

S.P No.	Applicant	Regulation(s)	Nature of special permit thereof
15758-N	K&S Helicopters, Inc. Column (9B), Kailua Kona, HI.	49 CFR § 172.101, § 172.204(c)(3), § 173.27(b)(2), § 175.30(a)(1), §§ 172.200, 172.300, 172.400, 173.302(f)(3) and § 175.75.	To authorize the transportation in commerce of certain hazardous materials by Part 133 Rotorcraft External. Load Operations, attached to or suspended from an aircraft, in remote areas of the US without meeting certain hazard communication and stowage requirements. (mode 4)
15768-N	E.I. DuPont de Nemours & Company, Inc., Mt. Clemens, MI.	49 CFR 172.302(a); 172.302(c); 172.326(a); 172.331(b); 172.504(a).	To authorize the transportation in commerce of bulk packagings and unmarked IBCs and DOT-57 portable tanks containing residue of high flash point combustible liquid. (mode 1)
EMERGENCY SPECIAL PERMIT GRANTED			
12135-M	Daicel Safety Systems, Inc., Hyogo Prefecture 671-1681.	49 CFR 173.301(h); 173.302; 173.306(d)(3).	To modify the special permit to authorize a new design of non-DOT specification cylinders (pressure vessels) for use as components of automobile vehicle safety systems. (modes 1, 2, 3, 4)
15756-M	United States Environmental Protection Agency Region II, Edison, NJ.	49 CFR Parts 171-180	To authorize additional time for the transportation in commerce of certain hazardous materials in support of the recovery and relief efforts within the Hurricane Sandy disaster areas of New York and New Jersey under conditions that may not meet the Hazardous Materials Regulations. (mode 1)
15817-N	CL Smith Company, Saint Louis, MO.	49 CFR 173.13(a), 173.13(b), 173.13(c)(l)(ii), 173.13(c)(1)(iv), 173.13(d).	Authorizes the manufacture, marking, and sale of specially designed combination packaging, for shipment of small quantities Division 6.1 solids in Packing Group II and III shipped without labels. (modes 1, 2, 4, 5)
DENIED			
15764-N	Request by Matheson Tr-Gas Basking Ridge, NJ February 15, 2013. To authorize the transportation in commerce of certain cylinders that have been ultrasonically retested for use in transporting Division 2.1, 2.2, and 2.3 materials.		

[FR Doc. 2013-06698 Filed 3-25-13; 8:45 am]

BILLING CODE 4909-60-M

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

Information Collection Activities; Household Movers' Disclosure Requirements

ACTION: 30-day notice and request for comments.

SUMMARY: As part of its continuing effort to reduce paperwork burdens, and as required by the Paperwork Reduction Act of 1995, 44 U.S.C. 3501-3519 (PRA), the Surface Transportation Board (Board) gives notice that it is requesting from the Office of Management and Budget (OMB) approval of the information collection—Household Movers' Disclosure Requirements—further described below and detailed in the appendices. The Board previously published a notice about this collection on August 10, 2012, at 77 Fed. Reg. 47918. That notice allowed for a 60-day public review and comment period. No comments were received.

Comments may now be submitted to OMB concerning (1) whether this collection of information is necessary

for the proper performance of the functions of the Board, including whether the collection has practical utility; (2) the accuracy of the Board's burden estimates; (3) ways to enhance the quality, utility, and clarity of the information collected; and (4) ways to minimize the burden of the collection of information on the respondents, including the use of automated collection techniques or other forms of information technology, when appropriate.

DATES: Written comments are due on April 25, 2013.

ADDRESSES: Written comments should be directed to the Office of Management and Budget, Office of Information and Regulatory Affairs, Attention: Patrick Fuchs, Surface Transportation Board Desk Officer, by fax at (202) 395-5167; by mail at OMB, Room 10235, 725 17th Street NW., Washington, DC 20500; or by email at OIRA_SUBMISSION@OMB.EOP.GOV. Comments should refer to "Household Movers' Disclosure Requirements."

FOR FURTHER INFORMATION CONTACT: For additional information, contact Marilyn Levitt at (202) 245-0323 or PRA@stb.dot.gov. [Federal Information Relay Service (FIRS) for the hearing impaired: (800) 877-8339.]

