="checkbox"/> Service Disabled Veteran					
Race* (check one or more boxes): <input type="checkbox"/> American Indian/Alaska Native; <input type="checkbox"/> Black/African American; <input type="checkbox"/> Asian; <input type="checkbox"/> Native Hawaiian/Pacific Islander; <input type="checkbox"/> White. Ethnicity:* <input type="checkbox"/> Hispanic/Latino; <input type="checkbox"/> Not Hispanic/Latino.					
Military Service Status* (choose one): <input type="checkbox"/> Non-Veteran; <input type="checkbox"/> Veteran; <input type="checkbox"/> Service Disabled Veteran					
*Minority-Owned? Yes <input type="checkbox"/> No <input type="checkbox"/>					
*Women-Owned? Yes <input type="checkbox"/> No <input type="checkbox"/>					
*This information is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary.					
3. Borrower's Affiliate(s) If more than one affiliate, please attach separate sheet of paper.					
Company Name		D&B No.		Telephone No.	
Name and Title of Contact Person		Federal ID No.		Fax No.	
Street Address		City	State	Zip	
4. Personal Guarantor(s) If more than one guarantor, please attach separate sheet of paper.					
Name		Social Security No.		Telephone No.	
		Date of Birth and Place of Birth		Fax No.	

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Street Address	City	State	Zip
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5. Lender Please circle the appropriate answer: New to Ex-Im Bank or SBA?			
		Yes (If yes, submit annual report.) No	
Name	Federal ID No.	Telephone No.	Fax No.
Address	City	State	Zip

PART B. INFORMATION ABOUT THIS TRANSACTION

1. Loan Information			
Loan Amount: \$	Term of Loan: <input type="checkbox"/> 6 months <input type="checkbox"/> Other (specify:) <input type="checkbox"/> 1 year	Type of Loan (check one): <input type="checkbox"/> Revolving <input type="checkbox"/> Transaction(s) Specific	
Interest Rate to be Charged: Lender Interest Rate _____ % Per Annum	Other Fees or Charges (type and amount);	Renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Interest Rate is to be Variable: Base Rate: _____ Adjustment Period: _____ (Monthly, Quarterly, Annually, etc.) Spread: _____ Base Rate Source: _____ (WSJ, LIBOR, etc.)	Conversion of Preliminary Commitment? <input type="checkbox"/> Yes If yes: commitment # _____ <input type="checkbox"/> No	Were You Assisted by an Ex-Im Bank City/State Partner or a Small Business Development Center? <input type="checkbox"/> Yes If yes, please identify: Name & Address: _____ Contact Name: _____ Telephone No.: _____ <input type="checkbox"/> No	
2. Transaction Information			
Products/Goods/Services to be exported (description):			
Estimated Total Export Sales to be supported by this Loan: \$			
Principal Countries of Export (please identify the top 3 countries):			
(Ex-Im Bank applicants only) U.S. Content Percentage: _____ %			
Please estimate the number of jobs to be supported by this Loan:	# of existing jobs maintained: # of additional jobs created:		
Are Performance Guarantees or Standby Letters of Credit to be issued under this Loan?	Yes	No	Percentage of Loan to be utilized for performance guarantees: _____ %
3. (Ex-Im Bank applicants only) Please answer the following questions about the "export items" to be exported from the U.S.			
a. Military Is the buyer of the export items associated in any way with the military? Are the items to be used by the military, or are they defense articles, or do they have a military application?	Yes	No	If yes, please attach a description of the buyer or items, as applicable.
b. Nuclear Are the export items to be used in the construction, alteration, operation, or maintenance of nuclear power, enrichment, reprocessing, research, or heavy water production facilities?	Yes	No	If yes, please attach a description of the items.
c. Environmental Are the export items to be used for an environmental project or do they have perceptible environmental benefits?	Yes	No	If yes, please attach a description of the items, including the following information: If transaction related to a specific project, identify the project; project location; and project sector or industry. If not related to a specific project, identify the sector in which items are to be used to create an environmental benefit.
d. Munitions Are the export items on the U.S. Munitions Control List (Part 121 of Title 22 of the Code of Federal Regulations), or do they require a validated export license from the Bureau of Export Administration?	Yes	No	If yes, please attach a description of the items. If uncertain whether a validated export license is required, written verification from the appropriate licensing agency may be required before loan approval.

