II. 4 NOTICES OF COMMENCEMENT FROM: 08/14/06 TO 08/25/06

Case No.	Received Date	Commencement Notice End Date	Chemical
P–04–0556	08/11/06	07/20/06	(G) 2-propenoic acid, 2-methyl-,alkyl ester, telomer with butyl-2-propenoate, 2-(dimethylamino)ethyl 2-methyl-2-propenoate, 1-dodecanethiol, ethenylbenzene, and 2-hydroxyethyl-2-propenoate, carbonoperoxoic acid, 00-(1,1-dimethylethyl) 0-(2-ethylhexyl) ester initiated
P–05–0225	08/11/06	07/18/06	(G) Imidazole, reaction products with trimethoxy[3-(oxiranylmethoxy)propyl]silane
P–06–0401	08/16/06	08/11/06	(G) (A) dihydromethylaryl pyrrolopyrroledione, (B) dihydromethylaryl alkyloxyphenyl pyrrolopyrroledione, (C) dihydroalkyloxyphenyl pyrrolopyrroledione
P–06–0431	08/15/06	07/20/06	(G) Styrenated terpene resin

List of Subjects

Environmental protection, Chemicals, Premanufacturer notices.

Dated: August 31, 2006.

Eyvone Petty-Callier,

Acting Director, Information Management Division, Office of Pollution Prevention and Toxics.

[FR Doc. E6–15092 Filed 9–12–06; 8:45 am]

BILLING CODE 6560–50–S

EXPORT-IMPORT BANK

[Public Notice 90]

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, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal Agencies to comment on the proposed information collection, as required by the Paperwork Reduction act of 1995. Our customers will be able to submit this form electronically. The proposed form may be viewed on our Web site at *http://www.exim.gov/pub/ins/pdf/EIB%2092-30%20August172006_proposed.pdf.*

DATES: Written comments should be received on or before November 13, 2006 to be assured of consideration.

ADDRESSES: Direct all comments and requests for additional information to Arnold Chow, Export-Import Bank of the U.S., 811 Vermont Avenue, NW., Washington, DC 20571, (800) 565–3946, extension 3636. For copies of the proposed form, please direct your request to Solomon Bush, Export-Import Bank of the U.S., 811 Vermont Avenue, NW., Washington, DC 20571, (800) 565–3946, extension 3353.

SUPPLEMENTARY INFORMATION:

Titles and Form Numbers: EIB 92–30 Report of premiums payable for financial institutions only.

OMB Number: None.

Type of Review: Regular.

Need and Use: The information requested enables the applicant to provide Ex-Im Bank with the information necessary to record customer utilization and manage prospective insurance liability relative to risk premiums received.

Affected Public: The form affects entities involved in the export of U.S. goods and services.

Estimated Annual Respondents: 150.

Estimated Time Per Respondent: 15 minutes.

Estimated Annual Burden: 450 hours.

Frequency of Reporting or Use: monthly.

Dated: September 7, 2006.

Solomon Bush,

Agency Clearance Officer.

BILLING CODE 6690–01–M

SEE REVERSE SIDE FOR *ADDITIONAL NOTES AND*
INSTRUCTIONS ON COMPLETING THIS REPORT

COVERAGE TYPES (see Note C. on back)   **CODE**
Comprehensive Risk Insurance . . . . A
Political Only Risk Only Insurance . . . . B

OBLIGOR TYPES   **CODE**
Private Sector Obligor or Guarantor 3
Government Sector (Non-Sovereign) Obligor or Guarantor . . . 2
Government Sector (Sovereign) Obligor or Guarantor . . . 1
Eximbank Sole Risk 1

(A "sovereign" is a national government or government entity that the insurer has determined carries the full faith and credit of the national government. Most government sector companies and/or agencies do not carry the full faith and credit of their government and are therefore considered "non-sovereign" and should be reported as such unless the insurer has determined otherwise.)