SUBJECTS: In this notice the Board is requesting comments on the following information collection:

Title: Household Movers' Disclosure Requirements.

OMB Control Number: 2140-XXXX.

STB Form Number: None.

Type of Review: Existing collections in use without an OMB control number.

Respondents: Household goods movers that desire to offer a rate limiting their liability on interstate moves to anything less than replacement value of the goods.

Number of Respondents: 4,500 (approximate number of motor carriers and freight forwarders involved in authorized for-hire household goods carriage in the United States according to the American Moving and Storage Association.

Frequency: One time (Movers need only modify the standard documents that they already distribute.)

Total Burden Hours (annually including all respondents): We estimate that 15 of the approximately 4,500 household-goods movers are large firms that print their own forms and that it will take each of these large firms no more than 24 hours to produce the modified forms, resulting in a total start-up burden of 360 hours (24 × 15). Annualized over the three years covered by OMB's approval, this results in an

annual burden of 120 hours. The household-goods carrier already knows its released rate. It is merely adding that rate to a document that it already distributes to the customer.

Total "Non-hour Burden" Cost: There will be a startup cost to the remaining approximately 4485 movers/freight forwarders that are small companies that will use the services of a professional printer to replace their existing stock of outdated forms (estimated at 500 copies). This cost is expected to be \$460 per mover, based on information supplied by the American Moving & Storage Association. Therefore, the total non-hour burden cost is estimated at a one-time expense of \$2,063,100. Annualized over the three years covered by OMB's approval, this results in an annual burden of \$687,700.

Needs and Uses: Moving companies must inform consumers of their rights and obtain a signed waiver if the consumer elects anything other than full-value protection. *See Released Rates of Motor Common Carriers of Household Goods*, RR 999 (Amendment No. 5) (STB served March 9, 2012); Appendices I–IV in this notice. Previously, consumers were sometimes confused and did not realize that they had waived full value protection until after they had experienced damage to or loss of their goods. The information collection that is the subject of this notice is intended to correct this problem by providing early notice regarding the two liability options (full-value protection and the lower released-rate protection), as well as adequate time and information to help consumers decide which option to choose.

SUPPLEMENTARY INFORMATION:

Under the PRA, a Federal agency conducting or sponsoring a collection of information must display a currently valid OMB control number. A collection of information, which is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c), includes agency requirements that persons submit reports, keep records, or provide information to the agency, third parties, or the public. Section 3507(b) of the PRA requires, concurrent with an agency's submitting a collection to OMB for approval, a 30-day notice and comment period through publication in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information.

Dated: March 21, 2013.

Jeffrey Herzig,
Clearance Clerk.

Appendix 1

NOTICE REQUIRED ON ESTIMATE FORM/ COMPUTER SCREEN

The following notice shall be placed in a prominent place, in at least 12-point type, on a moving company's required written estimate (if printed). If the estimate is provided electronically, this statement must be of a size that, when printed on 8 by 12 inch paper, equates to 12-point type.

WARNING: If a moving company loses or damages your goods, there are 2 different standards for the company's liability based on the types of rates you pay. BY FEDERAL LAW, THIS FORM MUST CONTAIN A FILLED-IN ESTIMATE OF THE COST OF A MOVE FOR WHICH THE MOVING COMPANY IS LIABLE FOR THE FULL (REPLACEMENT) VALUE OF YOUR GOODS in the event of loss of, or damage to, the goods. This form may also contain an estimate of the cost of a move in which the moving company is liable for FAR LESS than the replacement value of your goods, typically at a lower cost to you. You will select the liability level later, on the bill of lading (contract) for your move. Before selecting a liability level, please read "Your Rights and Responsibilities When You Move," provided by the moving company, and seek further information at the government website www.protectyourmove.gov.

Appendix 2

VALUATION STATEMENT REQUIRED ON BILL OF LADING

The following notice shall be placed in a prominent place, in at least 10-point type, on a moving company's required bill of lading (if printed). If the bill of lading is provided electronically, this statement must be of a size that, when printed on 8 by 12 inch paper, equates to 10-point type.

