

investigation will be placed in the nonpublic record on March 5, 2020, and a public version will be issued thereafter, pursuant to section 207.22 of the Commission's rules.

Hearing.—The Commission will hold a hearing in connection with the final phase of this investigation beginning at 9:30 a.m. on Thursday, March 19, 2020, at the U.S. International Trade Commission Building. Requests to appear at the hearing should be filed in writing with the Secretary to the Commission on or before March 13, 2020. A nonparty who has testimony that may aid the Commission's deliberations may request permission to present a short statement at the hearing. All parties and nonparties desiring to appear at the hearing and make oral presentations should participate in a prehearing conference to be held on March 16, 2020, at the U.S. International Trade Commission Building, if deemed necessary. Oral testimony and written materials to be submitted at the public hearing are governed by sections 201.6(b)(2), 201.13(f), and 207.24 of the Commission's rules. Parties must submit any request to present a portion of their hearing testimony *in camera* no later than 7 business days prior to the date of the hearing.

Written submissions.—Each party who is an interested party shall submit a prehearing brief to the Commission. Prehearing briefs must conform with the provisions of section 207.23 of the Commission's rules; the deadline for filing is March 12, 2020. Parties may also file written testimony in connection with their presentation at the hearing, as provided in section 207.24 of the Commission's rules, and posthearing briefs, which must conform with the provisions of section 207.25 of the Commission's rules. The deadline for filing posthearing briefs is March 27, 2020. In addition, any person who has not entered an appearance as a party to the investigation may submit a written statement of information pertinent to the subject of the investigation, including statements of support or opposition to the petition, on or before March 27, 2020. On April 17, 2020, the Commission will make available to parties all information on which they have not had an opportunity to comment. Parties may submit final comments on this information on or before April 21, 2020, but such final comments must not contain new factual information and must otherwise comply with section 207.30 of the Commission's rules. All written submissions must conform with the provisions of section 201.8 of the Commission's rules; any submissions that contain BPI must also

conform with the requirements of sections 201.6, 207.3, and 207.7 of the Commission's rules. The Commission's *Handbook on Filing Procedures*, available on the Commission's website at https://www.usitc.gov/documents/handbook_on_filing_procedures.pdf, elaborates upon the Commission's procedures with respect to filings.

Additional written submissions to the Commission, including requests pursuant to section 201.12 of the Commission's rules, shall not be accepted unless good cause is shown for accepting such submissions, or unless the submission is pursuant to a specific request by a Commissioner or Commission staff.

In accordance with sections 201.16(c) and 207.3 of the Commission's rules, each document filed by a party to the investigation must be served on all other parties to the investigation (as identified by either the public or BPI service list), and a certificate of service must be timely filed. The Secretary will not accept a document for filing without a certificate of service.

Authority: This investigation is being conducted under authority of title VII of the Tariff Act of 1930; this notice is published pursuant to section 207.21 of the Commission's rules.

By order of the Commission.

Issued: November 26, 2019.

Lisa Barton,

Secretary to the Commission.

[FR Doc. 2019-26073 Filed 12-2-19; 8:45 am]

BILLING CODE 7020-02-P

DEPARTMENT OF LABOR

Office of Workers' Compensation Programs

Division of Coal Mine Workers' Compensation; Proposed Extension of Existing Collection; Comment Request

ACTION: Notice.

SUMMARY: The Department of Labor (DOL) is soliciting comments concerning a proposed extension for the authority to conduct the information collection request (ICR) titled, "Survivor's Form For Benefits Under The Black Lung Benefits Act." This comment request is part of continuing Departmental efforts to reduce paperwork and respondent burden in accordance with the Paperwork Reduction Act of 1995 (PRA).

DATES: Consideration will be given to all written comments received by February 3, 2020.

ADDRESSES: A copy of this ICR with applicable supporting documentation,

including a description of the likely respondents, proposed frequency of response, and estimated total burden, may be obtained free by contacting Anjanette Suggs by telephone at 202-354-9660 or by email at suggs.anjanette@dol.gov.

Submit written comments about, or requests for a copy of, this ICR by mail or courier to the U.S. Department of Labor, Office of Workers' Compensation Program, Division of Coal Mine Workers' Compensation, Room S3323, 200 Constitution Avenue NW, Washington, DC 20210; or by email: suggs.anjanette@dol.gov.

FOR FURTHER INFORMATION CONTACT:

Contact Anjanette Suggs by telephone at 202-354-9660 or by email at suggs.anjanette@dol.gov.

SUPPLEMENTARY INFORMATION: The DOL, as part of continuing efforts to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies an opportunity to comment on proposed and/or continuing collections of information before submitting them to the OMB for final approval. This program helps to ensure requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements can be properly assessed.

