

factors); (b) absence of financial conflicts of interest; (c) scientific credibility and impartiality; (d) availability and willingness to serve; (e) ability to work constructively and effectively in committees; and (f) for the Committee as a whole, diversity of scientific expertise and viewpoints.

Prospective candidates will be required to fill-out the "Confidential Financial Disclosure Form for Special Government Employees Serving on Federal Advisory Committees at the U.S. Environmental Protection Agency" (EPA Form 3110-48). This confidential form allows Government officials to determine whether there is a statutory conflict between that person's public responsibilities (which includes membership on an EPA Federal advisory committee) and private interests and activities, or the appearance of a lack of impartiality, as defined by Federal regulation. Ethics information, including EPA Form 3110-48, is available on the SAB Web site at <http://yosemite.epa.gov/sab/sabproduct.nsf/Web/ethics?OpenDocument>.

Dated: August 4, 2010.

**Anthony F. Maciorowski,**

*Deputy Director, EPA Science Advisory Board Staff Office.*

[FR Doc. 2010-19719 Filed 8-9-10; 8:45 am]

**BILLING CODE 6560-50-P**

## ENVIRONMENTAL PROTECTION AGENCY

[FRL-9186-8]

### Tribal Drinking Water Operator Certification Program

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Notice.

**SUMMARY:** This notice announces the program details of EPA's voluntary Tribal Drinking Water Operator Certification Program, effective October 1, 2010. The program enables qualified drinking water operators at public water systems in Indian country to be recognized as certified operators by EPA. This program will provide the benefits of certification to both the public water system operators and the Tribal communities they serve. Through the training required to receive and maintain certification, operators learn how to supply drinking water that meets national standards and gain understanding of the associated public health benefits. Certification demonstrates the operator has the skills, knowledge, education and experience

necessary to deliver safe water supporting consumer confidence. Certification designates the water system operator as a public health professional and demonstrates the operator has the skills, knowledge, education and experience necessary to deliver safe water supporting consumer confidence.

**FOR FURTHER INFORMATION CONTACT:** The Safe Drinking Water Hotline, toll free 1-800-426-4791, can be contacted for general information about this document. For technical inquiries please contact Ronald Bergman, Office of Ground Water and Drinking Water, Drinking Water Protection Division, Protection Branch, 4606M, Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460; *telephone number:* 202-564-3823, *e-mail address:* [bergman.ronald@epa.gov](mailto:bergman.ronald@epa.gov).

#### SUPPLEMENTARY INFORMATION:

##### A. How can I get copies of this document and other related information?

1. *Electronic Access.* EPA's Tribal Drinking Water Operator Certification Program updates and application materials regarding this program can be found at <http://www.epa.gov/safewater/tribal.html>.

2. *Hard Copies.* Hard copies of EPA's Tribal Drinking Water Operator Certification Program are available upon request. Please contact Kyle Carey, Office of Ground Water and Drinking Water, Drinking Water Protection Division, Protection Branch, 4606M, Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460; *telephone number:* 202-564-2322, *e-mail:* [carey.kyle@epa.gov](mailto:carey.kyle@epa.gov).

##### B. Approved Providers and Reciprocity

Although participation in this Certification Program is voluntary, EPA requires a Tribe to have, or agree to obtain within a certain time frame, a certified operator(s) for their public drinking water system(s) in order to secure funds in the Drinking Water Infrastructure Grant Tribal Set-Aside (DWIG TSA) program. The Federal drinking water regulations require some system operators to be "qualified." Participation in EPA's Tribal Drinking Water Operator Certification program meets this requirement. Operators certified through this program will be listed by the Region on their "register" pursuant to the regulations (*i.e.*, CFR 141.130(c)). The EPA Tribal Drinking Water Operator Certification program is available in the nine EPA regions with federally recognized Tribes. Public

water system operators in Indian country seeking certification and/or interested in the EPA national program should contact the Association of Boards of Certification (ABC), 208 5th Street, Suite 201 Ames, IA 50010-6259; telephone number: 515-232-3623, fax: 515-232-3778, <http://www.abccert.org> or the Intertribal Council of Arizona (ITCA), 2214 North Central Avenue, Suite 100, Phoenix, AZ 85004, *telephone number:* 602-258-4822, *fax:* 602-258-4825, <http://www.itcaonline.com>. Additional providers may be added per EPA approval.

