

DEPARTMENT OF TRANSPORTATION**National Highway Traffic Safety Administration**

[Docket No. NHTSA–2025–0259]

Agency Information Collection Activities; Submission to the Office of Management and Budget for Review and Approval; Request for Comment; Advanced Drunk Driving Prevention Technology Telltale Development

AGENCY: National Highway Traffic Safety Administration (NHTSA), Department of Transportation (DOT).

ACTION: Notice and request for comments on a request for approval of a new information collection.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995 (PRA), this notice announces that the Information Collection Request (ICR) summarized below will be submitted to the Office of Management and Budget (OMB) for review and approval. The ICR describes the nature of the information collection and its expected burden. This document describes a new collection of information for which NHTSA intends to seek OMB approval on the development and evaluation of an advanced drunk driving prevention technology telltale. A **Federal Register** Notice with a 60-day comment period soliciting comments on the following information collection was published on December 15, 2025. NHTSA received ten comments. While process improvements are planned in response to the comments, there were no changes to the design of the information collection that affects the burden calculation.

DATES: Comments must be submitted on or before August 27, 2026.

ADDRESSES: Written comments and recommendations for the proposed information collection, including suggestions for reducing burden, should be submitted to the Office of Management and Budget at www.reginfo.gov/public/do/PRAMain. To find this particular information collection, select “Currently under Review—Open for Public Comment” or use the search function.

FOR FURTHER INFORMATION CONTACT: For additional information or access to background documents, contact Eric Traube, Office of Vehicle Safety Research, Human Factors/Engineering Integration Division NSR–310, West Building, U.S. Department of Transportation, 1200 New Jersey Avenue SE, Washington, DC 20590; 202–366–5673; eric.traube@dot.gov.

Please identify the relevant collection of information by referring to its OMB Control Number.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501 *et seq.*), a Federal agency must receive approval from the Office of Management and Budget (OMB) before it collects certain information from the public and a person is not required to respond to a collection of information by a Federal agency unless the collection displays a valid OMB control number. In compliance with these requirements, this notice announces that the following information collection request will be submitted to OMB.

Title: Advanced Drunk Driving Prevention Technology Telltale Development.

OMB Control Number: New.

Form Number(s): There are multiple forms for this new information collection including:

- NHTSA Form 2092: Online Survey—Study 1A
- NHTSA Form 2086: Eligibility Questionnaire—Study 1B
- NHTSA Form 2087: Eligibility Questionnaire—Study 2
- NHTSA Form 2081: Appointment Confirmation-Sober—Study 1B
- NHTSA Form 2080: Appointment Confirmation-Alcohol Dosed—Study 1B
- NHTSA Form 2082: Appointment Confirmation—Study 2
- NHTSA Form 2090: Informed Consent Document-Sober—Study 1B
- NHTSA Form 2089: Informed Consent Document-Alcohol Dosed—Study 1B
- NHTSA Form 2091: Informed Consent Document—Study 2
- NHTSA Form 2083: Combined Driving Questionnaire—Study 1B & Study 2
- NHTSA Form 2096: Telltale Questions—Study 1B
- NHTSA Form 2095: Telltale Acceptance Questionnaire—Study 1B
- NHTSA Form 2094: Post-Drive Ratings—Study 2
- NHTSA Form 2093: Post-Drive Questionnaire—Study 2
- NHTSA Form 2097: Wellness Questionnaire—Study 2
- NHTSA Form 2084: Debriefing Statement—Study 1B
- NHTSA Form 2085: Debriefing Statement—Study 2
- NHTSA Form 2088: End of Visit Release Agreement—Study 1B & Study 2

Type of Request: New.

Type of Review Requested: Regular.

Length of Approval Requested: Three years from date of approval.