This collection of information is required to administer the benefit payment provisions of the Black Lung Benefits Act for survivors of deceased miners. Completion of this form constitutes the application for benefits by survivors and assists in determining the survivor's entitlement to benefits. Form CM-912 is authorized for use by the Black Lung Benefits Act (30 U.S.C. 901, *et seq.*) and regulations (20 CFR 725.304) and is used to gather information from a survivor of a miner to determine whether the survivor is entitled to benefits. This information collection is currently approved for use through March 31, 2020.

This information collection is subject to the PRA. A Federal agency generally cannot conduct or sponsor a collection of information, and the public is generally not required to respond to an information collection, unless the OMB under the PRA approves it and displays a currently valid OMB Control Number. In addition, notwithstanding any other provisions of law, no person shall generally be subject to penalty for failing to comply with a collection of information that does not display a

valid Control Number. See 5 CFR 1320.5(a) and 1320.6.

Interested parties are encouraged to provide comments to the contact shown in the **ADDRESSES** section. Written comments will receive consideration, and summarized and included in the request for OMB approval of the final ICR. In order to help ensure appropriate consideration, comments should mention 1240-0027.

Submitted comments will also be a matter of public record for this ICR and posted on the internet, without redaction. The DOL encourages commenters not to include personally identifiable information, confidential business data, or other sensitive statements/information in any comments.

The DOL is particularly interested in comments that:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the

functions of the agency, including whether the information will have practical utility.

- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used.
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

Agency: DOL-OWCP-DCMWC.

Type of Review: Extension.

Title of Collection: Survivor's Form For Benefits Under The Black Lung Benefits Act.

Form: Survivor's Form For Benefits Under The Black Lung Benefits Act, CM-912, 1240-0027.

OMB Control Number: 1240-0027.

Affected Public: Individuals or households.

Estimated Number of Respondents: 850.

Frequency: One time.

Total Estimated Annual Responses: 850.

Estimated Average Time per Response: 8 minutes.

Estimated Total Annual Burden Hours: 113 hours.

Total Estimated Annual Other Cost Burden: \$377.

Dated: November 26, 2019.

Anjanette Suggs,

Agency Clearance Officer.

BILLING CODE 4510-CK-P

**Survivor's Form For Benefits Under
The Black Lung Benefits Act**
U. S. Department Of Labor

 Office of Workers' Compensation Programs
 Division of Coal Mine Workers' Compensation


OMB No: 1240-0027

Expires:

(For Agency Use Only)

If you are a survivor of a person who was receiving Federal black lung benefits, this is a Survivor's Notification of the Beneficiary's Death. Otherwise, this is a claim for survivor's benefits. This form is authorized by the Black Lung Benefits Act (30 U.S.C. 901, et seq.) and by 20 C.F.R.725.304. This information will be used to determine possible eligibility for and the amount of benefits payable under the Act. Benefits may be payable to you, your children and all children of the deceased miner. The information on this form is required to obtain a benefit. However, disclosure of your or the deceased miner's Social Security Number is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled.

1. Deceased Coal Miner's Name: First Middle Last

2. Deceased Coal Miner's Social Security Number:

3. COAL MINER'S BIRTH AND DEATH DATES (ATTACH DEATH CERTIFICATE, IF AVAILABLE)

Date of birth:

Date of death:

Autopsy? Yes No

4. Your name: First Middle Last

5. Your Social Security Number:

6. Your date of birth

7. SHOW YOUR RELATIONSHIP TO THE MINER

 Surviving Spouse (wife or husband) Dependent Child Surviving Divorced Spouse Dependent Parent, Brother or Sister

8. Have you or the miner ever filed a State or Federal workers' compensation claim for death or disability due to coal workers' pneumoconiosis (Black Lung) or any other lung conditions? Yes No

 9. Have you or any dependent of the miner ever received Federal Black Lung Benefits under **another miner's Social Security number**? Yes No

• IF YOU ARE FILING AS A CHILD, PARENT, BROTHER OR SISTER, GO TO QUESTION 12.

10. Do you or the miner have any dependent children under age 18; age 18 to age 23 and attending school; age 18 or older and disabled? Yes No

11. Were you or the miner ever married to anyone else at any time? Yes No

12. Do you authorize any physician, hospital, agency or other organization (including Social Security Administration) to disclose to the Department of Labor any medical records or information important to your claim? Yes No

13. The following events may affect your entitlement to Federal Black Lung Benefits. Do you agree to notify the U.S. Department of Labor promptly if any of the events listed below occur? Yes No

- You become entitled to receive any workers' compensation or occupational disease payments because of the miner's disability or death due to pneumoconiosis (Black Lung Disease).
- A person receiving benefits marries, dies, or is adopted by someone else, becomes disabled or the existing disability ceases, or if divorced, receives support payments from previous spouse.
- A child (age 18-23) stops attending school, or in the case of the disabled child (age 18 or over), the disabling condition improves.