Under the EPA Tribal Drinking Water Operator Certification Program, reciprocity will be extended to any operators already certified by a State with an approved operator certification program and on a case-by-case basis to operators already certified by other EPA-approved providers pre-dating this program.

Dated: August 4, 2010.

**Cynthia C. Dougherty,**

*Director, Office of Ground Water and Drinking Water.*

[FR Doc. 2010-19715 Filed 8-9-10; 8:45 am]

**BILLING CODE 6560-50-P**

## EXPORT-IMPORT BANK

[Public Notice 2010-0030]

### Agency Information Collection Activities: Final Collection; Comment Request

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

**ACTION:** Submission for OMB Review and Comments Request.

Form Title: Application for Short Term Letter of Credit Export Credit Insurance Policy.

**SUMMARY:** The Export-Import Bank of the United States (Ex-Im Bank), as a 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.

The Application for Short Term Letter of Credit Export Credit Insurance Policy will be used to determine the eligibility of the applicant and the transaction for Export Import Bank assistance under its insurance program. Export Import Bank customers will be able to submit this form on paper or electronically.

The Export Import Bank has made changes to incorporate new information in the Certification and Notice sections of this form to clarify and expand to

encompass broader anti-corruption certifications. In the Certification and Notice sections we rewrote some of the language for clarification, we corrected references to the debarment list, and we added references to the OFAC and the EPLS system.

**DATES:** Comments should be received on or before October 12, 2010 to be assured of consideration.

**DATES:** Comments maybe submitted electronically on <http://www.regulations.gov> or by mail to Michele Kuester, Export Import Bank of the United States, 811 Vermont Ave., NW. Washington, DC 20571.

**SUPPLEMENTARY INFORMATION:**

*Titles and Form Number:* EIB 92-34 Application for Short Term Letter of Credit Export Credit Insurance Policy.  
*OMB Number:* 3048-0009.

*Type of Review:* Regular.  
*Need and Use:* The Application for Short Term Letter of Credit Export Credit Insurance Policy will be used to determine the eligibility of the applicant and the transaction for Export Import Bank assistance under its insurance program.

**Sharon A. Whitt,**  
*Agency Clearance Officer.*  
**BILLING CODE 6690-01-P**



EXPORT-IMPORT BANK  
of the UNITED STATES

**APPLICATION  
FOR SHORT-TERM LETTER OF CREDIT  
EXPORT CREDIT INSURANCE POLICY**

Print Form

OMB No. 3048-0009  
Expires 10/31/2010

App. Number (Ex-Im Bank Use Only)

This application is to be completed by a financial institution (or a broker acting on its behalf) in order to obtain a short-term letter of credit insurance policy. An online version of this application is available on Ex-Im Bank's web site. Ex-Im Bank encourages customers to apply online, as it will facilitate our review and allow customers a faster response time. Additional information on how to apply for Ex-Im Bank insurance can be found at Ex-Im's web site <http://www.exim.gov>.

Send this completed application to Ex-Im Bank, 811 Vermont Ave NW, Washington, D.C. 20571. Ex-Im Bank will also accept e-mailed pdf and faxed applications. Ex-Im Bank will not require the originals of these applications to be mailed. The application must be PDF scans of original applications and all required attachments. (Fax number 202.565.3675, e-mail [exim.applications@exim.gov](mailto:exim.applications@exim.gov))

**APPLICANT**

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Position Title: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Nine-digit zip code: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Does the applicant have a market rating?  Yes  No  
If yes, indicate the name of the rating agency, rating, and the date of the rating.

Please provide the following information from the applicant's most recent audited financial statements.