TRANSACTION TYPE   **CODE**
Letters of Credit (non-bulk agricultural products) . . . . . A
Letters of Credit (bulk agricultural products) . . . . B
Refinanced Sight Letters of Credit (bulk agricultural products) . . B
Refinanced Sight Letters of Credit (non-bulk agricultural products) . . C
Bank-Guaranteed (if applicable, use in lieu of any other code) . . . D
Drafts/Notes/Documents . . . . E
Open Account . . . . F
Pre-Shipment . . . . G
Initial Pre-Presentation Agreement . . . . G
Consignment . . . . H
Pre-Presentation Agreement Extension I
Due Date Rescheduling I

TERM (corresponding to Transaction Type being reported)   **CODE**
Sight Payments (letters of credit) 1
Sight Payments (non-letter of credit) 2
1-60 Days 3
61-120 Days 4
121-180 Days 5
181-270 Days 6
271-360 Days 7
1 1/2 Years 8
2 Years 9
2 1/2 Years 10
3 Years 11
3 1/2 Years 12
4 Years 13
4 1/2 Years 14
5 Years 15
Over 5 Years 16

EIB-92-30 (8/06)

EXPORT-IMPORT BANK--REPORT OF PREMIUMS PAYABLE FOR FINANCIAL INSTITUTIONS ONLY.

(please type or print all information)

IF NO PREMIUMS PAYABLE, CHECK HERE: ☐

POLICY NUMBER: ( ) - _____ Report for period: _____ through _____
(prefix)   (number)   (month) (day) (year)   (month) (day) (year)

INSURED: _____

BROKER: _____

(Contact: Tel: Fax: E-Mail:)

Date Received

USING SAME CODE? if same for all transactions check box and enter appropriate code or rate here instead of below
Coverage Type ☐
Obligor Type ☐
Transaction Type ☐
Term Code ☐
Premium Rate ☐ $.

I T E M	(a) NAME OF FOREIGN OBLIGOR/STREET/CITY/COUNTRY (b) Exporter Name/Street/City/State/Zip Code (c) Products Exported	Cover-age Code	Ob-ligor Code	Trans-action Code	Term Code	POLICY ENDORSEMENT NUMBER OF OBLIGOR (See Step 6 on back)	AMOUNT	Premium Rate Per $100	PREMIUM DUE
1. (a) L/C Ref#→ (b) (c)									
2. (a) L/C Ref#→ (b) (c)									
3. (a) L/C Ref#→ (b) (c)									
4. (a) L/C Ref#→ (b) (c)									
PAGE TOTALS									
REPORT TOTALS									

complete only on last page ————→

We hereby certify that this report is a complete and accurate declaration of all transactions required to be reported under the terms of the policy and that premiums have been correctly computed and remitted. We understand that Ex-Im Bank's acceptance of this report or the premium due is not an acknowledgment of coverage and does not constitute a waiver of any policy condition or limitation. We understand that, for purposes of policy compliance, this report is not received by Ex-Im Bank until both this report and the premium due hereunder are received.

Signature: _____   Date Prepared: _____ , _____   Page No. ____ of ____ Pages
                 (month) (day) (Year)

**USE SEPARATE REPORT-FORMS WHEN REPORTING PREMIUMS PAYABLE
UNDER DIFFERENT POLICIES OR DIFFERENT POLICY NUMBERS**

MAKE CHECKS PAYABLE TO: EXPORT-IMPORT BANK OF THE UNITED STATES OR EX-IM BANK
MAIL THIS REPORT WITH YOUR PAYMENT TO: EXPORT-IMPORT BANK OF THE UNITED STATES
DEPT. 22
WASHINGTON, DC 20055

INSTRUCTIONS FOR REPORTING PREMIUMS PAYABLE

Complete the page heading on the front of this report-form, then follow the steps shown below to report each transaction.
(If **NO** premiums are payable, check the appropriate box on the front of this report-form.)

STEP 1. **a)** If your loan is directly with the foreign buyer, enter the OBLIGOR NAME, STREET, CITY, COUNTRY of the buyer. If your loan is to a foreign financial institution (including all letter of credit transactions) enter the OBLIGOR NAME, STREET, CITY, COUNTRY of the financial institution. (Please avoid using acronyms if possible.)

