

III. 45 NOTICES OF COMMENCEMENT FROM: 02/13/06 TO 02/24/06—Continued

Case No.	Received Date	Commencement Notice End Date	Chemical
P-06-0075	02/10/06	01/25/06	(S) Siloxanes and silicones, di-me, 3-hydroxypropyl group-terminated, diethers with polyethylene glycol monoacrylate, polymers with acrylic acid and 2-methyl-2-[(1-oxo-2-propenyl)amino]-1-propanesulfonic acid monosodium salt, disodium (disulfite)- and peroxydisulfuric acid ([(ho)s(o)2]2o2) diammonium salt-initiated, compounds with triethanolamine
P-06-0076	02/10/06	01/25/06	(S) Siloxanes and silicones, di-me, 3-hydroxypropyl group-terminated, diethers with polyethylene glycol monoacrylate, polymers with acrylic acid and 2-methyl-2-[(1-oxo-2-propenyl)amino]-1-propanesulfonic acid monosodium salt, disodium (disulfite)- and peroxydisulfuric acid ([(ho)s(o)2]2o2) diammonium salt-initiated, compounds with 2-amino-2-methyl-1-propanol

List of Subjects

Environmental Protection, Chemicals, Premanufacturer Notices.

Dated: March 2, 2006.

Carolyn Thornton,

Acting Director, Information Management Division, Office of Pollution Prevention and Toxics.

[FR Doc. 06-2182 Filed 3-7-06; 8:45 am]

BILLING CODE 6560-50-S

EXPORT-IMPORT BANK

[Public Notice 81]

Agency Information Collection Activities: Proposed Collection; Comment Request

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

ACTION: Notice and request for comments.

SUMMARY: The Export-Import 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. Our customers will be able to submit this form on paper or electronically. The form has been updated in the following ways;

- The format has been changed in order to standardize its outline with those used for medium-term insurance and guarantees and exporter short-term single sale insurance.
- Information requested in order for the applicant to obtain special insurance coverages has been taken out of the body of the application and put in appendixes.
- Information about the end-user and agent is now requested.
- Legal certification have been updated.
- The application also more explicitly states the financial information that is required to be submitted with the application.

DATES: Written comments should be received on or before May 8, 2006 to be assured of consideration.

ADDRESSES: Direct all comments and requests for additional information to Angela Beckham, Export-Import Bank of the U.S., 811 Vermont Avenue, NW., Washington, DC 20571, (202) 565-3418.

SUPPLEMENTARY INFORMATION:

Title and Form Number: Application for Financial Institution Short-term Single-Buyer Insurance, EIB 92-41.

OMB Number: Presently part of OMB # 3048-0009 collection. Going forward we would like this form to have its own OMB number.

Type of Review: Regular.

Need and Use: The information requested enables the financial institution applicant to provide Ex Im Bank with the information necessary to obtain legislatively required assurance of repayment and fulfills other statutory requirements.

Affected Public: The form affects entities involved in the export of U.S. goods and services.

Estimated Annual Respondents: 265.

Estimated Time Per Respondent: 1 hour.

Estimated Annual Burden: 265 hours.

Frequency of Reporting or Use: As needed, each time a financial institution seeks short-term insurance for an export sale to a single buyer.

Dated: March 2, 2006.

Solomon Bush,

Agency Clearance Officer.

BILLING CODE 6690-01-M



Export-Import Bank of the United States
**APPLICATION FOR FINANCIAL INSTITUTION
SHORT-TERM, SINGLE-BUYER INSURANCE**

EIB # 92-41
Expire

This application is to be completed by a financial institution (or a broker acting on its behalf) in order to obtain a short-term insurance policy covering transactions to a single foreign buyer. Repayment terms can be up to 360 days.

An online version of this application is available on Ex-Im Bank's web site. Ex-Im Bank encourages customers to apply on line, 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 202.565.3380, e-mail exim.applications@exim.gov)

APPLICATION FORM

Applicant/Lender

The applicant is the financial institution that extends the Ex-Im Bank insured loan to the buyer.

