

Conservation, and Education Division, Office of Protected Resources, National Marine Fisheries Service, 1315 East-West Highway, Silver Spring, MD 20910-3235 or by telephoning the contact listed here (see **FOR FURTHER INFORMATION CONTACT**), or online at: <http://www.nmfs.noaa.gov/pr/permits/incidental.htm>. Documents cited in this notice may be viewed, by appointment, during regular business hours, at the aforementioned address.

FOR FURTHER INFORMATION CONTACT: Howard Goldstein or Ken Hollingshead, Office of Protected Resources, NMFS, 301-713-2289.

SUPPLEMENTARY INFORMATION: Section 101(a)(5)(A) of the MMPA (16 U.S.C. 1361 *et seq.*) directs the NMFS to allow, upon request, the incidental, but not intentional, taking of small numbers of marine mammals by United States citizens who engage in a specified activity (other than commercial fishing) within a specified geographical region, if certain findings are made by NMFS and regulations are issued. Under the MMPA, the term "taking" means to harass, hunt, capture, or kill or to attempt to harass, hunt capture, or kill marine mammals.

Authorization for incidental taking, in the form of an annual LOA, may be granted by NMFS for periods up to five years if NMFS finds, after notification and opportunity for public comment, that the taking will have a negligible impact on the species or stock(s) of marine mammals, and will not have an unmitigable adverse impact on the availability of the species or stock(s) for subsistence uses (where relevant). In addition, NMFS must prescribe regulations that include permissible methods of taking and other means effecting the least practicable adverse impact on the species and its habitat (i.e., mitigation), and on the availability of the species for subsistence uses, paying particular attention to rookeries, mating rounds, and areas of similar significance. The regulations also must include requirements pertaining to the monitoring and reporting of such taking. Regulations governing the taking incidental to EROS were published on June 19, 2008 (73 FR 34889), and remain in effect through July 19, 2013. For detailed information on this action, please refer to that **Federal Register** notice. The species that applicants may take in small numbers during EROS activities are bottlenose dolphins (*Tursiops truncatus*), Atlantic spotted dolphins (*Stenella frontalis*), pantropical spotted dolphins (*Stenella attenuata*), Clymene dolphins (*Stenella clymene*), striped dolphins (*Stenella*

coerulealba), spinner dolphins (*Stenella longirostris*), rough-toothed dolphins (*Steno bredanensis*), Risso's dolphins (*Grampus griseus*), melon-headed whales (*Peponocephala electra*), short-finned pilot whales (*Globicephala macrorhynchus*), and sperm whales (*Physeter macrocephalus*).

Pursuant to these regulations, NMFS has issued an LOA to EOG Resources, Inc. Issuance of the LOA is based on a finding made in the preamble to the final rule that the total taking by these activities (with monitoring, mitigation, and reporting measures) will result in no more than a negligible impact on the affected species or stock(s) of marine mammals and will not have an unmitigable adverse impact on subsistence uses. NMFS also finds that the applicant will meet the requirements contained in the implementing regulations and LOA, including monitoring, mitigation, and reporting requirements.

Dated: August 10, 2009.

James H. Lecky,

*Director, Office of Protected Resources,
National Marine Fisheries Service.*

[FR Doc. E9-19546 Filed 8-13-09; 8:45 am]

BILLING CODE 3510-22-S

DEPARTMENT OF COMMERCE

International Trade Administration

Medical Trade Mission to India

AGENCY: International Trade Administration, Department of Commerce.

ACTION: Notice.

Mission Description

The United States Department of Commerce, International Trade Administration, U.S. and Foreign Commercial Service is organizing a Medical Trade Mission to New Delhi, Chennai and Mumbai, India, March 8-13, 2010. The Medical Trade Mission to India will include representatives of U.S. medical/healthcare industry manufacturers (equipment and devices including laboratory, emergency, diagnostic, physiotherapy, and orthopedic equipment, and healthcare information technology) and service providers. The mission will introduce U.S. suppliers to prospective end-users and partners whose needs and capabilities are targeted to each U.S. participant's business objectives. The delegates will meet with Indian government officials to obtain first-hand information about regulations, policies and procedures and will visit healthcare

facilities. The Commercial Service in India (CS India) will organize appointments and briefings in New Delhi, Chennai and Mumbai, India's major healthcare industry hubs. U.S. participants will have the opportunity to interact with U.S. Embassy and Consulate officials and CS India healthcare specialists to discuss industry developments, opportunities, and marketing strategies.