Summary of the Collection of Information: The National Highway Traffic Safety Administration (NHTSA) is seeking approval to collect information from the public as part of a multiyear effort to understand how best to alert drivers that a drunk driving detection system has (1) detected the presence of alcohol in their vehicle that corresponds to a driver that is near or above the legal limit or (2) detected that the driver's behavioral state is likely to be classified as under the influence of alcohol or “drunk.” The overall objective of this research is to advance the state of knowledge regarding driver alcohol impairment detection telltales through developing and evaluating telltale alternatives and is not immediately intended to inform regulations or policy. The research will be conducted in three parts, referred to as Study 1A, Study 1B, and Study 2. All study procedures are approved by the University of Iowa Institutional Review Board (IRB).

Study 1 will focus on the evaluation of candidate telltales developed under this project. In Study 1A, respondents will complete an online survey to gain initial information about telltale comprehension and preferences. Participants will be randomly assigned to one of the candidate telltales and to one of two question display orders for overall ratings. Study 1B will involve sober and alcohol-impaired evaluation of the candidate telltales in a research setting. Participants will be screened and assigned to the sober or alcohol-dosed visit type based on eligibility. All participants will provide informed consent, undergo intake and eligibility confirmation procedures, complete a questionnaire to obtain demographic and driving behavior information, view the candidate telltales while seated at a miniSim driving simulator, complete comprehension questions related to the telltales, complete questions related to telltale efficacy and acceptance, and be debriefed on study procedures. Alcohol-dosed participants will receive alcohol to a BrAC level of approximately .08 g/210L for their telltale comprehension, wait at DSRI until their BrAC is at or below .03 g/210L, and complete an agreement that they will not drive, bike, or walk home after the visit.

Study 2 will be a repeated-measures simulator study to assess the impact of the final candidate telltale on pre-drive and mid-drive decision making. All participants will receive alcohol to a BrAC level of approximately .08 g/210L. Participants will provide informed consent, undergo intake and eligibility

confirmation procedures, complete a questionnaire to obtain demographic and driving behavior information, complete training on a miniSim driving simulator and complete a familiarization drive and a wellness questionnaire to screen for simulator sickness, complete a sober baseline drive, undergo alcohol dosing procedures, complete three telltale evaluation drives with post-drive ratings and a small alcohol booster drink between drives, complete a post-drive questionnaire, be debriefed on study procedures, wait at DSRI until their BrAC is at or below .03 g/210L, and complete an agreement that they will not drive, bike, or walk home after the visit. Participants will be randomly assigned to one of six possible telltale evaluation drive orders for the three telltale conditions (no telltale, telltale pre-drive, telltale mid-drive). The simulator will collect vehicle data (e.g., brake inputs, steering wheel angle) and data about the surrounding environment (e.g., distance to surrounding vehicles and lane markings). Data will be analyzed to understand how human drivers respond to a drunk driving detection telltale under different conditions.

Description of the Need for the Information and Proposed Use of the Information: NHTSA's mission is to save lives, prevent injuries, and reduce the economic costs of road traffic crashes through education, research, safety standards, and enforcement activity. As vehicle technologies advance, they have the potential to dramatically reduce the loss of life each day in roadway crashes. Alternatively, the systems may not reach this potential or could potentially decrease safety when drivers do not understand how to safely interact with the systems or do not understand the capabilities and limitations. This new information collection request is for a multipart study to understand how best to alert drivers that a drunk driving detection system has (1) detected the presence of alcohol in their vehicle that corresponds to a driver that is near or above the federal limit of .08 g/dL BAC or (2) detected that the driver's behavioral state is likely to be classified as under the influence of alcohol or "drunk." This research supports NHTSA's mission of safety.

The following components will be used to obtain the necessary information to achieve this purpose.

(1) *Online Survey—Study 1A (NHTSA Form 2092):* This survey is necessary for evaluating initial driver comprehension of candidate telltales. Results from this survey will be used to improve the

candidate telltales for Study 1B by modifying, eliminating, or creating new candidates.

(2) *Eligibility Questionnaire—Study 1B (NHTSA Form 2086):* This questionnaire is necessary for determining respondent suitability for the study based on driving experience and history and ability to adhere to study requirements. To be considered for the alcohol-dosed visit, suitability is also based on general health and alcohol use.

