

applicant lists the identifying vehicle information and an independent mechanic attests that the vehicle meets the required safety standards. Form WH-515 is a doctor's certificate used to document that a motor vehicle driver or operator meets the minimum DOT physical requirements that the Department has adopted.

The Department proposes a substantive change with the proposed debut of the FLCE portal, which will allow respondents to fill out WH-530, WH-535, and WH-540 online and submit electronically. Respondents will be able to upload WH-514 and WH-514a to the portal as well. The Department also proposes minor revisions to forms WH-515, WH-530, WH-535, and WH-540. These revisions clarify the instructions and ensure that applicants provide a contact email address. There are no revisions to the WH-514 and WH-514a forms.

II. Review Focus: The Department 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 submissions of responses.

III. Current Actions: The Department seeks approval to revise this information collection to ensure effective administration of the requirements governing FLCs and FLCEs under MSPA.

Type of Review: Revision.

Agency: Wage and Hour Division.

Titles: Application for a Farm Labor Contractor or a Farm Labor Contractor Employee Certificate of Registration.

OMB Control Number: 1235-0016.

Agency Numbers: Forms WH-514, WH-514a, WH-515, WH-530, WH-540, WH-535.

Affected Public Businesses or other for-profits, Farms.

Total Estimated Respondents: 35,224.

Total Annual responses:

Estimated Total Burden Hours: 58,570.

Estimated Time per Response: 5 minutes for the vehicle mechanical inspection reports (WH-514 or WH-514a) and 26 minutes for MSPA Doctor's Certification (WH-515) and 30 minutes for the Farm Labor Contractor and the FLCE Applications (WH-530 and WH-535) and 30 minutes for the Application Amendment (WH-540).

Frequency: On Occasion, but no more often than annual.

Total Burden Cost (capital/startup): \$0.

Total Burden Cost (operating/maintenance): \$1,486,984.37.

Dated: February 8, 2024.

Amy Hunter,

Director, Division of Regulations, Legislation, & Interpretation.

[FR Doc. 2024-03076 Filed 2-13-24; 8:45 am]

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DEPARTMENT OF LABOR

Office of Workers' Compensation Programs

[OMB Control No. 1240-0NEW]

Proposed Information Collection; Claim for Consequential Illness Benefits Under the Energy Employees Occupational Illness Compensation Program Act (EE-1A)

AGENCY: Division of Energy Employees Occupational Illness Compensation, Office of Workers' Compensation Programs (DEEOIC), Labor.

ACTION: Request for public comments.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance request for comment to provide the general public and Federal agencies with an opportunity to comment on proposed collections of information in accordance with the Paperwork Reduction Act of 1995. This request helps to ensure that: 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 on respondents can be properly assessed. Currently, the OWCP/DEEOIC is soliciting comments on the information collection for Energy Employees Occupational Illness Compensation Program Act Form (EE-1A). The form is required to determine a claimant's eligibility for compensation and medical benefits under the Energy Employees Occupational Illness Compensation Program Act and is

required to enable eligible claimants to receive benefits.

DATES: All comments must be received on or before April 15, 2024.

ADDRESSES: You may submit comment as follows. Please note that late, untimely filed comments will not be considered. Written/Paper Submissions: Submit written/paper submissions in the following way:

- *Mail/Hand Delivery:* Mail or visit DOL-OWCP/DEEOIC, Office of Workers' Compensation Programs, Division of Energy Employees Occupational Illness Compensation, U.S. Department of Labor, 200 Constitution Ave. NW, Room C-3510, Washington, DC 20210.

- *Email:* Send comments on this collection by email to suggs.anjanette@dol.gov and mention Form EE-1A in the subject line.

- Please use only one method of transmission for comments. OWCP/DEEOIC will post your comment as well as any attachments, except for information submitted and marked as confidential, in the docket at <https://www.regulations.gov>.

FOR FURTHER INFORMATION CONTACT: Anjanette Suggs, Office of Workers' Compensation Programs, Division of Energy Employees Occupational Illness Compensation, OWCP/DEEOIC, suggs.anjanette@dol.gov; (202) 354-9660 (voice).

SUPPLEMENTARY INFORMATION:

I. Background

The Office of Workers' Compensation Programs (OWCP) is the primary agency responsible for administration of the Energy Employees Occupational Illness Compensation Program Act of 2000, as amended (EEOICPA), 42 U.S.C. 7384 *et seq.* EEOICPA provides for the payment of compensation to covered employees and, where applicable, survivors of deceased employees, who sustained either an "occupational illness" or a "covered illness" in the performance of duty for the Department of Energy and certain of its contractors and subcontractors. Following acceptance of an occupational illness or a covered illness, claimants can file for "consequential illnesses."