Medical Fair India, one of the largest medical tradeshows in India, coincides in time and location with the last stop of the Trade Mission. Trade Mission participants, therefore, can exhibit at the tradeshow, in the U.S. Pavilion, as part of their program. Companies wishing to exhibit in the U.S. pavilion at the Medical Fair can register through the CS India office to receive a discount.

Commercial Setting

The Indian healthcare industry is experiencing a rapid transformation and is emerging as a promising market for U.S. suppliers of high-end products. The Indian healthcare market, currently at \$35 billion annually, is expected to reach more than \$75 billion annually by 2012. The growth in affluence of more than 300 million middle-income consumers is creating demand for higher standards of healthcare. The changing demographic profile and the rise of lifestyle-related diseases have altered the health seeking behavior of the consumer. While private insurance covers only 10% of the population, coverage is growing at 40% per year.

The medical infrastructure in India is insufficient for the population, with demand for hospitals and beds far exceeding supply. The problem is acute in rural India, which accounts for over half of India's population, while about 80 percent of available hospital beds are located in the urban centers. Both government and private operators have major expansion plans to meet demand and increase quality. Healthcare in India is provided through primary care facilities and secondary and tertiary care hospitals. While the public sector provides primary and secondary care, tertiary care hospitals are owned and managed by both government and private sector. Over the next 5-6 years, 150-200 tertiary hospital projects are expected to be constructed, including hospitals of varying capacities. Most Indian healthcare facilities use imported medical equipment for diagnosis, treatment and surgery with over 35% of the imports coming from the U.S. New specialty and super-specialty hospitals depend on the import of high-end medical equipment for over 65 percent

of their needs, and this sector is growing at a rate of 15 percent annually.

Medical tourism is one of the major external drivers of growth in India's healthcare sector. India treated 450,000 foreign patients in 2007 and the expected increase in this sector is contributing to improved quality controls. India's National Accreditation Board for Hospitals (NABH) operates accreditation programs for healthcare organizations. Some private hospitals are also applying for certification from international accreditation organizations such as the Joint Commission International (JCI). Accreditation by NABH and JCI has ensured better standards of healthcare in hospitals.

Mission Goals

The goal of the Medical Trade Mission to India is to (1) familiarize the U.S. companies with the current healthcare situation as well as the developments taking place; (2) introduce U.S. companies to appropriate government officials in India to learn about various regulatory procedure and policies; and (3) introduce companies to potential end-users, representatives and partners.

Mission Scenario

The first stop on the mission itinerary is New Delhi, the capital. In meetings with representatives of the Ministry of Health, Drug Controller General Office, and Department of Pharmaceuticals, the U.S. mission members will learn about policies, regulations and opportunities in the country's healthcare industry, such as expansion plans of the Fortis and Max hospital groups.

Chennai and Mumbai are the second and third stops of the mission, located in southern and western India respectively. Several corporate hospital chains have their headquarters in these cities. These include the Apollo Group in Chennai, and Wockhard and the Tata Institute of Fundamental Research in Mumbai.

The three cities on the mission itinerary are the regional hubs for the Indian medical/healthcare industry. End-users often prefer to be serviced by regional distributors/agents based in these cities, rather than country-wide distributors. In all three cities the delegates will attend U.S. Embassy or Consulate industry briefings and take part in networking events and business matchmaking appointments.