(3) *Eligibility Questionnaire—Study 2 (NHTSA Form 2087):* This questionnaire is necessary for determining respondent suitability for the study based on driving experience and history, ability to adhere to study requirements, general health, alcohol use, and ability to safely drive the miniSim without concerns.

(4) *Appointment Confirmation—Sober—Study 1B (NHTSA Form 2081):* This form contains the reminder email and information provided to the participant and is necessary for reminding participants of their study visit and communicating necessary information for the visit. No data is collected or analyzed from this form. The email is sent one time to the participant 48 hours prior to the scheduled visit. The respondent does not have to respond to any specific questions but is asked to contact the research team if there has been a change in health or if they are currently experiencing any symptoms of illness or are feeling unwell. To confirm the visit, the participant will click on a link that takes them to an information page that contains reminders and instructions for the visit.

(5) *Appointment Confirmation—Alcohol Dosed—Study 1B (NHTSA Form 2080):* This form contains the reminder email and information provided to the participant and is necessary for reminding participants of their study visit and communicating necessary information for the visit. No data is collected or analyzed from this form. The email is sent one time to the participant 48 hours prior to the scheduled visit. The respondent does not have to respond to any specific questions but is asked to contact the research team if there has been a change in health or if they are currently experiencing any symptoms of illness or are feeling unwell. To confirm the visit, the participant will click on a link that takes them to an information page that contains reminders and instructions for the visit.

(6) *Appointment Confirmation—Study 2 (NHTSA Form 2082):* This form contains the reminder email and information provided to the participant

and is necessary for reminding participants of their study visit and communicating necessary information for the visit. No data is collected or analyzed from this form. The email is sent one time to the participant 48 hours prior to the scheduled visit. The respondent does not have to respond to any specific questions but is asked to contact the research team if there has been a change in health or if they are currently experiencing any symptoms of illness or feeling unwell. To confirm the visit, the participant will click on a link that takes them to an information page that contains reminders and instructions for the visit.

(7) *Informed Consent Document—Sober—Study 1B (NHTSA Form 2090):* This form is necessary for obtaining documented informed consent from the participant to participate in the study. The form describes all study procedures, data storage and use, and potential risks from the study.

(8) *Intake & Eligibility Confirmation—Sober—Study 1B:* This process includes completion of the research participant substitute W-9 for payment, review of the driver's license to confirm it is valid by checking the expiration date and confirming age (for eligibility) and sex (for balancing sample) as listed on the license, administration of a breath alcohol concentration (BrAC) reading to ensure sobriety, and obtaining a urine sample for drug testing. While there is a preferred order to these procedures, the block is fluid to permit for variability in participant ability to provide a urine sample at the designated time. These procedures are necessary to pay the participant and ensure they meet eligibility requirements before continuing with Study 1B sober visit procedures.

(9) *Combined Driving Questionnaire—Study 1B & Study 2 (NHTSA Form 2083):* This form is necessary for obtaining demographic information (e.g., age, sex, race/ethnicity, household income, employment status, education, driving experience and comfort, licensure, history of crashes) and gathering opinions and driving behaviors related to alcohol and driving. Prior experience with alcohol and driving could influence telltale comprehension and acceptance. This form is administered at both the sober and alcohol-dosed visits of Study 1B as well as the Study 2 visit.

(10) *Telltale Evaluation at the Simulator—Study 1B:* This block of procedures in Study 1B, both visit types, includes preparing the miniSim and seating the participant at the simulator, training on the evaluation protocol, and administration of the

protocol. Participants are shown twelve telltales one at a time and answer comprehension questions between telltale displays. NHTSA Form 2096 includes all telltales and questions to be asked as part of this process. Participants will not be driving the miniSim but will be shown each of the telltales in context on the simulator's instrument cluster.

(11) *Telltale Acceptance Questionnaire—Study 1B (NHTSA Form 2095)*: This form is necessary to assess acceptance of the telltales and is administered after the Telltale Evaluation at the Simulator.

(12) *Debriefing Statement—Study 1B (NHTSA Form 2084)*: This form is necessary to ensure participants are given full information about the study and to instruct participants not to share specific details with others. A researcher will verbally communicate all information contained in the form and provide a copy to the participant.