PART C. CERTIFICATIONS

***Please attach a signed, duplicate original of Part C for each Borrower and each Lender**

1. Borrower and Lender Certifications

The undersigned, each as authorized representative of the Borrower and the Lender (respectively) and on its behalf, each independently make the following certifications:

Debarment/Suspension – I certify and acknowledge that neither I or my Principals have within the past 3 years been a) debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in, a Transaction; b) formally proposed for debarment, with a final determination still pending; c) indicted, convicted or had a civil judgment rendered against us for any of the offenses listed in the Regulations; d) delinquent on any amounts due and owing to the U.S. Government or its agencies or instrumentalities as of the date of execution of this certification; or the undersigned has received a written statement of exception from Ex-Im Bank or SBA attached to this certification, permitting participation in this Transaction despite an inability to make certifications a) through d) in this paragraph. I further certify that I have not and will not knowingly enter into any agreements in connection with the goods and/or services purchased with the proceeds of this loan with any individual or entity that has been debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a Transaction. All capitalized terms not defined herein shall have the meanings set forth in the Government-wide Non-procurement Suspension and Debarment Regulations - Common Rule (13 CFR part 145 – SBA Regulations and 12 CFR part 413 – Ex-Im Bank Regulations).

Compliance with Laws - In addition, I certify that I have not, and will not, engage in any activity in connection with this transaction that is a violation of a) the Foreign Corrupt Practices Act of 1977, 15 U.S.C. 78dd-1, et seq. (which provides for civil and criminal penalties against individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business); b) the Arms Export Control Act, 22 U.S.C. 2751 et seq.; c) the International Emergency Economic Powers Act, 50 U.S.C. 1701 et seq.; or d) the Export Administration Act of 1979, 50 U.S.C. 2401 et seq. I further certify that I have not been found by a court of the United States to be in violation of any of these statutes within the preceding 12 months and, to the best of my knowledge, the performance by the parties to this transaction of their respective obligations does not violate any other applicable law.

Lobbying (applicable to Lender only) – I certify to the best of my knowledge and belief, that if any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this commitment providing for the United States to guarantee a loan, I will complete and submit a Standard Form-LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions. Submission of this statement is imposed by 31 U.S.C. 1352 as a prerequisite for making or entering into this transaction. Any person who fails to file this statement when required is subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

False Statements – I certify that the representations made and the facts stated in this application and its attachments are true to the best of my knowledge and belief, and I have not misrepresented or omitted any material facts. I understand that knowingly making false statements or overvaluing a security to obtain a Government-guaranteed loan can subject me to a fine of up to \$10,000 and imprisonment for up to five years under 18 U.S.C. 1001.

Borrower:

Name of Borrower	
Signature	Date
Name and Title of Authorized Representative (Print or Type)	

Lender:

Name of Lender	
Signature	Date
Name and Title of Authorized Representative (Print or Type)	

OMB No.: 3048-0003
Expires 5/31/08**2. Guarantor and Additional Borrower Representations and Certifications (SBA applicants only)**

The undersigned, each as authorized representative of the Borrower and the Guarantor(s) (respectively) and on its behalf, each independently make the following representations and certifications:

(If any answer to any of these questions is "yes," provide complete information on a separate sheet of paper)	Borrower	Guarantor
a. Are there any pending or threatened liens, tax liens, judgments or material litigation against the:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the Borrower or Guarantor or any spouse or member of the household of the Borrower or Guarantor, or anyone who owns, manages or directs the Borrower's business or their spouses or members of their households, work for SBA, Small Business Advisory Council, SCORE, any Federal Agency, or the Lender?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Has the Borrower or its owner(s), or the Guarantor ever filed for protection under U.S. bankruptcy laws? Has either had an involuntary bankruptcy petition filed against it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has the Borrower or its owner(s) or affiliates, or the Guarantor ever previously requested U.S. Government financing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Is the Borrower or Guarantor now, or ever have been in the past: (a) under indictment, on parole or probation; or (b) charged with or arrested for any criminal offense other than a minor motor vehicle violation (including offenses which have been dismissed, discharged, or nolle prosequi); or (c) convicted, placed on pretrial diversion, or placed on any form of probation including adjudication withheld pending probation for any criminal offense other than a minor vehicle violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are all owners and Guarantors U.S. Citizens? If no: Are the non-U.S. Citizens lawful permanent resident aliens? <input type="checkbox"/> Yes (provide alien registration number(s): _____) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Authorization - I authorize SBA and/or the Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I authorize the SBA's Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