Participation in the mission will include the following:

- Pre-travel briefings/webinars on subjects including business practices in India and specifics on the medical/healthcare industry;
- Embassy/Consulate briefings on the business climate, political scenario, and medical/healthcare industry in New Delhi, Chennai and Mumbai;
- Pre-scheduled meetings with potential partners, distributors, end-users, or local industry contacts in New Delhi, Chennai and Mumbai;
- Meetings with Indian Government officials;
- Tour of public and private hospitals and interaction with senior hospital staff;
- Networking receptions in three cities of the trade mission;
- Built-up 9-sq meter exhibitor booth* in the U.S. Pavilion at Medical Fair India, Mumbai.

(Option two only) *Contact us for price of booth.

Proposed Mission Timetable

Mission participants will be encouraged to arrive Saturday, March 6, 2010 to allow time to adjust to their new surroundings before the mission program begins on Monday, March 8.

Monday, March 8	New Delhi Embassy briefing by U.S. Departments of Commerce and State. Meetings with Government of India ministries. One-on-one business appointments. Evening: Networking reception.
Tuesday, March 9	New Delhi/Chennai Industry briefing. One-on-one business appointments. Hospital or other site visit. Check-out of the hotel. Evening flight to Chennai.
Wednesday, March 10	Chennai Breakfast briefing by the U.S. Commercial Service at hotel. Hospital visit and meeting with senior management, including the procurement executives. One-on-one business appointments. Evening: Networking reception.
Thursday, March 11	Chennai/Mumbai One-on-one business appointments. Check-out of the hotel. Afternoon flight to Mumbai.
Friday, March 12	Mumbai Breakfast briefing by the U.S. Commercial Service at hotel. One-on-one business appointments or exhibition at Medical Fair India. Evening: Networking reception.
Saturday, March 13	Mumbai Hospital chain visit and meeting with senior management. Medical Fair India 2010. Evening: Check-out of the hotel or remain in Mumbai for Medical Fair India. Depart for Mumbai International airport for onward travel.

Participation Requirements

All parties interested in participating in the Medical Trade Mission to India must complete and submit an application for consideration by the Department of Commerce. All

applicants will be evaluated on their ability to meet certain conditions and best satisfy the selection criteria as outlined below. The mission is open on a first come first served basis to 15 qualified U.S. companies. Additional

applications will be considered as time and space permit.

Fees and Expenses

After a company has been selected to participate on the mission, a payment to

the Department of Commerce in the form of a participation fee is required. The participation fees reflect two options:

Option 1: March 8–13, 2010.

Participation in the Trade Mission in all three cities: New Delhi, Chennai, and Mumbai. The participation fee will be \$4,600 for large firms and \$3,900 for a small or medium-sized enterprise (SME),* this includes one principal representative. The fee for each additional firm representative (large firm or SME) is \$500.

Option 2: March 8–11, 2010

participate in the Trade Mission in two cities: New Delhi and Chennai and March 12–14, exhibit at the Medical Fair India 2010 in Mumbai. The participation fee for New Delhi-Chennai and exhibiting in the Fair in Mumbai \$6,800 (\$3,600 Trade Mission fee + \$3,200 for 9-sq meter booth space**) for large firms and \$6,100 (\$2,900 Trade Mission fee + \$3,200 for 9-sq meter booth space) for an SME,* which includes one principal representative. The fee for each additional firm representative (large firm or SME) is \$250.

Expenses for lodging, some meals, incidentals, and travel (except for transportation to and from meetings) will be the responsibility of each mission participant.

Conditions for Participation

- An applicant must submit a completed and signed mission application and supplemental application materials, including adequate information on the company's products and/or services, primary market objectives, and goals for participation.

- Each applicant must also certify that the products and services it seeks to export through the mission are either produced in the United States, or, if not, marketed under the name of a U.S. firm and have at least fifty-one percent U.S. content.

Selection Criteria for Participation

Selection will be based on the following criteria:

* An SME is defined as a firm with 500 or fewer employees or that otherwise qualifies as a small business under SBA regulations (see <http://www.sba.gov/services/contractingopportunities/sizestandardstopping/index.html>). Parent companies, affiliates, and subsidiaries will be considered when determining business size. The dual pricing schedule reflects the Commercial Service's user fee schedule that became effective May 1, 2008 (for additional information see <http://www.export.gov/newsletter/march2008/initiatives.html>).

