

**CONSUMER PRODUCT SAFETY COMMISSION****Sunshine Act Meeting**

**TIME AND DATE:** Thursday, February 23, 2006; 10 a.m.

**PLACE:** Room 420, Bethesda Towers, 4330 East West Highway, Bethesda, Maryland.

**STATUS:** Open to the public.

**MATTERS TO BE CONSIDERED:**

Flammability Standard for Upholstered Furniture—The Commission staff will brief the Commission on regulatory options to address residential upholstered furniture flammability.

For a recorded message containing the latest agenda information, call (301) 504-7948.

**CONTACT PERSON FOR MORE INFORMATION:**

Todd A. Stevenson, Office of the Secretary, U.S. Consumer Product Safety Commission, 4330 East West Highway, Bethesda, MD 20814 (301) 504-7923.

Dated: February 9, 2006.

**Todd A. Stevenson,**

*Secretary.*

[FR Doc. 06-1372 Filed 2-9-06; 2:35 pm]

**BILLING CODE 6355-01-M**

**DEPARTMENT OF DEFENSE****Office of the Secretary**

[No. DoD-2006-HA-0015]

**Proposed Collection; Comment Request**

**AGENCY:** Office of the Assistant Secretary of Defense for Health Affairs, DoD.

**ACTION:** Notice.

In accordance with Seciton 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Assistant Secretary of Defense for Health Affairs announces the proposed extension of a currently approved collection and seeks public comment on the provisions thereof. Comments are invited on: (a) Whether the proposed extension of collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the information collection; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the information collection on respondents, including through the use of automated

collection techniques or other forms of information technology.

**DATES:** Consideration will be given to all comments received by April 14, 2006.

**ADDRESSES:** You may submit comments, identified by docket number and/or RIN number and title, by any of the following methods:

- Federal eRulemaking Portal: <http://www.regulations.gov>. Follow the instructions for submitting comments.
- Mail: Federal Docket Management System Office, 1160 Defense Pentagon, Washington, DC 20301-1160.

*Instructions:* All submissions received must include the agency name and docket number or Regulatory Information Number (RIN) for this **Federal Register** document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the Internet at <http://regulations.gov> as they are received without change, including any personal identifiers or contact information.

**FOR FURTHER INFORMATION CONTACT:** To request more information on this proposed information collection, please write to TRICARE Management Activity—Aurora, Program Requirements Division, 16401 E. Centretech Parkway, ATTN: John Leininger, Aurora, CO 80011-9066 or call TRICARE Management Activity, Program Requirements Division at (303) 676-3613.

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

*Needs and Uses:* This form is used solely by beneficiaries claiming reimbursement for medical expenses under the TRICARE Program. The information collected will be used by TRICARE/CHAMPUS to determine beneficiary eligibility, other health insurance liability, certification that the beneficiary received the care, and reimbursement for the medical services received.

*Affected Public:* Individual or households.

*Annual Burden Hours:* 600,000.

*Number of Respondents:* 2,400,000.

*Responses Per Respondent:* 1.

*Average Burden Per Response:* 15 minutes.

*Frequency:* On occasion.

**SUPPLEMENTARY INFORMATION:****Summary of Information Collection**

This collection instrument is for use by beneficiaries under the TRICARE Program. TRICARE/CHAMPUS is a

health benefits entitlement program for the dependents of active duty Uniform Services members and decreased sponsors, retirees and their dependents, dependents of Department of Homeland Security (Coast Guard) sponsors, and certain North Atlantic Treaty Organizations, National Oceanic and Atmospheric Administration, and Public Health Service eligible beneficiaries. DD Form 2642 is used solely by TRICARE/CHAMPUS beneficiaries to file for reimbursement of costs paid to provider and suppliers for authorized health care services or supplies.

Dated: January 30, 2006.

**Patricia L. Toppings,**

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

[FR Doc. 06-1268 Filed 2-10-06; 8:45 am]

**BILLING CODE 5001-06-M**

**DEPARTMENT OF DEFENSE****Office of the Secretary**

[No. DoD-2006-HA-0014]

**Proposed Collection; Comment Request**

**AGENCY:** Office of the Assistant Secretary of Defense for Health Affairs, DoD.

**ACTION:** Notice.

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Assistant Secretary of Defense for Health Affairs announces the extension of an existing public information collection and seeks public comment on the provisions thereof. Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed information collection; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the information collection on respondents, including through the use of automated collection techniques or other forms of information technology.

**DATES:** Consideration will be given to all comments received by April 14, 2006.

**ADDRESSES:** You may submit comments, identified by docket number and or RIN number and title, by any of the following methods:

• Federal eRulemaking Portal: <http://www.regulations.gov>. Follow the instructions for submitting comments.

• Mail: Federal Docket Management System Office, 1160 Defense Pentagon, Washington, DC 20301-1160.