Applicant legal name: _____ State: _____

Contact person: _____ Country: _____

Position title: _____ E-mail: _____

Street Address: _____ Phone: _____

City: _____ Postal Code: _____ Fax: _____

Broker (if applicable):

Name of Broker: _____

Ex-Im Bank Broker #: _____

Contact Person: _____

Phone number: _____

Fax: _____

E-mail: _____

1. GENERAL QUESTIONS

A. Coverage Types Requested

Risk coverage

- ☐ Comprehensive Risk
☐ Political Risk

Type of credit

- ☐ Buyer credit (based on applicant's relationship with the buyer or guarantor)
☐ Supplier credit (based on the applicant's relationship with the exporter or supplier)

APPLICATION FOR FINANCIAL INSTITUTION, SHORT-TERM SINGLE-BUYER INSURANCE

Is this a resubmission of a previously withdrawn, returned or denied application, or a renewal for an existing policy?

☐ Yes

☐ No

If yes, indicate previous transaction number: _____

B. Primary Reason for applying for this policy

☐ Risk Mitigation

☐ Financing

☐ To offer more competitive terms

C. Primary point of contact for this applicant/application

☐ Lender

☐ Broker

2. SPECIAL COVERAGES

Check the boxes for the special coverages that apply to this transaction. Complete and attach the requested forms, where applicable.

<input type="checkbox"/> Shipment to address in the U.S.	<input type="checkbox"/> Services	<input type="checkbox"/> Additional Named Insured Attachment III - ANI required
<input type="checkbox"/> Foreign Currency Coverage - indicate currency _____ - currency of supply contract <input type="checkbox"/> US dollar <input type="checkbox"/> foreign currency	<input type="checkbox"/> Bulk Agriculture	<input type="checkbox"/> Documentary Cover (question applicable only to supplier credits) Attachment II required
<input type="checkbox"/> Warehouse – Attachment IV Required	<input type="checkbox"/> Other	

APPLICATION FOR FINANCIAL INSTITUTION, SHORT-TERM SINGLE-BUYER INSURANCE**3. PARTICIPANTS**

Provide information on the additional participants to the transaction.

Exporter

The exporter is the U.S. entity that contracts with the buyer for the sale of the U.S. goods and services.

Applicant legal name:	State:	
Contact person:	Country:	
Position title:	E-mail:	
Street Address:	Phone:	
City:	Postal Code:	Fax:

Supplier

The supplier is the U.S. entity that manufactures the goods and/or performs the services to be exported. Check ☐ if the exporter is the supplier and there are no additional suppliers. Enter any additional suppliers, or check ☐ various:

Supplier legal name:	State:	
Contact person:	Country:	
Position title:	E-mail:	
Street Address:	Phone:	
City:	Postal Code:	Fax:

Buyer The buyer is the entity that contracts with the exporter for the purchase of U.S. goods and services.

Buyer legal name:	Postal Code :
Contact person:	Country:
Position title:	E-mail:
Street Address:	Phone:
City:	Fax:

Guarantor

The guarantor is the person or entity that agrees to repay the credit if the buyer does not. Refer to the short-term credit standards to determine in what circumstances personal or corporate guarantors are required.

Is a guarantor involved in this transaction? Yes ☐ No ☐

APPLICATION FOR FINANCIAL INSTITUTION, SHORT-TERM SINGLE-BUYER INSURANCE

If yes, is the guarantor ☐ an individual or ☐ a company?

Guarantor legal name: _____

Contact person: _____

Country: _____

E-mail: _____

Position title: _____

Phone: _____

Street Address: _____

Fax: _____

City: _____

Postal Code: _____

End-user

The end-user is the foreign entity that uses the U.S. goods and services:

Check if the end-user is also the buyer. ☐

End-user legal name: _____

Province : _____

Contact person: _____

Country: _____

E-mail: _____

Position title: _____

Phone: _____

Street Address: _____

Fax: _____

City: _____

Postal Code: _____

Agent:

An agent is a business entity or individual located in the country of the borrower or buyer who has assisted in the sourcing, packaging, and/or preparation of a request for support from Ex-Im Bank, and which will receive compensation in some form for their services.

Is an agent involved in this transaction? yes ☐ no ☐

If yes, add the agent information below:

Agent legal name: _____

Province : _____

Contact person: _____

Country: _____

E-mail: _____

Position title: _____

Phone: _____

Street Address: _____

Fax: _____

City: _____

Postal Code: _____

APPLICATION FOR FINANCIAL INSTITUTION, SHORT-TERM SINGLE-BUYER INSURANCE**Related Parties**

Describe any direct or indirect ownership or family relationship that exists between any of the participants. If none, so indicate:

☐ None.