A consequential illness is a newly diagnosed medical condition that a physician links to a previously accepted work-related illness. Currently, OWCP does not have a specific form that claimants can utilize to file a claim for consequential illnesses. The absence of a specific form to file claims for consequential illnesses has made it difficult for stakeholders to submit these types of claims and/or understand the

process. The use of a standardized form, along with instructions, will provide claimants with a more precise filing mechanism. In addition, OWCP will be able to differentiate claims more easily for consequential illnesses from other claim types, increase the accuracy of claim tracking, and improve consequential illness claim adjudication timeliness. The collection of this information is authorized by 20 CFR 30.100, 30.103, 30.505 and 30.620.

The information collection in this Information Collection Request collects demographic, factual and medical information that OWCP needs to process claims for consequential illnesses. The collection in this ICR and the purpose is listed below. The associated regulatory authority for this ICR is listed above.

EE-1A—Claim for Consequential Illness Benefits Under the Energy Employees Occupational Illness Compensation Program Act will be used to initiate claims for consequential illnesses under the Act. It requests information about the employee/claimant, the specific medical diagnoses that they claim as consequential illness(es), and previous awards or settlements received in connection with the claimed consequential illnesses.

II. Desired Focus of Comments

OWCP is soliciting comments concerning the proposed information collection titled, “Claim for Consequential Illness Benefits, EE-1A. OWCP/DDEOIC is particularly interested in comments that:

- Evaluate whether the collection of information is necessary for the proper performance of the functions of the Agency, including whether the information has practical utility;
- Evaluate the accuracy of OWCP/DDEOIC’s estimate of the burden related to the information collection, including the validity of the methodology and assumptions used in the estimate;
- Suggest methods to enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the information collection 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.

Background documents related to this information collection request are available at <https://regulations.gov> and at DOL-OWCP/DDEOIC located at 200 Constitution Ave. NW, Room C-3510, Washington, DC 20210. Questions about the information collection requirements

may be directed to the person listed in the **FOR FURTHER INFORMATION** section of this notice.

III. Current Actions

This information collection request concerns Energy Employees Occupational Illness Compensation Program Act Form EE-1A, Claim for Consequential Illness Benefits. OWCP/DDEOIC has estimated the data with respect to the number of respondents, responses, burden hours, and burden costs supporting this information collection request from the current claim statistics derived from OWCP/DDEOIC’s case management system.

Type of Review: New collection.

Agency: Office of Workers’

Compensation Programs, Division of Energy Employees Occupational Illness Compensation, OWCP/DDEOIC.

OMB Number: 1240-0NEW.

Affected Public: Individuals and Households.

Number of Respondents: 2,425.

Frequency: On Occasion.

Number of Responses: 4,850.

Annual Burden Hours: 810 hours.

Annual Respondent or Recordkeeper Cost: \$1,120.35.

OWCP/DDEOIC Form EE-1A, Claim for Consequential Illness Benefits.

Comments submitted in response to this notice will be summarized in the request for Office of Management and Budget approval of the proposed information collection request; they will become a matter of public record and will be available at <https://www.reginfo.gov>.

Anjanette Suggs,

Certifying Officer.

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BILLING CODE 4510-CR-P

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[NOTICE: 24-009]

Name of Information Collection: NASA/KSC Business Opportunities Expo

AGENCY: National Aeronautics and Space Administration (NASA).

ACTION: Notice of information collection.

SUMMARY: The National Aeronautics and Space Administration, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995.

DATES: Comments are due by April 15, 2024.

ADDRESSES: Written comments and recommendations for this information collection should be sent within 60 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 60-day Review—Open for Public Comments” or by using the search function.

FOR FURTHER INFORMATION CONTACT:

Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to NASA PRA Clearance Officer, Bill Edwards-Bodmer, NASA Headquarters, 300 E Street SW, JF0000, Washington, DC 20546, phone 757-864-7998, or email hq-ocio-pra-program@mail.nasa.gov.

SUPPLEMENTARY INFORMATION:

I. Abstract

The NASA Business Opportunities Expo is an annual event sponsored by the NASA KSC Prime Contractor Board, U.S. Air Force 45th Space Wing, and Canaveral Port Authority. Attendees include small businesses who want to meet and network with NASA and KSC prime contractors, large contractors seeking teaming opportunities with small businesses, and construction companies interested in learning more about NASA contract opportunities. Exhibitors include businesses offering a variety of products and services, representatives from each NASA center, the Patrick Air Force Base 45th Space Wing, prime contractors, and other government agencies.

Attendee information collected is name, company, address, email, telephone. Exhibitors are asked to provide the same information, plus company information that is published in the event program: Commercial and Government Entity (CAGE) Code, Primary North American Industry Classification System (NAICS) Code Business Categories, Core company capabilities and Past or current work/contracts with NASA.

The National Aeronautics and Space Administration (NASA) is committed to effectively performing the Agency’s communication function in accordance with the Space Act Section 203(a)(3) to “provide for the widest practicable and appropriate dissemination of information concerning its activities and the results there of,” and to enhance public understanding of, and participation in, the nation’s space program in accordance with the NASA Strategic Plan.