

divided by \$87,500, which is equal to 0.57. If Fisherman B chose to offer his SDI (\$20,000), then Fisherman B's offer ratio would be \$20,000/\$20,000 = 1.0.

#### *Ranking of Bids under Option 2*

If both Fisherman A and Fisherman B elected to submit their respective maximum offers, Fisherman A's offer would be the first accepted because the 0.57 offer ratio is less than 1.0. If Fisherman B elected to submit an offer of \$11,000, then Fisherman B's offer ratio would be 0.55 (\$11,000/\$20,000). Because Fisherman B's offer ratio is lower than Fisherman A's offer ratio, Fisherman B's offer would be accepted first. In the event of a tie with identical offer ratios, preference will be given to the fishermen with the lowest offer amount.

#### **Additional Terms, Limitations, and Conditions**

A license holder may offer more than one license, but income used in the calculation of an offer that is accepted may not be used in the calculation of any other offer. Licenses will be purchased in order of ranking until funds are exhausted. The State of Washington, in consultation with NMFS, will reserve the right to reject any and all offers if it is determined by NMFS that such action is in the best interests of the program or if revisions to the program are warranted in the future.

Proprietary information submitted by applicants will only be disclosed to State and Federal officials who are responsible for the License Buy Out Program, or otherwise when required by court order or other applicable law. This information is subject to the Freedom of Information Act.

#### **Catalogue of Federal Domestic Assistance**

The Program is listed in the "Catalogue of Federal Domestic Assistance" under No. 11.452, Unallied Industry Projects.

#### **Classification**

This action has been determined to be not significant for purposes of E.O. 12866.

The Assistant General Counsel for Legislation and Regulation of the Department of Commerce certified to the Chief Counsel for Advocacy of the Small Business Administration that this notice would not have a significant economic impact on a substantial number of small entities because only a small portion of West Coast salmon fishermen will be directly affected. NMFS estimates that only

approximately 3.6 percent of the industry will receive financial assistance through the LBOP. Therefore, the impacts of the notice are not significant within the meaning of the Regulatory Flexibility Act. They are not likely to lead to a reduction in the annual gross revenues by more than 5 percent or an increase in total costs of production by more than 5 percent, nor would this action result in any greater compliance costs.

This program involves a collection-of-information requirement subject to the Paperwork Reduction Act (PRA). The collection of this information has been approved by the Office of Management and Budget (OMB), under OMB control number 0648-0288. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number.

Authority: Public Law 99-659 (16 U.S.C. 4107 *et seq.*); Public Law 102-396.

Dated: August 22, 1996.

C. Karnella,

*Acting Assistant Administrator for Fisheries, National Marine Fisheries Service.*

[FR Doc. 96-21999 Filed 8-28-96; 8:45 am]

BILLING CODE 3510-22-F

---

## **DEPARTMENT OF DEFENSE**

### **Office of the Secretary**

#### **Public Information Collection Requirement Submitted to the Office of Management and Budget (OMB) for Review**

**ACTION:** Notice.

The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

*Title, Applicable Form, and OMB Control Number:* CHAMPUS Claim Form—Patient's Request for Medical Payment; DD Form 2642, OMB Number 0720-0006.

*Type of Request:* Reinstatement, with change.

*Number of Respondents:* 1,500,000.

*Responses Per Respondent:* 1.

*Annual Responses:* 1,500,000.

*Average Burden Per Response:* 15 minutes.

*Annual Burden Hours:* 375,000 hours.

*Needs and Uses:* Respondents to this information collection are beneficiaries

claiming reimbursement for medical expenses under the Civilian Health and Medical Program for the Uniformed Services (TRICARE/CHAMPUS). DD Form 2642, CHAMPUS Claim—Patient's Request for Medical Payment, is used by TRICARE/CHAMPUS beneficiaries to file for reimbursement of costs paid to providers and suppliers for authorized health care services or supplies. The information collected will be used to determine beneficiary eligibility, other health insurance liability, and certification that the beneficiary received the care.

*Affected Public:* Individuals or households.

*Frequency:* On occasion.

*Respondent's Obligation:* Required to obtain or retain benefits.

*OMB Desk Officer:* Ms. Allison Eydt.

Written comments and recommendations on the proposed information collection should be sent to Ms. Eydt at the Office of Management and Budget, Desk Officer for DOD, Room 10235, New Executive Office Building, Washington, DC 20503.

*DOD Clearance Officer:* Mr. William Pearce.

Written request for copies of the information collection proposal should be sent to Mr. Pearce, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

Dated August 23, 1996.

Patricia L. Toppings,

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

[FR Doc. 96-21997 Filed 8-28-96; 8:45 am]

BILLING CODE 5000-04-M

---

### **Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Specialized Treatment Service (STS) Program**

**AGENCY:** Office of the Secretary, DoD.

**ACTION:** Notice.

**SUMMARY:** This notice is to advise interested parties that Walter Reed Army Medical Center (WRAMC), and National Naval Medical Center (NNMC), have been designated as the components of a Multi-Regional Specialized Treatment Services (STS) Facility for Cardiac Surgery for TRICARE Regions 1 and 2. This designation covers the following Diagnosis Related Groups:

- 104—Cardiac valve procedure with cardiac cath
- 105—Cardiac valve procedure without cardiac cath
- 106—Coronary bypass with cardiac cath
- 107—Coronary bypass without cardiac cath
- 108—Other cardiothoracic procedures