 Form CM-912
 Rev.

PRIVACY ACT NOTICE

- The following information is provided in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. (1) Collection of this information is authorized by the Black Lung Benefits Act 30 U.S.C. 901 et. seq. and implementing regulations. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) This information may be used by other agencies or persons handling matters relating, directly or indirectly, to processing this form including liable coal mine operators and their insurance carriers; contractors providing automated data processing or other services to the Department of Labor; representatives of the parties to the claim; and federal, state or local agencies. This would include legal representatives; state workers' compensation agencies or the Social Security Administration, for the purpose of determining benefit payment offsets; the Internal Revenue Service and other federal, state, and local agencies for the purpose of conducting investigations relating to the payment of benefits; and debt collection agencies and credit bureaus for the purpose of collecting overpayments that might be made to the beneficiary. (4) Furnishing all requested information will facilitate the claims adjudication process, and the effects of not providing all or any part of the requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits. (5) This information is included in two Systems of Records, DOL/OWCP-2 and DOL/OWCP-9, published at 81 Federal Register 25858 and 25866 (April 29, 2016), or as updated and republished.

COMPUTER MATCHING PROGRAM. The Department of Labor conducts computer matches with the Social Security Administration. Any information provided by applicants for and recipients of financial assistance or payments under Federal benefit programs may be subject to verification through computer matches which the Department of Labor conducts with the Social Security Administration.

SIGNATURE OF APPLICANT

I hereby certify that the information given by me on and in connection with this form is true and correct to the best of my knowledge and belief. I am also fully aware that any person who willfully makes any false or misleading statement or representation for the purpose of obtaining any benefit or payment under this title shall be guilty of a misdemeanor and on conviction thereof shall be punished by a fine of not more than \$1,000, or by imprisonment for not more than one year or both.

Signature in ink (First, Middle, Last)	Date
Mailing Address (Number, Street, Apt. No., PO Box, Rural Route)	County you live in
City, State, ZIP Code	Area Code and Telephone Number

Witnesses are required only if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full address.

Signature of Witness	Signature of Witness
Address of Witness	Address of Witness
City, State, ZIP Code	City, State, ZIP Code

WHERE TO MAIL THIS FORM:

Submit completed form with accompanying documentation to:
 US Department of Labor
 OWCP/DCMWC/CMR Correspondence
 PO Box 8307
 London, KY 40742-8307

For further information call TOLL FREE: 1-800-638-7072.

Public reporting for this collection of information is estimated to average 8 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U. S. Department of Labor, Division of Coal Mine Workers' Compensation, 200 Constitution Avenue, Room N-3464, Washington, DC 20210. DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Notice

If you have a disability, federal law gives you the right to receive help from the OWCP in the form of communication assistance, accommodation(s) and/or modification(s) to aid you in the OWCP claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments of changes to accommodate your disability. Please contact our office or your OWCP claims examiner to ask about this assistance.

[FR Doc. 2019-26103 Filed 12-2-19; 8:45 am]

BILLING CODE 4510-CK-C

**NATIONAL CREDIT UNION
ADMINISTRATION****Submission for OMB Review;
Comment Request****AGENCY:** National Credit Union
Administration (NCUA).**ACTION:** Notice.**SUMMARY:** The National Credit Union
Administration (NCUA) will submit the
following information collection request
to the Office of Management and Budget
(OMB) for review and clearance in
accordance with the Paperwork
Reduction Act of 1995, on or after the
date of publication of this notice.**DATES:** Comments should be received on
or before January 2, 2020 to be assured
of consideration.**ADDRESSES:** Send comments regarding
the burden estimates, or any other
aspect of the information collections,
including suggestions for reducing the
burden, to (1) Office of Information and
Regulatory Affairs, Office of
Management and Budget, Attention:
Desk Officer for NCUA, New Executive
Office Building, Room 10235,
Washington, DC 20503, or email at
OIRA_Submission@OMB.EOP.gov and
(2) NCUA PRA Clearance Officer, 1775
Duke Street, Suite 6032, Alexandria, VA
22314, or email at *PRAComments@
ncua.gov*.**FOR FURTHER INFORMATION CONTACT:**Copies of the submission may be
obtained by contacting Dawn Wolfgang
at (703) 548-2279, emailing
PRAComments@ncua.gov, or viewing
the entire information collection request
at *www.reginfo.gov*.**SUPPLEMENTARY INFORMATION:***OMB Number:* 3133-0067.*Type of Review:* Extension of a
currently approval collection.*Title:* Corporate Credit Union Monthly
Call Report and Report of Officers.*Forms:* NCUA Form 5310.*Abstract:* Section 202(a)(1) of the
Federal Credit Union Act (Act) requires
federally insured credit unions to make
reports of condition to the NCUA Board
upon dates selected by it. Corporate
credit unions report this information
monthly on NCUA Form 5310, also
known as the corporate credit union call
report. The financial and statistical
information is essential to NCUA in
carrying out its responsibility for
supervising corporate credit unions. The
Federal Credit Union Act, 12 U.S.C.
1762, specifically requires federal creditunions to report the identity of credit
union officials. Section 741.6(a) requires
federally-insured credit unions to
submit a Report of Officials annually to
NCUA containing the annual
certification of compliance with security
requirements. The branch information is
requested under the authority of § 741.6
of the NCUA Rules and Regulations.*Affected Public:* Private Sector: Not-
for-profit institutions.*Estimated Total Annual Burden
Hours:* 539.By Gerard Poliquin, Secretary of the
Board, the National Credit Union
Administration, on November 26, 2019.