Agreements - I agree that if SBA approves this application I will not, for at least two years after the date of SBA's approval, hire as an employee or consultant anyone that was employed by the SBA during the one-year period prior to the disbursement of the loan. I further agree that as consideration for any management, technical, and business development assistance that may be provided to me by SBA or on its behalf, I waive all claims against SBA and its consultants. I understand and agree that I need not pay anybody to deal with SBA, and that I have read and understand SBA Form 159, which explains SBA policy on Borrower and Lender representatives and their fees. By my signature, I certify that I have received a copy and read a copy of the "Statements Required by Law and Executive Order" (SBA Form 1261) that was attached to this application, and that I agree to comply with all such laws and executive orders.

False Statements - I certify that the representations made and the facts stated in this application and its attachments are true, to the best of my knowledge and belief, and I have not misrepresented or omitted any material facts. I understand that knowingly making false statements or overvaluing a security to obtain a Government-guaranteed loan can subject me to a fine of up to \$10,000 and imprisonment for up to five years under 18 U.S.C. 1001, and to the civil remedies available under the False Claims Act, 31 U.S.C. 3729 et seq. I further understand that knowingly making false statements or overvaluing a security to a Federally insured institution can subject me to a fine of up to \$1,000,000 and imprisonment for up to 20 years under 18 U.S.C. 1014.

Borrower:

Name of Borrower	
Signature	Date
Name and Title of Authorized Representative (Print or Type)	

Guarantor:

Name of Guarantor	
Signature	Date
Name and Title of Authorized Representative (Print or Type)	

3. Additional Lender Certifications (SBA applicants only)

The undersigned, as authorized representative of the Lender and on its behalf, make the following certifications:

I submit this application to SBA for approval subject to the terms and conditions outlined above. Without the participation of SBA as described in the application, I would not be willing to make this loan, and in my opinion this financial assistance is not otherwise available on reasonable terms.

I certify that none of the Lender's employees, officers, directors, or substantial stockholders (more than 10%) have a financial interest in the applicant.

I certify that the representations made and the facts stated in this application and its attachments are true, to the best of my knowledge and belief, and I have not misrepresented or omitted any material facts. I understand that knowingly making false statements or overvaluing a security to obtain a Government-guaranteed loan can subject me to a fine of up to \$10,000 and imprisonment for up to five years under 18 U.S.C. 1001, and to the civil remedies available under the False Claims Act, 31 U.S.C. 3729 et seq.

Name of Lender	
Signature	Date
Name and Title of Authorized Representative (Print or Type)	

NOTICE TO APPLICANT:

Authority for Requiring Submission of Information in Application - The applicant is hereby notified that Ex-Im Bank and SBA request the information in this application under the authority of the Export-Import Bank Act of 1945, as amended (12 U.S.C. 635 et seq.) and section 7(a)(14) of the Small Business Act ("SB Act"), (15 U.S.C. 636(a)(14)), respectively. Providing the requested information is mandatory (except, see Privacy Act notice below concerning social security number), and failure to provide the requested information may result in SBA/Ex-Im Bank being unable to determine the applicant's eligibility for financial assistance. Unless a currently valid OMB control number is displayed on this form (see upper right of each page), SBA/Ex-Im Bank may not require the information requested in this application, and applicants are not required to provide such information.