Statement period (fiscal or interim): \_\_\_\_\_ Are the financial statements combined or consolidated? \_\_\_\_\_  
Financial Statement Dates: \_\_\_\_\_  
Auditor: \_\_\_\_\_ Opinion: \_\_\_\_\_  
Net Income: \_\_\_\_\_ Net Loans: \_\_\_\_\_  
Total Assets \_\_\_\_\_ Equity: \_\_\_\_\_

**Broker: If Applicable**

Name of Broker: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Ex-Im Bank Broker #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Affiliate(s) (if applicable)**

Please provide the following information for any subsidiaries, branches, or affiliates that the applicant would like us to consider adding as Additional Named Insureds under the policy.

Legal Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Position Title: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Nine-digit zip code: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

OMB No. 3048-0009  
Expires 10/31/2010

**1. General Questions**

A. Indicate the Ex-Im Bank programs the applicant has used.  Insurance  Working Capital  Loan Guarantee

B. What type of charter does the applicant hold?  State  Local

C. Indicate the name of the applicant's regulatory authority. \_\_\_\_\_

D. Does the applicant have any foreign government ownership? \_\_\_\_\_

If yes, please indicate the country and the percentage owned:

\_\_\_\_\_

**E. Letter of Credit Experience**

• In what year did the applicant's letter of credit business begin? \_\_\_\_\_

• What was the total amount of letter of credit transactions in the last 12 months? \_\_\_\_\_

• What was the total number of letter of credit transactions in the last 12 months? \_\_\_\_\_

• Please provide the following information on the individuals responsible for administering the letter of credit policy:

Name	Title	Years of Trade Finance Experience	Years of Letter of Credit Experience

**2. Letter of Credit Portfolio**

What is the expected maximum value of letters of credit outstanding at any time over the next 12 months?  
\_\_\_\_\_

Please provide the following details regarding projected transactions to be insured over the next 12 months.

Country	Number of Issuing Banks	Total Letters of Credit	Total Letters of Credit #
		0	
		0	
		0	

**3. Attachments**

Please provide any information (e.g., the applicant's most recent annual report) that would be helpful in evaluating this application.

CERTIFICATIONS AND NOTICES

OMB No. 3048-0009 Expires 10/31/2010

The Applicant (hereafter "Applicant" or "it") CERTIFIES, ACKNOWLEDGES and COVENANTS to the Export-Import Bank of the United States (hereafter "Ex-Im Bank") that to the best of Applicant's knowledge and belief, after due diligence, the statements set forth below are true and correct. Any reference below to "this transaction" shall refer to either the individual transaction or the Ex-Im Bank program or Insurance Policy that is the subject of the application, as appropriate.

- A. Neither Applicant, nor any of its Principals (as defined in the Debarment Regulations identified below), has, within the past 3 years, been: 1) debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a Covered Transaction... B. Applicant has conducted and will conduct reasonable due diligence in connection with this transaction, including checking the Excluded Parties List System... C. Either: (1) To the best of Applicant's knowledge and belief, no funds have been paid or will be paid to any person in connection with this application for influencing or attempting to influence... D. Neither Applicant nor any agent or representative acting on Applicant's behalf, has or will engage in any activity in connection with this transaction that is a violation of: 1) the Foreign Corrupt Practices Act of 1977... E. Neither the Applicant nor any agent or representative acting on Applicant's behalf in connection with this transaction is currently under charge or has been, within the past 5 years, convicted in any court of any country... F. The representations made and the facts stated in this application and its attachments are true and Applicant has not misrepresented or omitted any material facts.

NOTICES

The applicant is hereby notified that information requested by this application is done so under authority of the Export-Import Bank Act of 1945, as amended (12 USC 635 et. seq.); provision of this information is mandatory and failure to provide the requested information may result in Ex-Im Bank being unable to determine eligibility for support. If any of the information provided in this application changes in any material way or if any of the certifications made herein become untrue, the applicant must promptly inform Ex-Im Bank of such changes.

Paperwork Reduction Act Statement: We estimate that it will take you about 1 hour per response to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. If you have comments or suggestions regarding the above estimate or ways to simplify this form, forward correspondence to Ex-Im Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB # 3048-0009 Washington, D.C. 20503.

EIB92-34 01/2007

(Signature)

(Print Name and Title)

(Date)