** Minimum booth space is 9-sq meters. Companies can take larger space for which cost will be calculated accordingly.

- Suitability of a company's products or services to the mission's goals.

- Applicant's potential for business in India, including likelihood of exports resulting from the trade mission.

- Consistency of the applicant's goals and objectives with the stated scope of the trade mission.

Any partisan political activities (including political contributions) of an applicant are entirely irrelevant to the selection process.

Timeframe for Recruitment and Applications

Mission recruitment will be conducted in an open and public manner, including posting in the **Federal Register**, the Commerce Department trade mission calendar (<http://www.ita.doc.gov/doctm/tmcal.html>), and other Internet Web sites; press releases to general and trade media; direct mail; notices by industry trade associations and other multiplier groups; and publicity at industry meetings, symposia, conferences, and trade shows. Recruitment for the mission will begin immediately and conclude no later than January 8, 2010.

Contacts

U.S. Commercial Service; Healthcare Team

Ms. Jetta DeNend, International Trade Specialist, U.S. Commercial Service, 33 Whitehall St. 22nd Floor, New York, NY 10004. *Ph:* 212-809-2644/*Fax:* 212-809-268. *E-mail:* Jetta.DeNend@mail.doc.gov.

U.S. Commercial Service in India

Mr. Srimoti Mukherji, U.S. Commercial Service, New Delhi. *Ph:* 91-11-23472000, ext 2226. *Fax:* 91-11-23315172. *Srimoti.Mukherji@mail.doc.gov*.

Lisa Huot,

Global Trade Programs, Commercial Service Trade Missions Program.

[FR Doc. E9-19565 Filed 8-13-09; 8:45 am]

BILLING CODE 3510-DS-P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Notice of Modifications for the GOES Data Collection Platform Radio Set (DCPRS) Certification Standards at 300 bps and 1200 bps

SUMMARY: NOAA is making a change to the certification standards for the transmitters that participate in the GOES Data Collection System (DCS). The primary purpose of this change is

to enhance the flexibility of the system, to provide better messaging capabilities, additional system capacity, improve timing and frequency stability, and conform to the regulations for out-of-band emissions specified by the National Telecommunication and Information Administration (NTIA). The GOES DCS will operate under new certification procedures that will allow new data collection platforms to use a frequency channel with half the current bandwidth (.75 Hz), though existing platforms will continue to use frequency channels with 1.5 Hz bandwidth until suitable replacements are ascertained. The owners of the existing platforms are invited to upgrade their units as soon as possible. New data collection platforms will be assigned a narrow band channel in the restructured GOES DCS. These new certification standards may be reviewed on the NOAA Web site: http://noaasis.noaa.gov/DCS/docs/DCPR_CS2final.doc.

DATES: Start of service [October 1, 2009].

FOR FURTHER INFORMATION CONTACT:

Comments may be provided to the NOAA GOES DCS Program Manager, at Kay.Metcalf@noaa.gov or you can contact her at 301-817-4558.

SUPPLEMENTARY INFORMATION: Since the advent of the Geostationary Operational Environmental Satellites (GOES) and the on-board transponder, environmental data from remote platforms has been collected and relayed in real time to federal and international environmental managers and scientists. Known as the GOES Data Collection System (DCS), this satellite transmission technology consists of over 20,000 Data Collection Platforms (DCPs), dedicated satellite receive and transmit capability, and ground/satellite processing and distribution equipment. Data collected from DCPs measures or monitors such varied parameters as rainfall, river stage levels, soil conditions, seismic or tsunami conditions, aircraft flight environment and fire conditions. These data are also used to verify and serve as "ground truth" for other types of remotely sensed data such as NEXRAD and satellite-derived precipitation estimates. DCS data provides fast, reliable information for flood, fire, tsunami and other disaster forecasts and warnings amounting to incalculable savings in lives and property damage.

This system provides critical support to the U.S. Corp of Engineers, U.S. Geological Survey, the Bureau of Land Management, the National Weather Service and other federal and state agencies to monitor and forecast the flood stages in the upper Mississippi