(13) *Informed Consent Document—Alcohol Dosed—Study 1B (NHTSA Form 2089)*: This form is necessary for obtaining documented informed consent from the participant to participate in the study. The form describes all study procedures, data storage and use, and potential risks from the study.

(14) *Intake & Eligibility Confirmation—Alcohol Dosed—Study 1B & Study 2*: This process includes procedures necessary for eligibility confirmation and baseline readings as well as standard intake procedures. Intake procedures include completion of the research participant substitute W-9 for payment and review of the driver's license to confirm it is valid by checking the expiration date and confirming age (for eligibility) and sex as listed on the license (for balancing sample and required pregnancy testing due to alcohol dosing), and obtaining measurements of weight and height (for alcohol dosing calculations). Eligibility procedures include asking a series of "yes/no" questions to confirm nothing has changed in eligibility status from the online eligibility questionnaire, administration of a breath alcohol concentration (BrAC) reading to ensure sobriety (and to serve as baseline) and obtaining a urine sample for drug and pregnancy testing. Baseline vitals of blood pressure, heart rate, respiratory rate, pulse oximetry, and temperature are taken. While there is a preferred order to these procedures, the block is fluid to permit for variability in participant ability to provide a urine sample at the designated time.

(15) *Alcohol Dosing Procedures—Study 1B & Study 2*: This block of procedures is necessary for the

administration of alcohol. Participants will be dosed to achieve an approximate BrAC level of .08. The participant will undergo multiple BrAC measurements as part of this process.

(16) *End of Visit Procedures—Alcohol Dosed Study 1B & Study 2*: This block of procedures comes at the end of the alcohol-dosed visits, after debriefing is complete. Procedures in this block are to ensure participant well-being and safety and have been approved by University of Iowa Risk Management. Procedures include a period of monitoring the participant while waiting for them to sober to a level at or below a .03, administering BrAC measurements, discharge vitals, and administration of NHTSA Form 2088 (the End of Visit Release Agreement). This agreement is necessary to ensure there is documentation that the participant understood they could not drive, bike, or walk home.

(17) *Informed Consent Document—Study 2 (NHTSA Form 2091)*: This form is necessary for obtaining documented informed consent from the participant to participate in the study. The form describes all study procedures, data storage and use, and potential risks from the study.

(18) *Sober Baseline Driving Procedures—Study 2*: This block of procedures is necessary to prepare participants for their study drives. Participants will receive protocol training of approximately 5 minutes on the miniSim driving simulator and on the incentive structure to be used in the telltale evaluation drives, complete a familiarization drive of approximately 10 minutes, and complete a sober baseline drive of approximately 15 minutes. The familiarization drive allows participants a chance to become comfortable with driving the miniSim and will prepare them for the drives they will complete later in the visit. It also serves to screen for simulator sickness. The sober baseline drive is necessary for gathering information for the purpose of assessing how drivers interact with the telltale and the impact of these interactions on safety.

(19) *Wellness Questionnaire—Study 2 (NHTSA Form 2097)*: This form is necessary for evaluating simulator sickness symptoms to determine participant ability to complete the telltale evaluation study drives in the miniSim driving simulator. This questionnaire will be administered after the familiarization drive and after the final study drive.

(20) *Telltale Evaluation Drives—Study 2*: These study evaluation drives are necessary to assess the impact of the final candidate telltale on pre-drive and

mid-drive decision making. Each of the three study drives, one for each telltale condition (no telltale, pre-drive telltale, mid-drive telltale), will last approximately 15 minutes. The drive will take place in a simulated nighttime environment to mimic the lighting conditions when most alcohol-related crashes occur. Financial incentives will be used to mimic the motivational tradeoffs of an impaired driving situation.

