FOR FURTHER INFORMATION CONTACT:
Nancy J. Kessinger at (202) 632–8924 or
FAX (202) 632–8925.

SUPPLEMENTARY INFORMATION: Under the
3501–3521), Federal agencies must
obtain approval from the Office of
Management and Budget (OMB) for each
collection of information they conduct
or sponsor. This request for comment is
being made pursuant to Section
3506(c)(2)(A) of the PRA.

With respect to the following
collection of information, VBA invites
comments on: (1) Whether the proposed
collection of information is necessary
for the proper performance of VBA’s
functions, including whether the
information will have practical utility;
(2) the accuracy of VBA’s estimate of the
burden of the proposed collection of
information; (3) ways to enhance the
quality, utility, and clarity of the
information to be collected; and (4)
ways to minimize the burden of the
collection of information on
respondents, including through the use
of automated collection techniques or
the use of other forms of information
technology.

Title: Annual Certification of Veteran
Status and Veteran-Relatives, VA Form
20–0344.

OMB Control Number: 2900–0654.

Type of Review: Revision of a
currently approved collection.

Abstract: VBA employees, non-VBA
employees in VBA space and Veteran
Service Organization employees who
have access to VA’s benefit records
complete VA Form 20–0344. These
individuals are required to provide
personal identifying information on
themselves and any veteran relatives, in
order for VA to identify and protect
benefit records. VA uses the information
collected to determine which benefit
records require special handling to
guard against fraud, conflict of interest,
improper influence etc., by VA and non-
VA employees.

Affected Public: Individuals or
households.

Estimated Annual Burden: 5,834
hours.

Estimated Average Burden per
Respondent: 25 minutes.

Frequency of Response: Annually.

Estimated Number of Respondents:
14,000.

Dated: November 12, 2013.

By direction of the Secretary.

Crystal Rennie,
Department Clearance Officer, Department of
Veterans Affairs.

DEPARTMENT OF VETERANS
AFFAIRS

Agency Information Collection (Wrist
Conditions Disability Benefits
Questionnaire) Under OMB Review

AGENCY: Veterans Benefits
Administration, Department of Veterans
Affairs

ACTION: Notice.

SUMMARY: In compliance with the
Paperwork Reduction Act (PRA) of 1995
(44 U.S.C. 3501–3521), this notice
announces that the Veterans Benefits
Administration (VBA), Department of
Veterans Affairs, will submit the
collection of information abstracted
below to the Office of Management and
Budget (OMB) for review and comment.
The PRA submission describes the
nature of the information collection and
its expected cost and burden; it includes
the actual data collection instrument.

DATES: Comments must be submitted on
or before December 16, 2013.

ADDRESSES: Submit written comments
on the collection of information through
www.Regulations.gov, or to Office of
Information and Regulatory Affairs,
Office of Management and Budget, Attn:
VA Desk Officer; 725 17th St. NW.,
Washington, DC 20503 or sent through
electronic mail to oira_submission@omb.eop.gov. Please refer to “OMB
Control No. 2900–NEW (Wrist
Conditions Disability Benefits
Questionnaire)” in any correspondence.

FOR FURTHER INFORMATION CONTACT:
Crystal Rennie, Enterprise Records
Service (005R1B), Department of
Veterans Affairs, 810 Vermont Avenue
NW., Washington, DC 20420. (202) 632–
7492 or email crystal.rennie@va.gov.
Please refer to “OMB Control No. 2900–
NEW (Wrist Conditions Disability
Benefits Questionnaire)” in any

SUPPLEMENTARY INFORMATION:

Title: Wrist Conditions Disability
Benefits Questionnaire, VA Form 21–0960M–16.

OMB Control Number: 2900–NEW
(Wrist Conditions Disability Benefits
Questionnaire).

Type of Review: New data collection.

Abstract: The VA Form 21–0960M–16,
Wrist Conditions Disability Benefits
Questionnaire will be used for disability
compensation or pension claims which
require an examination and/or receiving
private medical evidence that may
potentially be sufficient for rating
purposes. The form will be used to
gather necessary information from a
claimant’s treating physician regarding
the results of medical examinations. VA
will gather medical information related