| Segment-Reach | Waterbody name | Pollutant |
|---|---|---|
| 08050002–010 | Oak Log Bayou | Siltation/turbidity. |
| 08050002–010 | Oak Log Bayou | Chloride. |
| 08050002–010 | Oak Log Bayou | TDS. |
| 08050002–003 | Bayou Macon | Siltation/turbidity. |
| 08050002–006 | Bayou Macon | Siltation/turbidity. |

EPA requests that the public provide to EPA any water quality related data and information that may be relevant to the calculations for these 13 TMDLs. EPA will review all data and information submitted during the public comment period and revise the TMDLs and determinations where appropriate. EPA will then forward the TMDLs to the Arkansas Department of Environmental Quality (ADEQ). The ADEQ will incorporate the TMDLs into its current water quality management plan.

Dated: January 3, 2005.

**Miguel I. Flores,**

*Director, Water Quality Protection Division, EPA, Region 6.*

[FR Doc. 05–424 Filed 1–7–05; 8:45 am]

**BILLING CODE 6560–50–P**

## EXPORT-IMPORT BANK

**[Public Notice 70]**

## 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 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.

**DATES:** Written comments should be received on or before March 11, 2005.

**ADDRESSES:** Direct all comments and requests for additional information to Walter Kosciow, Export-Import Bank of the U.S., 811 Vermont Avenue, NW., Room 719, Washington, DC 20571, (202) 565–3649.

**SUPPLEMENTARY INFORMATION:**

*Titles and Form Numbers:* Short-Term Multi-Buyer Export Credit Insurance Policy Application, EIB 92–50.

*OMB Number:* 3048–0009.

*Type of Review:* Revision of 1 of 9 forms in a currently approved collection. This review affects only the form noted above.

*Need and Use:* The information requested enables the 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, including exporters, insurance brokers, and non-profit or state and local governments acting as facilitators.

*Estimated Annual Responses:* 500.

*Estimated Time Per Respondent:* ½ hour.

*Estimated Annual Burden:* 250.

*Frequency of Reporting or Use:* Applications submitted one time, renewals annually.

Dated: January 4, 2005.

**Solomon Bush,**

*Agency Clearance Officer.*

**BILLING CODE 6690–01–M**

OMB No. 3048-0009

# EXPORT IMPORT BANK OF THE UNITED STATES

## SHORT-TERM MULTI-BUYER EXPORT CREDIT INSURANCE POLICY APPLICATION

**Applicant:** _____ dba:_____
**Address:** _____
Phone: _____ Fax: _____ E-Mail: _____Website: _____
Contact: _____ Title: _____E-Mail: _____ Phone: _____
Brokerage:_____ Broker Contact:_____

***(optional)*** Is the majority ownership of your business represented by ___ women or ___ an ethnic minority?

**How did you learn about Ex-Im Bank**? ___ Ex-Im Bank Regional Office ___Broker ___Bank ___ U.S. Export Assistance Center ___ Ex-Im Bank City/State Partner ___ Other (describe):_____

1. Primary reason for application: ☐ risk mitigation ☐ financing ☐ extend more competitive terms

2. Do you have a credit line with a financial institution (exclude overdraft protection and credit cards) ☐ YES ☐ NO

3. Do you have an SBA or Ex-Im Bank Working Capital Loan or are you applying for one? SBA ☐ YES ☐ NO
EXIM ☐ YES ☐ NO

4. Total number of your employees and those at companies with whom you are affiliated: _____

5. Average total of annual export credit sales over the last two years for you and your affiliates:$_____

6. Do you wish to insure export credit sales made by your affiliates? ( If yes, please refer to "additional named insured" eligibility criteria in question # 24. Answers to all remaining questions must include eligible affiliates you wish to add.)