Primary Source of Repayment (PSOR)

The PSOR is the entity whose financial statements form the basis of Ex-Im Bank's evaluation of reasonable assurance of repayment, i.e. the entity whose financial statements Ex-Im Bank uses to supply calculate the ratios for short-term credit standards compliance. For this transaction, indicate whether the PSOR is:

☐ the buyer,

☐ the corporate guarantor, or

☐ business combination, (e.g. the consolidated or combined financial statements of the buyer and one or more corporate guarantors.). If business combination, indicate which entities comprise the combination _____

Is the PSOR a financial institution? Yes ☐ No ☐

Select the risk category: Private sector ☐ Public sector ☐

Does the PSOR have a bond rating? Yes ☐ No ☐

If yes, indicate the name of the rating agency, rating, and the date of the rating. _____

4. TRANSACTION DESCRIPTION AND ELIGIBILITY

Provide a description of the products or service, including their NAICs code, if known: _____

Answer the following questions about the products or services.

Is each product produced or manufactured in the United States? yes ☐ no ☐

Has at least one-half of the value, exclusive of mark-up, been added by labor or material exclusively of United States origin?

yes ☐ no ☐

Are these products on the munitions control list?

yes ☐ no ☐

Are the products new or used?

new ☐ used ☐

Are the products capital goods that will be used to produce exportable products? yes ☐ no ☐

Will any value be added to the product after export from the U.S.? yes ☐ no ☐

If yes, provide an explanation: _____

Has this transaction been considered by any other export credit insurer? yes ☐ no ☐

If yes, provide an explanation: _____

APPLICATION FOR FINANCIAL INSTITUTION, SHORT-TERM SINGLE-BUYER INSURANCE**5. FINANCED AMOUNTS AND STRUCTURE**

Enter the %s for each payment term the exporter will extend to the buyer

Payment terms requested		(number of days)						
Payment type	Sight	Up to 30	Up to 60	Up to 90	Up to 120	Up to 180	Up to 270	Up to 360
Cash Against Documents								
Sight Draft Documents Against Payment								
Sight Draft Documents Against Acceptance								
Open Acct.								
Prom Note								

Enter the details of the transaction below:

This application is for: ☐ Single financing
☐ Revolving line
 Indicate whether: ☐ the transaction is still being negotiated
☐ the financing mandate has been received

Credit Limit requested: \$ _____

Requested effective date: _____

6. CREDIT INFORMATION ON THE PSOR

☐ The information requested in Attachment I: Credit Information is attached.

7. NOTICES AND CERTIFICATIONS**Anti-Lobbying Disclosure Form**

Please sign the Anti-Lobbying Statement (Attachment V) and, if applicable, the Disclosure Form available at www.exim.gov/pub/ins/pdf/lll.pdf and include a copy of the signed form(s) with your application.

Certifications

The applicant certifies that neither it, nor its Principals, have within the past 3 years been a) debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in, a Covered Transaction, b) formally proposed for debarment, with a final determination still pending, c) indicted, convicted or had a civil judgment rendered against it for any of the offenses listed in the Regulations, d) delinquent on any substantial debts owed to the U.S. Government or its agencies or instrumentalities as of the date of execution of this application; or e) the undersigned has received a written statement of exception from Ex-Im Bank attached to this certification, permitting participation in this Covered Transaction despite an inability to make certifications a) through d) in this paragraph.

The applicant further certifies that it has not and will not knowingly enter into any agreements in connection with the Goods and Services with any individual or entity that has been debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a Covered Transaction. All capitalized terms not defined herein shall have the meanings set forth in the Ex-Im Bank Suspension and Debarment Regulations at 12 C.F.R. Part 413 (Regulations).

APPLICATION FOR FINANCIAL INSTITUTION, SHORT-TERM SINGLE-BUYER INSURANCE

In addition, the applicant further certifies that it has not, and will not, engage in any activity in connection with this transaction that is a violation of a) the Foreign Corrupt Practices Act of 1977, 15 U.S.C. 78dd-1, et seq. (which provides for civil and criminal penalties against individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business), b) the Arms Export Control Act, 22 U.S.C. 2751 et seq., c) the International Emergency Economic Powers Act, 50 U.S.C. 1701 et seq., or d) the Export Administration Act of 1979, 50 U.S.C. 2401 et seq.; nor been found by a court of the United States to be in violation of any of these statutes within the preceding 12 months, and to the best of its knowledge, the performance by the parties to this transaction of their respective obligations does not violate any other applicable law.