(21) *Post-Drive Ratings—Study 2 (NHTSA Form 2094)*: After each of the telltale evaluation drives, participants will provide a BrAC measurement and will be asked to complete ratings of their impairment and asked about their decision-making process during the drive. This data is necessary to assess telltale efficacy and consequences. At the same time as these ratings, participants will be given a small booster drink to create uncertainty in their BrAC level. The drink will contain orange juice (or pre-approved substitute) with a 5 ml alcohol float. The drink is only given after the first and second evaluation drives; no booster drink will be given after the final evaluation.

(22) *Post-Drive Questionnaire—Study 2 (NHTSA Form 2093)*: This form is necessary to assess telltale efficacy, comprehension, and acceptance. It will be administered after the final telltale evaluation drive.

(23) *Debriefing Statement—Study 2 (NHTSA Form 2085)*: This form is necessary to ensure participants are given full information about the study and to instruct participants not to share specific details with others. A researcher will verbally communicate all information contained in the form and provide a copy to the participant.

60-Day Notice

A Federal Register notice with a 60-day comment period soliciting public comments on the following information collection was published on December 15, 2025 (90 FR 58079). NHTSA received ten comments including detailed comments from *Responsibility.org*, the National Alliance to Stop Impaired Driving (NASID), Mothers Against Drunk Driving (MADD), the American Automobile Association (AAA), Advocates for Highway and Auto Safety, the Governors Highway Safety Association (GHSA), National Safety Council (NSC), Safe Kids, and the Alliance for Automotive Innovation.

NHTSA is grateful for the thorough and detailed review of the 60-day notice and the time and attention these organizations have given to ensure appropriate study parameters have been

and will be considered. NHTSA's incorporation of certain process steps and survey controls in response to feedback included in the comments do not affect the burden estimates and did not necessitate changes to the burden calculations. Most specifically, one comment resulted in the addition of a new question to two questionnaires. However, this addition does not materially affect overall burden estimates either. In the following sections, NHTSA provides additional explanations on how the agency considered and addressed the comments relating to the information collection. Some comments received did not relate to the topic of PRA clearance for this information collection and are not addressed here.

Responsibility.org and NASID suggested several key gaps and considerations for this research and encouraged NHTSA to consider eight key points: (1) consideration of telltales across multiple BAC ranges, (2) inclusion of telltales for both alcohol-detection technologies and driver monitoring systems, (3) assessment of potential behavioral adaptations and risk compensation associated with threshold-based telltales, (4) investigation of warnings when a driver surpasses standard per se limits while driving, (5) assessment of how a participant's previous experience with existing warning systems might influence their perception of the telltales in this research, (6) solicitation of participants' perceptions on long-term use of these systems, (7) incorporation of potential intervention and mitigation strategies in consideration of the HALT law, and (8) consideration of escalating warnings across multiple sensory domains.

Response: NHTSA acknowledges these are all important points and will take steps to address as many of them as possible without increasing participant burden. Studies 1B and 2 will be designed to dose participants up to a maximum of 0.08% BAC. To ensure the data reflects a driver's ability to interpret the system without bias, participants will not be informed of their actual Breath Alcohol Concentration (BrAC) and will be given placebo drinks to maintain uncertainty about their impairment level throughout testing. NHTSA will also ensure that the current research methodology addresses the importance of considering both direct alcohol detection (breath- or touch-based) and indirect driver monitoring systems through a technology-agnostic approach. The primary objective will be to evaluate which visual symbols best communicate

the status of "alcohol impairment detected" regardless of the underlying sensor technology used to reach that classification. The current research design will explicitly incorporate measures to evaluate unintended behavioral adaptations, risk compensation, and changing BAC levels during a drive. Furthermore, the research will include situational questionnaires to assess "unintended consequences," such as whether the absence of a telltale symbol increases a driver's likelihood of operating a vehicle while impaired or if it encourages them to drive a different vehicle without the telltale technology. By measuring these decision-making shifts in a simulated environment, NHTSA will evaluate how the presence (or absence) of the telltale symbol impacts a driver's assessment of their own risk. In addition, Study 2 will account for the complexities of rising BAC levels during a trip by including a "mid-drive" condition (occurring 4.5–6 minutes into the simulated drive). This condition mimics a scenario where a Driver Monitoring System (DMS) or sensing technology accumulates evidence of impairment over time. By comparing driver reactions to telltale symbols appearing when the drive is initiated (at vehicle start) versus those appearing mid-drive, the agency is specifically evaluating how the timing of visual communication impacts drivers' subsequent decision-making (e.g., electing to pull over and request a rideshare).