7. Product and/or services to be exported & NAICS (if known): _____

8. Do you sell Capital Goods to foreign manufacturers or producers? ☐ YES ☐ NO (if yes, attach explanation)

9. Are the products to be covered under the policy:

- Manufactured or reconditioned in the U.S.? ☐Yes ☐No
- Made or reconditioned with more than 50% U.S. content? ☐Yes ☐No
- Shipped from the U.S.? ☐Yes ☐No
- Sold to Military entities or Security Forces? ☐No ☐Yes
- Used to support Nuclear Energy? ☐No ☐Yes
- Environmentally Beneficial? ☐Yes ☐No
- Supporting Renewable Energy? ☐Yes ☐No
- On the U.S. Munitions List? (part 121 of title 22 of the Code of Federal Regulations) ☐No ☐Yes

**Note**: Your buyers, their guarantors (if any), and end users of the products must be in countries where Ex-Im Bank is able to provide support, see Ex-Im's Country Limitation Schedule (CLS) at www.exim,.gov . There may not be trade measures or sanctions against them under Section 201 Trade Act of 1974 . For a list of products and countries with Anti-Dumping or Countervailing Duty sanctions, see Anti-Dumping or Countervailing Sanctions).

10. Policy Payment Limit Requested: $_____ (maximum export credit receivables outstanding at any one time)

11. Buyer Types: ____% Manufacturers ____% Wholesalers/Traders ____% Retailers ____%Service Providers

12. Projected # of buyers to whom you will offer export credit terms:_____

Enter the percentage of export credit sales by payment and term type projected for the next twelve months:

| Payment Type | Terms (# of days) | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Sight | 1-30 | 31-60 | 61-90 | 91-120 | 121-180 | 181-270 | 271-360 |
| CAD/SDDP | ___% | | | | | | | |
| Unconfirmed L/C | ___% | ___% | ___% | ___% | ___% | ___% | ___% | ___% |
| Open account/draft | ___% | ___% | ___% | ___% | ___% | ___% | ___% | ___% |

13. Export Credit Portfolio (enter amounts for the next 12 months. If more than 9 countries, enter the balance in "all other").

| Country | Export Credit Sales | Country | Export Credit Sales |
|---|---|---|---|
| | $ | | $ |
| | $ | | $ |
| | $ | | $ |
| | $ | | $ |
| | $ | "all other countries" | $ |

15. Identify your three largest buyers:

| Name | Country | Export Credit Sales (next 12 months) |
|---|---|---|
| _____ | _____ | $_____ |
| _____ | _____ | $_____ |
| _____ | _____ | $_____ |

16. Year you began: a) exporting? _____
b) exporting on credit terms (other than cash in advance or confirmed letters of credit)?_____

17. For the last three years what were your total export credit:
(include factored or insured receivables and attach any comments)

**sales** $_____
**write-offs** $_____
**# of accounts written-off** _____

18. Highest average amount of export receivables outstanding over the last twelve months: $_____

19. Total export receivables outstanding: $_____ at ___/___/___ (date should be within 30 days of the application)

| $_____ | $_____ | $_____ | $_____ | $_____ |
|---|---|---|---|---|
| current | 1-60 days past due | 61-90 days past due | 91-180 days past due | > 180 days past due |

20. Number of buyers past due more than 60 days for $10,000 or more: _____

21. For each buyer over 60 days past due for $10,000 or more, attach an explanation including name of buyer, country, amount past due, due date, and reason for past due.

| 22. Name(s) of export credit decision maker(s): | Title(s): | Years of Credit Experience | Years of Foreign Credit Exp. |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

23. Please submit the following as Attachments:
- Credit Report on your company dated within 6 months of the application or attach a check for $35 payable to Ex-Im Bank.
- Your financial statements for the two most recent completed fiscal years (with notes if available)
- Descriptive product brochures (if available).
- Other pertinent information you wish to include.

24. **Special Coverages** Required: If "none" check ☐ N/A

☐ **Add Additional Named Insureds (ANI's).** Credit decisions of each affiliate listed must be centralized with the Applicant and each affiliate must invoice export credit sales in their own name (or tradestyle); if either is not applicable, please attach an explanation. Questions 7-25 should include export sales of prospective ANI's.