Enter the L/C Ref. # (Letter of Credit Reference Number) if you are reporting a letter of credit transaction. If your policy carries the prefix "ELC" and your are reporting a letter of credit transaction or a refinancing of a sight letter or credit, please refer to the Premium Payment Procedure endorsement attached to your policy.

b); c) Enter the EXPORTER NAME, STREET, CITY, STATE, ZIP CODE and a brief description of the PRODUCTS that are being exported by the exporter to the OBLIGOR (please avoid using acronyms if possible). If the OBLIGOR is a financial institution, enter the PRODUCTS being exported by the EXPORTER under the loan agreement or the letter of credit. If you are reporting a shipment of agricultural commodities, please be specific when entering commodity. If your policy carries the prefix "ELC", the exporter name, city, state and products information need to be reported only for insured transactions, not for pre-presentation agreements.

STEP 2. Enter the applicable COVERAGE TYPE CODE from the list given on the front of this report-form. (see **Note A and Note C** below.)

STEP 3. Enter the applicable OBLIGOR TYPE CODE from the list given on the front of this report-form. (see **NOTE A below.**)

STEP 4. Enter the applicable TRANSACTION TYPE CODE from the list given on the front of this report-form. (see **NOTE A and NOTE B below.**)

STEP 5. Enter the applicable TERM CODE from the list given on the front of this report-form. The TERM CODE should correspond only to the particular TRANSACTION TYPE you are reporting. For example, if you are reporting an initial pre-presentation agreement, indicate the length of the pre-presentation agreement only. (see **NOTE A and NOTE B below.**)

STEP 6. If your policy carries the prefix "ELC" or "EBD", enter the policy endorsement number of the Special Buyer Credit Limit (SBCL) or issuing Bank Credit Limit (IBCL) that pertains to the transaction. The endorsement number can be found at the bottom of the SBCL or IBCL endorsement page, next to the field labelled "Endorsement No.". If the transaction was a supplier credit transaction done under your discretionary credit limit (DCL), then you may leave this box blank. All other policyholders may leave this box blank.

STEP 7. Enter the AMOUNT of the transaction which is applicable to the OBLIGOR (Step 1.a) and the EXPORTER Step 1.b,c). (Use contract price, less downpayment for medium term transactions.)

STEP 8. Enter your PREMIUM RATE. (if your policy has more than one premium rate, or if your premium rate is taken from an SBCL or IBCL endorsement be sure to use the correct premium rate.) (see **NOTE A below.**)

STEP 9. Enter the PREMIUM DUE by applying the AMOUNT you have declared under Step #8 to the applicable PREMIUM RATE. (if you are using the same premium rate for all transactions reported on this form and have checked the box marked "USING SAME CODE", you need only show **total** premium due at the end of your report.)

STEP 10. Enter PAGE TOTALS and REPORT TOTALS for AMOUNT and for PREMIUM DUE.

STEP 11. Read the paragraph at the bottom of the report-form, then enter your SIGNATURE and DATE PREPARED.

ADDITIONAL NOTES

NOTE A. If you expect to use the same code (or rate) for each transaction recorded on this page, check the box on the front of this report-form marked "USING SAME CODE" then enter the appropriate code (or rate) in the space provided. You need not enter the code (or rate) for each transaction thereafter.

NOTE B. Be certain that your policy allows you to use the TRANSACTION TYPE or TERM being reported.

NOTE C. Under most policies, "Comprehensive" means commercial and political risks coverage. Under the Bank Letter Policy "comprehensive" means "Risks 1, 2, 3, 4 and 5". Under the Financial Institution Buyer Credit Policy "comprehensive" means "Risks 1, 2. 3 and 4".

Under most policies, "Political Only" means that coverage is restricted to political risks. Under the Bank Letter of Credit Policy "political only" means that coverage is restricted to "Risks 1, 2, 3 and 5". Under the Bank Letter of Credit Policy "political only" means that coverage is restricted to "Risks 1, 2, and 3".

SPECIAL POLICIES--REPORTING ADDITIONAL INFORMATION
(If your policy has been endorsed to require you to report information not included on the front of this report-form,
you may use the space provided below to report that information. Numbers to the left refer to line-item numbers on the front of this form.)

ITEM
1. _____
2. _____
3. _____
4. _____

EIB-92-30 (8/06)

[FR Doc. 06–7615 Filed 9–12–06; 8:45 am]
BILLING CODE 6690–01–C