The current research will focus on the perception and comprehension of new telltale symbols to determine whether they are intuitive to the general driving population. While individual history with false positives or "alarm fatigue" is not a primary variable in the current study design, NHTSA acknowledges and agrees that previous exposure to similar technologies may shape a driver's cognitive response. As a result, the agency will add a question to NHTSA Form 2095: Telltale Acceptance Questionnaire—Study 1B and to NHTSA Form 2093: Post-Drive Questionnaire—Study 2 to obtain this information from participants and consider this feedback as it analyzes the data and considers the human factors issues associated with the long-term efficacy of impaired driving prevention systems.

Following the simulated drives, participants will complete a questionnaire to rate their acceptance of the alcohol telltale symbols. However, NHTSA acknowledges that while these measures provide high-fidelity data on initial user intent and perceived validity, they represent short-term

acceptance within a controlled laboratory environment. Observing long-term behavior, such as potential system deactivation or "habituation" over months of ownership, is outside the scope of this specific study. NHTSA considers this research a necessary baseline for understanding the driver's immediate knowledge and ability to interact with the system, which will inform the design of future longitudinal studies regarding real-world implementation.

NHTSA acknowledges that the effectiveness of telltale symbols is interconnected with a vehicle's operational response and mitigation strategies and recognizes that how operational changes are conveyed to the driver is a critical component of system-level effectiveness. This includes the recommendation to explore multi-modal and escalating warning strategies. However, this information collection is focused on the comprehension and perception of the static visual telltale symbols themselves as a means of communicating with the driver and incorporating active vehicle interventions is not a focus of the current research. The goal is to establish a baseline of driver understanding for the telltale symbols themselves. As such, dynamic elements, including escalating warning levels, integration with other interface modalities, and system-level interventions are out of scope for this phase of evaluation. This research is intentionally limited to measuring how drivers interpret the visual meaning of the telltales and how that information influences their stated intent to drive.

MADD, AAA, Advocates for Highway and Auto Safety, GHSA, NSC, *Responsibility.org*, and Safe Kids wanted to ensure the proposed telltales reflect the most current technologies and opportunities for partnership and collaboration, to ensure the research is responsive to rulemaking and its real-world implementation in communicating to a driver when impairment is detected to enhance public understanding and support, and to highlight that these technologies are rapidly entering the marketplace and at this point this research should be viewed as a refinement tool and not a precondition for implementation of the HALT Drunk Driving Act.

Response: NHTSA recognizes the continued progress being made by the automotive industry and the importance of ensuring that research aligns with the real-world deployment of impaired driving prevention technologies. Auto manufacturers possess extensive expertise with respect to human factors,

telltale, and impairment detection technologies. To ensure the proposed telltale symbols reflect current technological capabilities, this project will include active collaboration with international standards bodies. Furthermore, the project team will leverage a gap analysis of existing industry technologies and regulations (such as FMVSS 101) to ensure that the novel telltale symbols are compatible with current and emerging vehicle interiors.

The agency agrees that high-quality independent research is vital for building public trust and acceptance. By evaluating how drivers interpret impairment warnings in a controlled environment, this study will aim to provide the empirical data necessary to optimize the communication interface. It will also complement industry progress by providing a transparent, publicly available baseline for driver comprehension. This information collection is intended to inform the agency's understanding of human-machine interfaces. As highlighted by the comment that these technologies are rapidly entering the marketplace and at this point this research should be viewed as a refinement tool and not a precondition for implementation of the HALT Drunk Driving Act, this research will serve as a refinement tool to ensure that a standardized warning symbol is available for use across vehicles. Additionally, this will support the development of visual warnings that are intuitive, minimize driver distraction, and effectively communicate the vehicle's operational status to the driver.