REQUIRED VALUATION CLAUSE AND ESTIMATE OF COST OF SHIPMENT AT FULL-VALUE PROTECTION

THE CONSUMER MUST SELECT ONE OF THESE OPTIONS FOR THE CARRIER'S LIABILITY FOR LOSS OR DAMAGE TO YOUR HOUSEHOLD GOODS

CUSTOMER'S DECLARATION OF VALUE

THIS IS A STATEMENT OF THE LEVEL OF CARRIER LIABILITY—IT IS NOT INSURANCE

Option 1:

The Cost Estimate that you receive from your mover MUST INCLUDE Full (Replacement) Value Protection for the articles that are included in your shipment. If you wish to waive the Full (Replacement) Value level of protection, you must complete the WAIVER of Full (Replacement) Value Protection shown below.

Full (Replacement) Value Protection is the most comprehensive plan available for protection of your goods. If any article is lost, destroyed, or damaged while in your mover's

custody, your mover will, at its option, either: 1) repair the article to the extent necessary to restore it to the same condition as when it was received by your mover, or pay you for the cost of such repairs; or 2) replace the article with an article of like kind and quality, or pay you for the cost of such a replacement. Under Full (Replacement) Value Protection, if you do not declare a higher replacement value on this form prior to the time of shipment, the *value of your goods will be deemed to be equal to \$6.00 multiplied by the weight (in pounds) of the shipment, subject to a minimum valuation for the shipment of \$6,000. Under this option, the cost of your move will be composed of a base rate plus an added cost reflecting the cost of providing this full value cargo liability protection for your shipment.*

If you wish to declare a higher value for your shipment than these default amounts, you must indicate that value here. Declaring a higher value may increase the valuation charge in your cost estimate.

The Total Value of my shipment is: _____
(to be provided by customer)
Dollar Estimate of the cost of your move at Full (Replacement) Value Protection: _____
(to be provided by carrier)

I acknowledge that for my shipment I have: 1) ACCEPTED the Full (Replacement) Level of protection included in this estimate of charges and declared a higher Total Value of my shipment (if appropriate); and 2) received a copy of the "Your Rights and Responsibilities When You Move" brochure explaining these provisions.

X _____
Customer's signature

Date

OR _____

Option 2:

WAIVER of Full (Replacement) Value Protection. This lower level of protection is provided at no additional cost beyond the base rate; however, it provides only minimal protection that is considerably less than the average value of household goods. Under this option, a claim for any article that may be lost, destroyed, or damaged while in your mover's custody will be settled based on the weight of the individual article multiplied by 60 cents. For example, the settlement for an audio component valued at \$1,000 that weighs 10 pounds would be \$6.00 (10 pounds times 60 cents).

Dollar Estimate of the cost of your move under the 60-cents option: _____.

COMPLETE THIS PART ONLY if you wish to WAIVE The Full (Replacement) Level of Protection included in the higher cost estimate provided [above] [on the prior page] for your shipment and instead select the LOWER Released Value of 60-cents-per-pound Per Article; to do so you must initial and sign on the lines below.

I wish to Release My Shipment to a Maximum Value of 60-cents-per-pound per Article.

(Initials)

I acknowledge that for my shipment I have: 1) WAIVED the Full (Replacement) Level of protection, for which I have received an

estimate of charges, and 2) received a copy of the "Your Rights and Responsibilities When You Move" brochure explaining these provisions.

X _____
Customer's signature

Date

Appendix 3

(Optional language that carriers may choose to include in the Required Valuation Clause printed in Appendix 2)

Deductibles

You may also select one of the following deductible amounts under the Full (Replacement) Value level of liability that

will apply for your shipment. (If you do not make a selection, the "No Deductible" level of full value protection that is included in your cost estimate will apply):

[List here all deductibles offered, with a space to fill in the estimate of cost of a full value move at that deductible filled in]

Amount of deductible and (estimate of total cost of move)	Customer to write initials beside selected deductible
\$0 Deductible (_____)	_____ (Customer writes in initials to Select a deductible)
\$XXX Deductible (_____)	_____
\$XXX Deductible (_____)	_____
\$XXX Deductible (_____)	_____

And so on.