*Instructions:* All submissions received must include the agency name and docket number or Regulatory Information Number (RIN) for this **Federal Register** document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the Internet at <http://regulations.gov> as they are received without change, including any personal identifiers or contact information.

**FOR FURTHER INFORMATION CONTACT:** To request information on this proposed information collection or to obtain a copy of the proposal and associated collection instruments, please write to Office of the Assistant Secretary of Defense for Health Affairs (OASD), Tricare Operations Division, ATTN: Colonel Gary Martin, 5111 Leesburg Pike, Falls Church, VA 22041-3206, or call TRICARE Operations Division, at 703-681-0947.

*Title; Associated Form; and OMB Number:* Department of Defense Active Duty/Reserve Forces Dental Examination; DD Form 2813; OMB Number 0720-0222.

*Needs and Uses:* The information collection requirement is necessary to obtain and record the dental health status of members of the Armed Forces. This form is the means for civilian dentists to record the results of their findings and provide the information to the member's military organization. The military organizations are required by Department of Defense policy to track the dental status of its members.

*Affected Public:* Business or other profit; Not-for-profit institutions.

*Annual Burden Hours:* 42,500.

*Number of Respondents:* 850,000.

*Responses Per Respondent:* 1.

*Average Burden Per Response:* 3 minutes.

*Frequency:* Annually.

#### **SUPPLEMENTARY INFORMATION:**

##### **Summary of Information Collection**

Respondents are medical professionals who provide dental services to the general public. Members of the Armed Forces of the United States are the recipients of the dental examination. The Armed Forces Reserve component members must maintain their dental health at a predetermined level so problems do not occur when they are deployed to a military

operation. Reserve component members usually receive their dental care from civilian dentists; therefore it would be civilian dentists who would complete the form. Following a routine dental examination, the dentist would review the categories listed on the form and circle the number corresponding to the condition that best describes the dental health of the patient. If dental problems can be identified, they are indicated on the form. Once the form is complete and the dentist signs it, the members take the form back to the organization to which they belong. The information on the form is logged into a database. The form is kept in the health record until no longer needed and then it is destroyed.

Dated: January 30, 2006.

**Patricia L. Toppings,**

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

[FR Doc. 06-1269 Filed 2-10-06; 8:45 am]

**BILLING CODE 5001-06-M**

## **DEPARTMENT OF DEFENSE**

### **Office of the Secretary**

[No. USAF-2006-0002]

#### **Submission for OMB Review; Comment Request**

**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).

**DATES:** Consideration will be given to all comments received by March 15, 2006.

*Title and OMB Number:* Air Force Recruiting Information Support System (AFRISS); OMB Control Number 0701-0150.

*Type of Request:* Extension.

*Number of Respondents:* 1,300,000.

*Responses Per Respondent:* 1.

*Annual Responses:* 1,300,000.

*Average Burden Per Response:* 64 minutes (approximately).

*Annual Burden Hours:* 1,386,413.

*Needs and Uses:* Air Force Recruiting Service requires the collection of specific information on prospective Air Force enlistees (prospective Air Force enlistees include Active, Guard, and Reserve) entering the Air Force. The information is used to create the initial personnel record, prescreen and qualify enlistees fit for service and ultimately induction. The information is also collected to process security clearances and to record metrics to be used for

demographics/market research and system performance.

*Affected Public:* Individuals or households.

*Frequency:* On occasion.

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

*OMB Desk Officer:* Ms. Hillary Jaffe.

Written comments and recommendations on the proposed information collection should be sent to Ms. Jaffe at the Office of Management and Budget, Desk Officer for DoD, Room 10236, New Executive Office Building, Washington, DC 20503.

You may also submit comments, identified by docket number and title, by the following method:

• Federal eRulemaking Portal: <http://www.regulations.gov>. Follow the instructions for submitting comments.

*Instructions:* All submissions received must include the agency name, docket number and title for this **Federal Register** document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the Internet at <http://regulations.gov> as they are received without change, including any personal identifiers or contact information.

*DoD Clearance Officer:* Ms. Patricia Toppings.

Written requests for copies of the information collection proposal should be sent to Ms. Toppings at WHS/ESD/Information Management Division, 1777 North Kent Street, RPN, Suite 11000, Arlington, VA 22209-2133.

Dated: January 30, 2006.

**Patricia L. Toppings,**

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

[FR Doc. 06-1270 Filed 2-10-06; 8:45 am]

**BILLING CODE 5001-06-M**

## **DEPARTMENT OF DEFENSE**

### **Office of the Secretary**

[No. DoD-2006-OS-0010]

#### **Submission for OMB Review; Comment Request**

**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).

**DATES:** Consideration will be given to all comments received by March 15, 2006.

*Title, Form and OMB Number:* Applicant Background Survey; NGA