The Alliance for Automotive Innovation expressed three areas of concerns: (1) development of the alcohol-impairment telltales, (2) simulating advanced impaired driving technology, and (3) challenges and limitations in evaluating both impaired and sober drivers. They highlighted that the agency does not include information on the development of the initial design concepts included in the first survey with reminders that development is complex. They recommended establishing a process for soliciting expert stakeholder feedback to help inform the initial design concepts. Auto Innovators also stated that additional information regarding how the agency intends to address potential knowledge gaps among participants would also be helpful. They emphasized that some unknowns included the information provided to participants about the detection technology and when the telltale appears, whether the telltale is displayed during sober or lower-level

alcohol impaired drives to assess responses to unexpected alerts or simulated false positives, and when and how the telltales are triggered. They also wanted consideration of whether a driver's perceived levels of alcohol impairment are consistent with the BrAC measured during the alcohol dosing procedures as this may affect the post-drive questionnaire responses. Auto Innovators acknowledged that evaluation of alcohol impaired driver responses in a simulated environment is challenging, with alcohol affecting individuals differently, even at identical BrAC levels, and participants possibly modifying their behavior due to being monitored in a controlled environment or perceiving risk differently. Auto Innovators expressed concern that the incentive structure may artificially influence driver responses and emphasized that this places an increased emphasis on the post-drive questionnaire as the primary means to evaluate whether drivers perceived the telltale and how it impacted their decision-making process. They had concerns about naturalistic responses and suggested that the pre-drive instructions be written in a neutral manner and to avoid directing a specific response to a telltale. Lastly, they noted the study will have limitations on its ability to assess the effectiveness of warnings at higher levels of alcohol impairment and suggested it may be an area for future study.

Response: NHTSA acknowledges the complexity of developing intuitive telltale symbols, particularly for drivers with diminished cognitive abilities due to alcohol impairment. The study will target a highly iterative and expert-led development process that will extend beyond the initial survey (Form 2092).

- **Initial Design Concepts:** The initial telltale symbols were developed by a multi-disciplinary team, including graphics experts with specific experience in vehicle interior design and human factors researchers. The team leveraged a comprehensive literature review and gap analysis of current telltale standards, including FMVSS 101, ISO 2575, and SAE J2402, to ensure the new symbols do not conflict with well-established icons. The designs utilize a "family of symbols" approach, combining known elements like "intoxication" or "stop" with standard vehicle interface language to build on existing driver knowledge. To refine the candidate pool, the team conducted informal surveys and down-selection exercises with technical colleagues. These internal evaluations gauged initial comprehension and required participants to rank candidate

symbols based on their ability to convey specific intended meanings (e.g., "BAC may be above the legal limit"). This preliminary filter ensured that only the 10 most effective and intuitive telltales, those with the highest baseline for knowledge acquisition, moved forward to the formal OMB-approved research phase.

- **Stakeholder Feedback:** As recommended by The Alliance for Automotive Innovation, the project team will solicit input from internationally recognized experts. Furthermore, the project will incorporate a generational perspective by engaging university research programs to ensure the telltale symbols are intuitive across different age groups.

- **Audible and Escalated Alerts:** While NHTSA recognizes the importance of multi-modal warnings in an escalated strategy, the current research is strictly focused on establishing a baseline for evaluating driver's comprehension of static visual telltale symbols and their effectiveness.

NHTSA agrees that baseline awareness and alert timing are critical to evaluating driver response. Participants will be informed that the vehicle is equipped with alcohol-detection and driver-monitoring technology. To maintain experimental control and simulate real-world uncertainty, participants will not be told their specific Breath Alcohol Concentration (BrAC).

- **Trigger Logic:** The study will evaluate two primary scenarios:

- Telltale symbol appears immediately after vehicle start.
- Telltale symbol appears 4.5–6 minutes into the drive, mimicking behavioral evidence accumulation.

- **False Positives and Baseline:** A "No Telltale" condition and placebo dosing will be used to evaluate how participants respond to unexpected alerts and to determine whether the absence of a telltale symbol leads to a false sense of security or other unintended consequences.