The applicant certifies that the representation made and the facts stated in this document and any attachments are true, to the best of its knowledge and belief, and it has not misrepresented or omitted any material facts, and if any of the certifications made herein become untrue, Ex-Im Bank will be promptly informed of such changes. The applicant further understands that these certifications are subject to the penalties for fraud against the U.S. Government (18 USC 1001, et seq.).

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. The information provided will be reviewed to determine the participants' ability to perform and pay under the transaction referenced in this application. Ex-Im Bank may not require the information and applicants are not required to provide information requested in this application unless a currently valid OMB control number is displayed on this form (see upper right of each page).

Public Burden Statement: Reporting for this collection of information is estimated to average 1 hour per response, including reviewing instructions, searching data sources, gathering information, completing, and reviewing the application. Send comments regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.

Applicant (Financial Institution) Name: _____

Name and title of authorized officer: _____

Signature of authorized officer: _____

Date: _____

APPLICATION FOR FINANCIAL INSTITUTION, SHORT-TERM SINGLE-BUYER INSURANCE

Attachment I: Credit Information Requirements

Directions: The required credit information depends on the type of PSOR (non-financial institution or a financial institution) and on the amount of credit support requested. Check the boxes that are applicable to your transaction.

1. ☐ The PSOR is not a financial institution**a) Provide details of the applicant's experience with the buyer**

Does the applicant have any experience with the buyer? ☐ yes ☐ no

If yes, provide the following information:

Date of first transaction with the buyer: _____

Date of first credit transaction with the buyer: _____

Has the applicant visited the buyer? ☐ yes ☐ no

If yes, indicate the date of the last visit and provide a call report. _____

Describe the credit facilities extended to the buyer: ☐ short-term
☐ medium-term
☐ long-term
☐ security
☐ none

Total credit limit available to the buyer/corporate guarantor _____

Total outstanding short-term balances _____

Total outstanding medium-term or long-term balances _____

Credit performance ☐ satisfactory ☐ unsatisfactory

Has the applicant ever had credit insurance for the buyer or corporate guarantor before? ☐ yes ☐ no

If yes, enter the name of the insurer, and coverage dates and amounts _____

b) Provide the applicable supporting financial information on the PSOR.

Check the box that applies to your transaction and provide the information noted below the box

- ☐ The transaction is for an amount up to \$1 million:
- A credit report on the PSOR dated within six months of the application
 - Two trade references on the PSOR of similar amounts and payment terms and dated within six months of the application
 - the applicant's credit memorandum on the PSOR
 - the applicant's call report on the PSOR (if applicable)
 - audited or signed unaudited financial statements with notes for the last 2 fiscal years which adequately disclose financial condition and afford a reasonable basis for reliance on the information provided
- ☐ The transaction is over \$1 million
- A bank reference on the PSOR not older than 6 months from the date of application
 - A credit report on the PSOR dated within six months of the application
 - Two trade references on the PSOR of similar amounts and payment terms and dated within six months of the application
 - The applicant's credit memorandum on the PSOR
 - The applicant's call report on the PSOR (if applicable)

APPLICATION FOR FINANCIAL INSTITUTION, SHORT-TERM SINGLE-BUYER INSURANCE

- Three fiscal year end audited financial statements with notes and the most recent interim statements with notes if the last fiscal year end is more than nine months prior to application

2. ☐ PSOR is a financial institution

a) Provide details of the applicant's experience with the financial institution guarantor. Include dates and amounts of previous transactions with the PSOR or indicate ☐ none

b) Provide the applicable supporting financial information on the PSOR:

Check the box that applies to your transaction and provide the information noted below the box

☐ The transaction is for an amount up to \$1 million:

- One short-term debt rating of the PSOR from S&P, Moody's or Fitch. Rating must be B, P-3 or F3 or better.

☐ The transaction is for between \$1,000,001 and \$10,000,000

- One short-term debt rating of the PSOR from S&P, Moody's or Fitch. Rating must be B, P-3 or F3 or better.
- If the PSOR does not have an acceptable current market rating, provide most recently published audited financial statements that adequately disclose financial condition and were prepared in accordance with accounting principles that afford a reasonable basis for reliance on the information provided.