Submission of Social Security Number (Privacy Act notice) - Under the Privacy Act, the applicant is not required to provide social security number information, and failure to provide social security number may not affect any right, benefit, or privilege to which applicant is entitled. Disclosures of name and other personal identifiers are required for a benefit, however, and SBA requires an applicant seeking financial assistance to provide sufficient information to allow SBA to make a character and credit determination concerning individuals that are borrowers, principals, and guarantors. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a) of the SB Act (15 U.S.C. 636(a)(6)), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid, or that it is in the best interest of the Government to grant the financial assistance requested. Additionally, SBA is specifically authorized to verify the applicant's criminal history, or lack thereof, pursuant to section 7(a)(1) of the SB Act (15 U.S.C. 636(a)(1)(B)). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the SB Act or the Small Business Investment Act (15 U.S.C. 634 and 687b(a)). For these purposes, applicant is asked to voluntarily provide social security numbers to assist SBA in making character determinations and to distinguish the individuals listed in this application from other individuals with the same or similar name or other personal identifier.

The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is that when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is to assist in obtaining credit bureau reports, including business credit reports on the small business borrower and consumer credit reports and scores on the principals of the small business and guarantors on the loan for purposes of originating, servicing, and liquidating small business loans and for purposes of routine periodic loan portfolio management and lender monitoring. See 69 F.R. 58598, 58617 (and any subsequently published notices) for additional background and other routine uses.

Disclosure - Ex-Im Bank and SBA will hold confidential all information provided in the application, subject only to disclosure as required under the Freedom of Information Act (5 USC 552), the Privacy Act of 1974 (5 USC 552a), the Right to Financial Privacy Act of 1978 (12 USC 3401), or any other law or court order.

Public Burden Statement - Reporting for this collection of information is estimated to average 7.5 hours per response, including reviewing instructions, searching data sources, gathering information, and completing and reviewing the application. Send comments regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.

APPLICATION INSTRUCTIONS

PART A. PRINCIPAL PARTIES

1. **Borrower/Exporter.** Complete this section with information on the individual or corporate borrower. Provide the preliminary North American Industrial Classification System No. (NAIC) of the borrower, rather than the product being exported.
2. **Management.** Complete this section for each proprietor, partner, officer, director or other individual owning 20% or more of the borrower. 100% of ownership must be shown.
3. **Personal Guarantor(s).** List all individuals and entities that will guarantee repayment of the loan. The personal guarantee of the owner(s) is required in most cases.
4. **Lender.** Leave blank if you are applying for a Preliminary Commitment and a prospective lender has not been identified.

PART B. INFORMATION ABOUT THE TRANSACTION

Provide the loan amount, term and type of loan requested, and answer all questions in Part B. (See also Checklist item 2 below.)

PART C. CERTIFICATIONS

This section must be signed by an authorized representative of the borrower, each guarantor, and, if this is a request for a final commitment, the Lender.

CHECKLIST OF INFORMATION TO BE ATTACHED

(Note: All Attachments must be signed and dated by all person(s) signing this form.)

BACKGROUND	Yes	N/A
1. Brief resume of principals and key employees, History of business; copy of business plan, if available; identify whether sole proprietorship, general partnership, limited liability company (LLC), corporation and/or subchapter-S corporation.		
2. Explanation of use of proceeds and benefits of the loan guarantee, including details of the underlying transaction(s) for which the loan is needed, including country(s) where the buyers are located.		
TRANSACTION	Yes	N/A
3. Attach product literature. (<i>Ex-Im Bank applicants only</i>): If applicable, attach description of items if they are nuclear, military, environmental, on the U.S. Munitions Control List, or require an export license.		
4. Copy of letter of credit and/or copy of buyer's order/contract, if available.		
5. Export credit insurance-related material (policy, application, buyer credit limit), if applicable.		
6. Copy of export license, if required.		
FINANCIAL INFORMATION	Yes	N/A
7. Business financial statements (Balance Sheet, Income Statement, statement of Cash Flows) for the last three years, if applicable, supported by the most recent Federal income tax return for the business. (<i>SBA applicants only</i>): Also submit the last three years of signed Federal income tax returns for the business.		
8. Current financial statement (interim) dated within 90 days of the date of application filing.		
9. Aging of accounts receivable and accounts payable.		
10. Schedule of all principal officer/owner's compensation for the past three years, and current year to date [if none, please indicate].		
11. Signed joint personal financial statements(s) of each major shareholder(s)/partner(s), owner(s), of the company (with 20% or greater ownership, including assets and liabilities of both spouses) and their most recent Federal income tax return (not required for venture capital partners).		
12. Estimate of monthly cash flow for the term of the loan, highlighting the proposed export transaction.		
13. Description of type and value of proposed collateral to support the loan (company assets/export product, i.e., inventory, accounts receivable, other).		
14. Attach credit memorandum prepared by the Lender. (<i>SBA applicants only</i>): Also attach D&B Report and Personal Credit Reports on Principals and Guarantors.		
15. (<i>Ex-Im Bank applicants only</i>): Nonrefundable \$500 application fee for a Preliminary Commitment or nonrefundable \$100 application fee for a Final Commitment, whichever is applicable, by check or money order made out to the Ex-Im Bank.		
16. (<i>SBA applicants only</i>): SBA Form 1261		
17. (<i>SBA applicants only</i>): Copy of IRS Form 4506-T (original to be submitted to IRS by the Lender).		