Are the products of each affiliate the same as the applicant's products listed in question 4 of this application? ☐Yes ☐No

| Affiliate Company/Trade style | Street Address/City / State / Country | NAICS Code | Relationship to Applicant |
|---|---|---|---|
| | | | |
| | | | |

☐ **Services (Please attach a copy of your sample services contract)** Services must be: performed by U.S. based personnel or those temporarily domiciled overseas, and billed (invoiced) separately from any product sales.

☐ **Enhanced Assignment** of small business insurance policy proceeds. This is exporter performance risk protection that may be offered to lenders willing to finance Ex-Im Bank insured receivables. **Applicant Please Attach:**

- Written bank reference describing your relationship to date and size of existing credit line.
- 2 written trade references from principal commercial suppliers.
- For applications with policy limits over $500,000, financial statements must be audited or CPA reviewed with notes.

☐ **Other** (please specify):_____

_____

25. Please complete the **Exclusion Worksheet on page 5** to request coverage exclusion of any export credit sales.

## CERTIFICATIONS

**The Applicant (it) CERTIFIES and ACKNOWLEDGES to the Export-Import Bank of the United States (the Bank) that:**

a) it is either organized, or registered to do **business, in the United States**.

b) it and each additional named insured applicant **has not entered into any contract of insurance** or indemnity in respect of any case of loss covered by the Export Credit Insurance Policy or Loss chargeable to a deductible under such Policy, and the applicant will not enter into any such contract of insurance or indemnity without the Bank's consent in writing.

c) neither it nor any of its principals is currently, nor has been within the preceding three years:

- debarred, suspended or declared ineligible from participating in any Covered Transaction or
- formally proposed for debarment, with a final determination still pending;
- voluntarily excluded from participation in a Covered Transaction; or
- indicted, convicted or had a civil judgment rendered against it

for any of the offenses listed in the Regulations governing Debarment and Suspension as defined in the Government Wide Nonprocurement Debarment and Suspension Regulations; Common Rule 53 Fed. Reg. 19204 (1988). It further certifies that it has not nor will it knowingly enter into any agreement in connection with this Policy with any individual or entity that has been subject to any of the above.

d) it is not delinquent on any amount due and owing to the U.S. Government, its agencies, or instrumentalities as of the date of this application.

e) it shall complete and submit standard form-LLL, "Disclosure Form to Report Lobbying" to the Bank (31 USC 1352), if any funds have been paid or will be paid to any person for influencing or attempting to influence i) an officer or employee of any agency, ii) a Member of Congress or a Member's employee, or iii) an officer or employee of Congress in connection with this Policy. This does not apply to insurance broker commissions paid by the Bank.

f) it has not, and will not, engage in any activity in connection with this Policy that is a violation of the **Foreign Corrupt Practices Act of 1977** (15 USC Sec. 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. To the best of its knowledge, the performance by the parties of their respective obligations covered or to be covered under this Policy does not and will not violate any applicable law.

g) transfer of financial records included in this application to private parties or another U.S. Government authority will not be authorized except as permitted under the **Right of Financial Privacy Act of 1978** (12 USC 3401).

h) the information is being requested under the authority of the **Export-Import Bank Act of 1945** (12 USC 635 et. seq.); disclosure of this information is mandatory **and failure to provide the requested information may** result in the Bank being unable to determine eligibility for the Policy. The information collected will be analyzed to determine the ability of the participants to perform and pay under the Policy. The Bank may not require the information, and applicants are not required to respond, unless a currently valid OMB control number is displayed on this form. The information collected will be held confidential subject to the **Freedom of Information Act** (5 USC 552) and the **Privacy Act of 1974** (5 USC 552a), except as required to be disclosed pursuant to applicable law. The **public burden** reporting for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send **comments** regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.

i) the representations made and the facts stated in the application for said Policy are true, to the best of it's knowledge and belief, and it has not misrepresented or omitted any material facts relevant to said representations. It agrees that this application shall form a part of the Policy, if issued, and the truth of the representations and facts, and performance of every undertaking in this application shall be a condition precedent to any coverage under such Policy. It further understands that this certification is subject to the penalties for fraud against The U.S. Government (18 USC 1001).