Dated: November 27, 2019.

Dawn D. Wolfgang,*NCUA PRA Clearance Officer.*

[FR Doc. 2019-26114 Filed 12-2-19; 8:45 am]

BILLING CODE 7535-01-P

NATIONAL SCIENCE FOUNDATION**Notice of Permit Applications Received
Under the Antarctic Conservation Act
of 1978****AGENCY:** National Science Foundation.**ACTION:** Notice of permit applications
received.**SUMMARY:** The National Science
Foundation (NSF) is required to publish
a notice of permit applications received
to conduct activities regulated under the
Antarctic Conservation Act of 1978.
NSF has published regulations under
the Antarctic Conservation Act in the
Code of Federal Regulations. This is the
required notice of permit applications
received.**DATES:** Interested parties are invited to
submit written data, comments, or
views with respect to this permit
application by January 2, 2020. This
application may be inspected by
interested parties at the Permit Office,
address below.**ADDRESSES:** Comments should be
addressed to Permit Office, Office of
Polar Programs, National Science
Foundation, 2415 Eisenhower Avenue,
Alexandria, Virginia 22314.**FOR FURTHER INFORMATION CONTACT:**Nature McGinn, ACA Permit Officer, at
the above address, 703-292-8030, or
ACApermits@nsf.gov.**SUPPLEMENTARY INFORMATION:** The
National Science Foundation, as
directed by the Antarctic Conservation
Act of 1978 (Pub. L. 95-541, 45 CFR
670), as amended by the Antarctic
Science, Tourism and Conservation Act
of 1996, has developed regulations for
the establishment of a permit system forvarious activities in Antarctica and
designation of certain animals and
certain geographic areas requiring
special protection. The regulations
establish such a permit system to
designate Antarctic Specially Protected
Areas.**Application Details***Permit Application: 2020-013*1. *Applicant:* Nicholas Teets,
Department of Entomology,
University of Kentucky, S-225
Agricultural Science Center, North,
Lexington, KY 40546.*Activity for Which Permit is**Requested:* Enter Antarctic Specially
Protected Area (ASPA). The applicantproposes to collect midges (*Belgica
antarctica*) from sites along theAntarctic Peninsula for physiology and
genetic studies. Sample collectionswould require access to several ASPAs
(108, 126, & 134) and sites withinASMA 7, Southwest Anvers Island and
Palmer Basin. Collection of the midgeswould have minimal to no ecological
impacts. Any rocks disturbed would bereturned to their original location and
position. Very little, if any, plantmaterial would be removed and it
would typically be dead or decaying.The local abundances of midges are very
high, so the sample collections areexpected to have very minimal impact
on local populations. The applicantwould also collect a small amount of
algae (*Prasiola crispa*) to serve as a food

source for midges in the laboratory.

Location: Antarctic Peninsula region;
ASMA 7, Southwest Anvers Island andPalmer Basin; ASPA 108, Green Island,
Berthelot Islands; ASPA 126, ByersPeninsula, Livingston Island, South
Shetland Islands; ASPA 134 CiervaPoint and offshore islands, Danco Coast,
Antarctic Peninsula.*Dates of Permitted Activities:* January
1, 2020–July 1, 2022.*Permit Application: 2020-021*2. *Applicant:* Daniel P. Zitterbart,
Woods Hole Oceanographic
Institution, 266 Woods Hole Road,
Woods Hole, MA 02543-1050.*Activity for Which Permit is**Requested:* Take. The permit applicant
proposes to place short-termdeployment tags on humpback whales
(*Megaptera novaeangliae*) for thepurposes of studying their foraging
ecology. The applicant would deploydigital acoustic recording tags (DTAGs)
onto humpback whales to record thethree-dimensional movement of the
animals, and the presence of feedinglunges. DTAGs contain a 3-axis
accelerometer and magnetometer that