or other for-profits and not-for-profit institutions.

Total Estimated Number of Respondents: 1,413,420. Total Estimated Number of Responses: 1,413,420.

*Total Estimated Annual Time Burden:* 3,046,961 hours.

Total Estimated Annual Other Costs Burden: \$3,994,517.

Authority: 44 U.S.C. 3507(a)(1)(D).

Dated: September 3, 2021.

#### Mara Blumenthal,

Senior PRA Analyst.

[FR Doc. 2021–19634 Filed 9–10–21; 8:45 am]

BILLING CODE 4510-29-P

#### **DEPARTMENT OF LABOR**

# Office of Workers' Compensation Programs

# Proposed Extension of Existing Collection; Comment Request

**ACTION:** Notice.

**SUMMARY:** The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95). This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Office of Workers' Compensation Programs is soliciting comments concerning the proposed collection: Authorization for Release of Medical Information (CM-936). A copy of the proposed information collection request can be obtained by contacting the office listed below in the addresses section of this Notice.

**DATES:** Written comments must be submitted to the office listed in the addresses section below on or before November 12, 2021.

ADDRESSES: You may submit comments by mail, delivery service, or by hand to Ms. Anjanette Suggs, U.S. Department of Labor, 200 Constitution Ave. NW, Room S-3323, Washington, DC 20210; by fax (202) 354–9660; or by Email to Suggs. Anjanette@dol.gov. Please use only one method of transmission for comments (mail/delivery, fax, or Email). Please note that comments submitted

after the comment period will not be considered.

## SUPPLEMENTARY INFORMATION:

#### I. Background

The Black Lung Benefits Act, as amended, 30 U.S.C. 901 et seq., and 20 CFR 725.405 require that all relevant medical evidence be considered before a decision can be made regarding a claimant's eligibility for benefits. By signing the CM-936 form, the claimant authorizes physicians, hospitals, medical facilities or organizations, and the National Institute for Occupational Safety and Health to release medical information about the miner to the Department of Labor's Office of Workers' Compensation Programs. The form contains information required by medical institutions and private physicians to enable them to release pertinent medical information. This information collection is currently approved for use through February 28, 2022.

#### II. Review Focus

The Department of Labor is particularly interested in comments which:

\* Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

\* evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

\* enhance the quality, utility and clarity of the information to be collected; and

\* minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

# **III. Current Actions**

The Department of Labor seeks approval for the extension of this currently-approved information collection in order to obtain claimant consent for the release of medical information for consideration by the Office of Workers' Compensation Programs in their claim for benefits. Failure to gather this information would inhibit the adjudication of black lung claims because pertinent medical data would not be available for consideration during the processing of the claim.

Agency: Office of Workers' Compensation Programs.

Type of Review: Renewal.

Title: Authorization for Release of Medical Information.

OMB Number: 1240–0034. Agency Number: CM–936. Affected Public: Individuals or households.

Total Respondents: 5,000. Total Annual Responses: 5,000. Average Time per Response: 5

Estimated Total Burden Hours: 417 hours.

Frequency: On occasion.

Total Burden Cost (capital/startup):

\$0.

Total Burden Cost (operating/maintenance): \$5,300.00.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

#### Anjanette Suggs,

Agency Clearance Officer, Office of Workers' Compensation Programs, U.S. Department of Labor.

[FR Doc. 2021–19619 Filed 9–10–21; 8:45 am]

BILLING CODE 4510-CK-P

# LIBRARY OF CONGRESS

## Copyright Royalty Board

[Docket No. CONSOLIDATED 16-CRB-0009-CD (2014-17)]

## **Distribution of Cable Royalty Funds**

**AGENCY:** Copyright Royalty Board, Library of Congress.

**ACTION:** Notice requesting comments.

**SUMMARY:** The Copyright Royalty Judges solicit comments on a motion of Multigroup Claimants for partial distribution of 2015–2017 cable royalty funds.

**DATES:** Comments are due on or before October 13, 2021.

**ADDRESSES:** Interested claimants must submit timely comments using eCRB, the Copyright Royalty Board's online electronic filing application, at <a href="https://app.crb.gov/">https://app.crb.gov/</a>.

Instructions: All submissions must include a reference to the CRB and docket number CONSOLIDATED 16–CRB–0009–CD (2014–17). All submissions will be posted without change to eCRB at https://app.crb.gov/including any personal information provided.

*Docket:* For access to the docket to read submitted documents, go to eCRB,