

Date Revoked: July 4, 2009.
Reason: Failed to maintain a valid bond.
License Number: 004186F.
Name: Hanmi Shipping, Inc.
Address: 2694 Coyle Ave., Elk Grove Village, IL 60007.
Date Revoked: July 10, 2009.
Reason: Failed to maintain a valid bond.
License Number: 020605NF.
Name: Ocean Express Marine USA Inc.
Address: 24–30 Milleed Way, Avenel, NJ 07001.
Date Revoked: June 21, 2009.
Reason: Failed to maintain valid bonds.
License Number: 016262N.
Name: Pro-Well Sea U.S.A. Inc.
Address: 14251 E. Don Julian Rd., City of Industry, CA 91746.
Date Revoked: July 4, 2009.
Reason: Failed to maintain a valid bond.
License Number: 016527N.
Name: Safeway Transport Co. Inc.
Address: 600 Meadowlands Pkwy., Ste. 147, Secaucus, NJ 07094.
Date Revoked: July 4, 2009.
Reason: Failed to maintain a valid bond.
License Number: 021667N.
Name: South Florida Logistic Partners, Inc.
Address: 330 SW 27th Ave., Ste. 605, Miami, FL 33135.
Date Revoked: July 1, 2009.
Reason: Failed to maintain a valid bond.
License Number: 019299N.
Name: Trans Atlantic Shipping, Inc. dba TAS, Inc.
Address: 1005 W. Arbor Vitae Street, Inglewood, CA 90301.
Date Revoked: July 11, 2009.

Reason: Failed to maintain a valid bond.
License Number: 019597N.
Name: United Cargo International, Inc.
Address: 30998 Huntwood Ave., #106, Hayward, CA 94544.
Date Revoked: July 8, 2009.
Reason: Failed to maintain a valid bond.
License Number: 019276N.
Name: Westcove Investments, Inc. dba Cargo Link International.
Address: 16725 E. Gale Ave., City of Industry, CA 91745.
Date Revoked: July 11, 2009.
Reason: Failed to maintain a valid bond.

Sandra L. Kusumoto,
Director, Bureau of Certification and Licensing.
 [FR Doc. E9–18098 Filed 7–28–09; 8:45 am]
BILLING CODE 6730–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–0269; 30-day notice]

Agency Information Collection Request. 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.
 In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any

of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690–5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202–395–5806.

Proposed Project: Complaint Forms for Discrimination; Health Information Privacy Complaints OMB No. 0990–0269 —Extension—Office of Civil Rights.

Abstract: The Office for Civil Rights is seeking approval for a 3 year clearance on a previous collection. Individuals may file written complaints with the Office for Civil Rights when they believe they have been discriminated against by programs or entities that receive Federal financial assistance from the Health and Human Service or if they believe that their right to the privacy of protected health information has been violated. Annual Number of Respondents frequency of submission is record keeping and reporting on occasion.

ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Civil Rights Complaint Form	Individuals or households, Not-for-profit institutions.	3037	1	45/60	2278
Health Information Privacy Complaint Form.	Individuals or households, Not-for-profit institutions.	8944	1	45/60	6708
Total .....	.....	.....	.....	.....	8986

Seleda Perryman,
Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.
 [FR Doc. E9-18014 Filed 7-28-09; 8:45 am]
BILLING CODE 4153-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-0294; 30-day notice]

Agency Information Collection Request. 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any

of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to Sherette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690-5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202-395-5806.

Proposed Project: Standards for Privacy of Individually Identifiable Health Information and Supporting Regulations at 45 CFR Parts 160 and 164 (Extension)—OMB No. 0990-0294 Office of Civil Rights

Abstract: The Privacy Rule implements the privacy requirements of the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996. The final regulation requires covered entities (as defined in the regulation) to maintain strong protections for the privacy of individually identifiable health information; to use or disclose this information only as required or permitted by the Rule or with the express written authorization of the individual; to provide a notice of the entity's privacy practices; and to document compliance with the Rule. Respondents are health care providers with health plans, and health care clearinghouses. The affected public includes individuals, public and private businesses, state and local governments.

ESTIMATED ANNUALIZED BURDEN TABLE

Section	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
160.204	Process for Requesting Exception Determinations (states or persons).	40	1	16	640
164.504	Uses and Disclosures—Organizational Requirements	764,799	1	5/60	63,733
164.508	Uses and Disclosures for Which Individual authorization is required.	764,799	1	1	764,799
164.512	Uses and Disclosures for which Consent, Individual Authorization, or Opportunity to Agree or Object is Not Required (for other specified purposes by an IRB or privacy board).	113,524	1	5/60	9,460
164.520	Notice of Privacy Practices for Protected Health Information (health plans).	10,570	1	3/60	529
164.520	Notice of Privacy Practices for Protected Health Information (health care providers—dissemination).	613,000,000	1	3/60	30,650,000
164.520	Notice of Privacy Practices for Protected Health Information (health care providers—acknowledgement).	613,000,000	1	3/60	30,650,000
164.522	Rights to Request Privacy Protection for Protected Health Information.	150,000	1	3/60	7,500
164.524	Access of Individuals to Protected Health Information (disclosures).	150,000	1	3/60	7,500
164.526	Amendment of Protected Health Information (requests)	150,000	1	3/60	7,500
164.526	Amendment of Protected Health Information (denials)	50,000	1	3/60	2,500
164.528	Accounting for Disclosures of Protected Health Information	1,080,000	1	5/60	90,000
Total .....	.....	.....	.....	.....	62,254,161