OMB No.: 3048-0003
Expires 5/31/08

MAILING/FORWARDING INSTRUCTIONS	
Please circle the appropriate answer.	
1. If application is submitted by a Borrower/Exporter:	
a. Is Borrower/Exporter's requested loan amount in Part B \$1,666,666 or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is Borrower/Exporter a small business, as defined by 13 CFR 121.105?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p style="margin-left: 40px;">If answer to <i>both</i> of the above is YES, send entire set of materials to the SBA Representative in the U.S. Export Assistance Center nearest you. Call (800) 827-5722 for the address.</p> <p style="margin-left: 40px;">If answer to <i>both</i> of the above is NO, send entire set of materials to: Export-Import Bank of the U.S. Office of Credit Applications and Processing 811 Vermont Avenue, NW Washington, DC 20571</p>	
2. If application is submitted by a Lender.	
a. Is Lender an SBA 7(a) Participating Lender ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p style="margin-left: 40px;">If YES, and if the loan will have a maturity of twelve (12) months or less, submit with this application a Lender's check equal to 0.25% of the guaranteed amount of the loan.</p>	
b. Is Lender using its Ex-Im Bank Delegated Authority ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p style="margin-left: 40px;">If YES, send the application, the Loan Authorization Notice (two originals), the appropriate facility fee, and the \$100 application fee to the Ex-Im Bank address above, regardless of the guarantee amount.</p>	

OR SBA USE ONLY		
Loan Officer's Recommendation:	<input type="checkbox"/> Approve <input type="checkbox"/> Decline	State Reason(s):
Signature	Title	Date
Other Recommendation if required:	<input type="checkbox"/> Approve <input type="checkbox"/> Decline	State Reason(s):
Signature	Title	Date
THIS BLOCK TO BE COMPLETED BY SBA OFFICIAL TAKING FINAL ACTION		
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FEDERAL MEDIATION AND CONCILIATION SERVICE

Proposed Agency Information Collection Activities; Comment Request

AGENCY: Federal Mediation and Conciliation Service.

ACTION: Notice.

SUMMARY: As required by the Paperwork Reduction Act of 1995 (44 U.S.C. Ch. 35) (PRA), the Federal Mediation and Conciliation Service (FMCS) requests comments on a proposed request for Office of Management and Budget (OMB) to approve an FMCS online customer survey. This survey is to evaluate the impact of FMCS' relationship-development and training programs (RDTs), the impact of the training program on the relationship between labor and management, and the impact of the training on the workplace. The survey will be voluntary and will be administered online, to randomly selected private sector employers and their corresponding unions. The survey asks 10 questions about FMCS-provided RDT programs. In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), FMCS invites the public to comment on this proposed information collection. The FMCS will consider all comments received in response to this notice before requesting approval of this collection of information from the Office of Management and Budget.

DATES: Submit comments on or before July 5, 2005.

ADDRESSES: Send comments to Maria A. Fried, Attorney-Advisor, Federal Mediation and Conciliation Service, 2100 K Street, NW., Washington, DC 20427.

FOR FURTHER INFORMATION CONTACT: Maria A. Fried, Attorney-Advisor, Federal Mediation and Conciliation Service, 202-606-5444; mfried@fmcs.gov.