APPLICATION FOR FINANCIAL INSTITUTION, SHORT-TERM SINGLE-BUYER INSURANCE**Attachment II. Documentary Cover Attachment**

If the credit is a supplier credit, and documentary cover is requested, provide the following:

- A bank reference on the exporter dated within six months of the application
- Two trade references on the exporter dated six months of the application
- Financial statements on the exporter as follows
 - \$500,000 or less signed by an authorized office for the exporter
 - \$500,001 - \$999,999 reviewed by a CPA with notes attached
 - \$1,000,000 or more audited by a CPA with opinion and notes attached

Note that typically documentary cover is only provided for a supplier credit when the exporter/supplier is a small business. Call Ex-Im Bank's Trade Finance and Insurance Division at 202-565-3600 with further questions.

APPLICATION FOR FINANCIAL INSTITUTION, SHORT-TERM SINGLE-BUYER INSURANCE**Attachment III: Additional Named Insured Questionnaire**

Indicate the name of the additional named insured as follows:

Legal Name: _____

Address: _____

City: _____

State: _____

Country: _____

Zip/ Postal Code: _____

Relationship to Applicant: _____

Role in the transaction: _____

Contact: _____

APPLICATION FOR FINANCIAL INSTITUTION, SHORT-TERM SINGLE-BUYER INSURANCE**Attachment IV – Warehouse Information**

If you requested the Special Coverage -- Warehouse, answer the following questions about the warehouse

Warehouse Type: ☐ Owned or controlled by exporter

☐ Bonded warehouse

☐ Neither, provide details

Warehouse Location:

City _____

State/Province _____

Country _____

APPLICATION FOR FINANCIAL INSTITUTION, SHORT-TERM SINGLE-BUYER INSURANCE

Attachment V

Anti-Lobbying Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," (available at www.exim.gov/pub/ins/pdf/lll.pdf) in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Title

[FR Doc. 06-2177 Filed 3-7-06; 8:45 am]
BILLING CODE 6690-01-C

FEDERAL COMMUNICATIONS COMMISSION

Notice of Public Information Collection(s) Being Submitted for Review to the Office of Management and Budget

February 27, 2006.

SUMMARY: The Federal Communications Commission, as required by the Paperwork Reduction Act (PRA) of 1995, Public Law 104-13, and as part of its continuing effort to reduce paperwork burden, invites the general public and other Federal agencies to take this opportunity to comment on the following information collection(s). An agency may not conduct or sponsor a collection of information unless it displays a currently valid control number. No person shall be subject to any penalty for failing to comply with a collection of information subject to the Paperwork Reduction Act (PRA) that does not display a valid control number. Comments are requested concerning (a)

whether the proposed collection of information is necessary for the proper performance of the functions of the Commission, including whether the information shall have practical utility; (b) the accuracy of the Commission's burden estimate; (c) ways to enhance the quality, utility, and clarity of the information collected; and (d) 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.

DATES: Written Paperwork Reduction Act (PRA) comments should be submitted on or before April 7, 2006. If you anticipate that you will be submitting PRA comments, but find it difficult to do so within the period of time allowed by this notice, you should advise the contact listed below as soon as possible.

ADDRESSES: Direct all Paperwork Reduction Act (PRA) comments to Leslie F. Smith, Federal Communications Commission, Room 1-A804, 445 12th Street, SW., DC 20554 or via the Internet to Leslie.Smith@fcc.gov or Kristy L.

LaLonde, Office of Management and Budget (OMB), Room 10236 NEOB, Washington, DC 20503, (202) 395-3087 or via the Internet at Kristy.L.LaLonde@omb.eop.gov. If you would like to obtain or view a copy of this revised information collection, you may do so by visiting the FCC PRA Web page at: <http://www.fcc.gov/omb/pra>. **FOR FURTHER INFORMATION CONTACT:** For additional information or copies of the information collection(s), contact Leslie F. Smith at (202) 418-0217 or via the Internet at Leslie.Smith@fcc.gov.

SUPPLEMENTARY INFORMATION:

OMB Control Number: 3060-0436.

Title: Equipment Authorization—Cordless Telephone Security Coding.

Form Number: N/A.

Type of Review: Extension of a currently approved collection.

Respondents: Business or other for-profit entities.

Number of Respondents: 60.

Estimated Time per Response: 1.5

hours.

Frequency of Response:

Recordkeeping: One time and on occasion reporting requirements.

Total Annual Burden: 90 hours.

Total Estimated Cost: None.