

**REQUEST TO APPROVE AN INTERAGENCY REPORTING REQUIREMENT**

**FOR GSA'S INTERAGENCY REPORTS USE**

INSTRUCTIONS: Submit an original and one copy of the proposed report, the supporting directive, and a justification statement to GSA (KMAS), Washington, D.C. 20405. See FIRMR (41 CFR) 201-45.6 for further instructions.

NOTE: For approved reports, the interagency control number must appear in the directive requiring the report. If a form is needed to collect data, the agency must place the report control number in the upper right corner of the form. Consult with the interagency reports staff before submitting this form for clearance of a new interagency reporting requirement.

1a. REPORT CONTROL NO.

1b. EXPIRATION DATE

2. NAME, ADDRESS, AND ZIP CODE OF REQUESTING AGENCY

3. TITLE OF REPORT

4. TYPE OF REQUEST

- a. NEW
- b. EXTENSION (No change)
- c. REVISION
- d. REINSTATEMENT
- e. WAIVER

5. FREQUENCY OF USE

- a. ONCE ONLY
- b. ON OCCASION
- c. WEEKLY
- d. MONTHLY
- e. QUARTERLY
- f. SEMIANNUALLY
- g. ANNUALLY
- h. BIENNIALY

6. REVISIONS AND EXTENSIONS

6a. INTERAGENCY REPORT CONTROL NO.

6b. EXPIRATION DATE

7. LAW OR REGULATION(S) REQUIRING THIS REPORT

8. CANCELED OR MODIFIED REPORTS OR FORMS (List by title and Interagency Report Control or OMB approval number, reports and forms to be canceled or modified by the report.)

9. SUMMARY OF ESTIMATED REPORTING WORKLOAD		10. SUMMARY OF ESTIMATED REPORTING COSTS	REQUIRING AGENCY (1)	RESPONDING AGENCIES (2)	TOTAL (1+2)
A. NO. OF RESPONDING AGENCIES		A. DEVELOPMENTAL COSTS	\$	\$	\$
B. NO. OF TIMES THIS REPORT IS TO BE SUBMITTED YEARLY BY EACH RESPONDING AGENCY		B. ANNUAL OPERATING COSTS			
		C. ANNUAL USER COSTS			
C. TOTAL NO. OF REPORTS SUBMITTED ANNUALLY (A x B)		D. TOTAL 	\$	\$	\$

11. REMARKS

**12. OMB APPROVAL (Complete only if report requires OMB approval).**

a. REQUEST SUBMITTED TO OMB <input type="checkbox"/> YES <input type="checkbox"/> NO	b. OMB APPROVAL NO. (If any)	c. DATE SUBMITTED	d. EXPIRATION DATE
13a. NAME OF ORIGINATING PROGRAM OFFICIAL		13b. TELEPHONE NO.	13c. DATE
14a. SIGNATURE OF INTERAGENCY REPORT COORDINATOR			14b. DATE

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15. DISPOSITION OF REQUEST BY GSA

- a. APPROVED
- b. RECOMMENDED MODIFICATION (See attachment)
- c. DISAPPROVED (See attachment)
- d. NO CLEARANCE REQUIRED

16a. SIGNATURE OF INTERAGENCY REPORT MANAGEMENT OFFICER

16b. DATE