SUPPLEMENTARY INFORMATION:

Title: Survey of Relationship-Development and Training Programs.

OMB Number: Not yet assigned.

Expiration Date: Not applicable.

Type of Request: New collection of information.

Method of Collection: Historically, the FMCS closes approximately 2400 RDT cases per fiscal year. The intent is to survey 10 percent of these closed cases over the course of the fiscal year, including company and union counterpart that received the training. Using its database, FMCS will randomly select cases closed within each quarter

in order to meet the agency's desire to survey 10% of all closed cases over the fiscal year.

RDT participants with e-mail addresses will receive an e-mail with a Web link to the survey questions. RDT participants without e-mail addresses will receive a post card explaining that they have been randomly selected for a survey and provided with a link to access the survey. The survey will take no longer than 5 minutes to complete.

Survey Questions:

The survey will appear online as noted below:

FMCS Customer Survey Questions

Our records show that you recently used FMCS training services. FMCS is collecting this information to become more aware of the impact of its training services and to improve them. Participation is voluntary and responses are completely confidential. Please help us improve our training services by completing this short on-line survey. There are only 10 questions, and it should require fewer than five minutes. Your comments are important to us, and we appreciate your time and your interest in FMCS training services.

Please note that the FMCS may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. The control number for this survey is _____.

1. Which do you represent?
 - a. Labor.
 - b. Management.
2. What was the primary factor motivating your decision to have this training program? Select the primary factor.
 - a. Our recent contract negotiations were contentious (or a recent strike) and we believed this training would improve our relationship and help reduce conflict.
 - b. We have many grievances pending and we believed this training would help us improve resolution of them.
 - c. We wanted to improve morale.
 - d. We need improved methods of communication with one another.
 - e. We agreed to the training because the other side wanted it.
 - f. An FMCS mediator recommended the training.
 - g. Another source recommended training.
 - h. We needed to learn more effective problem-solving techniques for our upcoming contract negotiations.
 - i. Other.
3. Did the program (select one).
 - a. Meet expectations.
 - b. Exceed expectations.
 - c. Fall below expectations.
4. As a result of the training program, do you believe that the parties' relationship improved? Select one.
 - a. Yes (if yes, go to question 5).
 - b. No (if no, go to question 6).
5. What were the positive outcomes of the training program, if any? Please select all that apply.
 - a. Number of grievances decreased.
 - b. Grievances were handled more efficiently.
 - c. Employee moral improved.
 - d. Communication (both quality and method) improved.
 - e. Productivity improved.
 - f. Joint problem solving techniques were implemented or improved.
 - g. Contract negotiations after the training was collaborative.
 - h. Absenteeism declined.
 - i. Mutual respect and understanding resulted.
 - j. Information is shared proactively and more frequently.
 - k. Support for labor-management committees increased among senior labor and management officials.
 - l. Other (describe).
 - m. No discernible change as a result of the training.
 - n. There were some negative results of the training (describe).
6. If you believe that the training program fell below expectations, please indicate how the program could be improved. (Please describe).
7. Have you had negotiations since the training?
 - a. Yes (if yes, go to question 8).
 - b. No (if no, go to question 9).
8. If you have had negotiations since the training, do you believe that the training had an impact on the negotiations? If so, described how.
 - a. Yes. (Described how).
 - b. No.
9. Because of the FMCS training, do you perceive that the likelihood of a job action has (i.e., lockout or strike).
 - a. Increased.
 - b. Decreased.
 - c. Remained the same.
10. What is the most important reason you might select FMCS for relationship-development training again? Select one.
 - a. Because of the positive impact it had on our labor-management relations.
 - b. Because it made company and employees more productive.
 - c. Because it helped us cope with difficult negotiations.
 - d. Because it taught us important skills that can be applied in other conflict situations.
 - e. All.
 - f. Other.
 - g. Would not use FMCS for training again.

Results: Survey results will be used to improve RDT programs, and for OMB/ Congressional submissions. Results will be available upon request.

Estimated Annual Respondent Burden: It is estimated that 250 labor or management representatives will participate in the survey. See chart below for breakdown of annual costs.