(Signature) (Print Name and Title) (Date)

**SMALL BUSINESS POLICIES APPLICANT CERTIFICATION**

"We are an entity which **together with our affiliates** had **average annual export credit sales** during our preceding two fiscal years not exceeding **$5,000,000**, excluding sales made on terms of confirmed irrevocable letters of credit (CILC) or cash in advance (CIA)."

(Signature)

## 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.

The information provided will be held confidential subject to the **Freedom of Information Act** (5 USC 552) the **Privacy Act of 1974** (5 USC 552a), and the **Right to Financial Privacy Act of 1978** (12 USC 3401), except as otherwise required by law. Note that the Right to Financial Privacy Act of 1978 provides that Ex-Im Bank may transfer financial records included in an application for an insurance policy, or concerning a previously approved insurance policy, to another Government authority as necessary to process, service or foreclose on an insurance policy, or collect on a defaulted insurance policy.

**Send, or ask your insurance broker or city/state participant to review and send this application to the Ex-Im Bank Regional Office nearest you. Please refer to Ex-Im Bank's website at http://www.exim.gov for Regional Office addresses. Alternatively, email your application and attachments to Ex-Im Bank at exim.applications@exim.gov, or fax it to (202) 565-3675.**

**Ex-Im Bank reserves the right to request additional information upon review of the application. Please refer to Ex-Im Bank's Short Term Credit Standards (EIB 99-09) to determine the likelihood of approval of a policy.**

## MULTIBUYER POLICY: EXCLUSIONS WORKSHEET

Instructions:

- Select and list the sales you wish to exclude. Add additional pages, if needed.
- Sign the certification.
- "Non-Standard" Exclusions must be Ex-Im Bank authorized, and are available only for multibuyer policies with deductibles.
- All endorsed exclusions are locked-in for the policy period.
- Premiums must be paid on all "Reportable Transactions" as required by the insurance policy except for the endorsed exclusions.

### STANDARD EXCLUSIONS

☐ Unconfirmed Irrevocable Letters of Credit
☐ Sales to Subsidiaries and Affiliates
☐ Any Invoice of $10,000 or less
☐ Payments at Sight (SDDP or CAD)
☐ Sales to Canada
☐ None requested

### NON-STANDARD EXCLUSIONS

(for Reasonable Spread of Risk "RSOR" Multibuyer policies) ☐ Not Requested

Instructions: Please provide the complete information for each desired exclusion category.

☐ **A. Sales to "Top Corporates" (Companies with revenues > $100,000,000):**

| Buyer Name | City/Country | Total Annual Credit Sales | Payment Terms |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

☐ **B. Sales to "Prime Customers" (they paid you prompt <0-60 slow> for three consecutive years):**

| Buyer Name | City/Country | Total Annual Credit Sales | Payment Terms |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

☐ **C. Exclude all sales to country (ies):**

| Country | Total Annual Credit Sales |
|---|---|
| | |
| | |
| | |
| | |
| | |

### CERTIFICATIONS

The representations made and the facts stated in this worksheet for the endorsement of sales exclusions are true, to the best of my knowledge and belief, and I have not misrepresented or omitted any material facts relevant to said representations. It is agreed that this worksheet shall form a part of the Policy, if issued, and the truth of the representations and facts, and performance of every undertaking in this worksheet shall be a condition precedent to any coverage under such Policy. I further understand that this certification is subject to the penalties for fraud against The U.S. Government (18 USC 1001).

(Applicant) (Print Name and Title)

(Broker) (Signature) (Date)



[FR Doc. 05–397 Filed 1–7–04; 8:45 am]
**BILLING CODE 6690–01–C**