Declaration of Article(s) of Extraordinary (Unusual) Value

I acknowledge that I have prepared and retained a copy of the "Inventory of Items Valued in Excess of \$100 Per Pound per Article" that are included in my shipment and that I have given a copy of this inventory to the mover's representative. I also acknowledge that the mover's liability for loss of or damage to any article valued in excess of \$100 per pound will be limited to \$100 per pound for each pound of such lost or damaged article(s) (based on actual article weight), not to exceed the declared value of the entire shipment, unless I have specifically identified such articles for which a claim for loss or damage may be made, on the attached inventory.

X _____
(Customer's signature)

(Date)

Appendix 4

The following notice shall be placed on the bill of lading for household goods shipments involving a motor carrier segment and an ocean segment.

The provisions of the Carriage of Goods by the Sea Act and/or of 49 U.S.C. 14706(f)(2) (a provision in the Interstate Commerce Act) permit us to offer "released" rates (reduced rates under which you will not be fully reimbursed if your shipment is lost, damaged, or destroyed), but they also require that we offer rates that will better protect a consumer in the event of loss or damage to a shipment. Under the rates offered here, your reimbursement in the event of loss will be limited to _____.

We also offer higher levels of protection (at higher rates). Signing this document below indicates that you agree to pay and be bound by the terms of the released, limited-recovery rates.

(Customer's signature)

(Date)

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DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

Release of Waybill Data

The Surface Transportation Board has received a request from GATX Corporation (WB512-17-3/04/2013), for permission to use certain data from the Board's 2011 Carload Waybill Samples. A copy of this request may be obtained from the Office of Economics.

The waybill sample contains confidential railroad and shipper data; therefore, if any parties object to these requests, they should file their objections with the Director of the Board's Office of Economics within 14 calendar days of the date of this notice. The rules for release of waybill data are codified at 49 CFR 1244.9.

Contact: Megan Conley (202) 245-0348.

Jeffrey Herzig,
Clearance Clerk.

[FR Doc. 2013-06848 Filed 3-25-13; 8:45 am]

BILLING CODE 4915-01-P

DEPARTMENT OF THE TREASURY

Submission for OMB Review; Comment Request

March 21, 2013.

The Department of the Treasury will submit the following information collection requests to the Office of Management and Budget (OMB) for review and clearance in accordance with the Paperwork Reduction Act of 1995, Public Law 104-13, on or after the date of publication of this notice.

DATES: Comments should be received on or before April 25, 2013 to be assured of consideration.

ADDRESSES: Send comments regarding the burden estimate, or any other aspect of the information collection, including suggestion for reducing the burden, to

(1) Office of Information and Regulatory Affairs, Office of Management and Budget, Attention: Desk Officer for Treasury, New Executive Office Building, Room 10235, Washington, DC 20503, or email at OIRA_Submission@OMB.EOP.GOV and (2) Treasury PRA Clearance Officer, 1750 Pennsylvania Ave. NW., Suite 8140, Washington, DC 20220, or email at PRA@treasury.gov.

FOR FURTHER INFORMATION CONTACT:

Copies of the submission(s) may be obtained by calling (202) 927-5331, email at PRA@treasury.gov, or the entire information collection request maybe found at www.reginfo.gov.

Internal Revenue Service (IRS)

OMB Number: 1545-0052.

Type of Review: Revision of a currently approved collection.

Title: Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation, and Form 4720, Return of Certain Excise Taxes on Charities and Other.

Form: 990-PF, 4720.

Abstract: IRC section 6033 requires all private foundations, including section 4947(a)(1) trusts treated as private foundations, to file an annual information return. Section 53.4940-1(a) of the Income Tax Regulations requires that the tax on net investment income be reported on the return filed under section 6033. Form 990-PF is used for this purpose. Section 6011 requires a report of taxes under Chapter 42 of the Code for prohibited acts by private foundation and certain related parties. Form 4720 is used by foundations and/or related persons to report prohibited activities in detail and pay the tax on them.

Affected Public: Private Sector: Not-for-profit institutions.

Estimated Total Burden Hours: 11,054,637.

OMB Number: 1545-0196.