- **Perceived vs. Measured Impairment:** Post-drive questionnaires to measure driver perception of whether they were impaired by alcohol during the drive that can be compared to actual measured BrAC.

NHTSA agrees with the Alliance for Automotive Innovation and acknowledges the inherent complexities of simulating real-world risk and behavioral responses in a controlled laboratory setting. The research methodology will be designed to mitigate these limitations as follows:

- **Financial Incentive Structure:** The study design will use a balanced

“reward vs. penalty” model to simulate the motivational tradeoffs of real-world driving. By offering a baseline payout with deductions for choosing a safe-ride alternative, the study creates a tangible cost-benefit decision. While the agency recognizes that laboratory incentives cannot fully replicate criminal or safety risks, this model provides a validated proxy for measuring how telltales shift a driver’s priorities under pressure.

- *Neutrality of Instructions:* To ensure naturalistic responses, all pre-drive instructions will be delivered in a neutral manner as suggested by the Alliance for Automotive Innovation. Participants will be informed of the vehicle’s technologies but are not directed on how to respond to alerts. The protocol will provide participants with full flexibility to initiate, continue, or discontinue a drive at any point, allowing for an authentic assessment of whether the telltale triggers a behavioral change.

- *Post-Drive Assessment:* The agency agrees that the post-drive questionnaire is a primary tool for evaluating the “detection vs. reaction” gap. By correlating objective driving data (e.g., lane position, speed) with subjective assessments of the telltale’s impact, NHTSA will determine if a driver’s decision to continue driving was a result of not perceiving the alert or a conscious decision to ignore it.

- *Scope of Impairment Levels:* This study will be intentionally focused on 0.08% BAC, at or near the legal limit in most states. NHTSA acknowledges that behavior at higher levels of impairment represents a different risk profile and will consider higher-dosage evaluations for future research.

Affected Public: Individuals 18 and older from Eastern Iowa and the surrounding areas who have volunteered to take part in driving studies or who have opted in to receive research-related emails from the University of Iowa mass email system. For Study 1A, respondents must be 18 or older and drive a vehicle for personal

use, professional use, or both. The design for Study 1B includes 30 sober drivers ages 18 to 20, 30 sober drivers 21 and older, and 30 alcohol-dosed drivers 21 and older for an overall sample of 90. The 21 and older groups are further divided into the following age ranges: 21 to 24, 25 to 40, 41 to 54, 55 to 64, and 65 and older. The design for Study 2 includes 30 alcohol-dosed drivers 21 and older in the same five age ranges as Study 1B. Respondents must meet specific eligibility criteria to be included in this information collection. Businesses are ineligible for the sample and will not be contacted.

Estimated Number of Respondents: For Study 1A, we estimate 550 respondents. This number is based on the proposed recruitment pool and a response rate of approximately 1%. The target number of respondents for Study 1B is 90 participants divided across the two dosing conditions and age groups as described in the “Affected Public” section above. The target number of respondents for Study 2 is 30 participants divided across the age groups described in the “Affected Public” section above. Recent impairment studies at DSRI have shown that only about 15% to 20% of potentially eligible participants enroll, and only about 45% to 50% of respondents to the eligibility questionnaires are potentially eligible (due to self-termination of the questionnaire or not meeting criteria). These statistics were used to estimate response rates for the two online eligibility questionnaires: 600 respondents for Study 1B and 200 respondents for Study 2. In addition, recent impairment study attrition rates ranged from 5% to 15%. These statistics were used to estimate the maximum number of respondents requested in this new information collection request: 65 respondents for the sober visit of Study 1B, 35 respondents for the alcohol-dosed visit of Study 1B, and 35 respondents for Study 2.

Given respondents for Study 1B and Study 2 are a subset of the respondents to the two online eligibility questionnaires, they are not counted again for the total number. The total number of estimated respondents is thus 1,350 across Study 1A, Study 1B, and Study 2 as shown in Table 1.

TABLE 1—ESTIMATED NUMBER OF TOTAL RESPONDENTS

Component	Estimated respondents
Study 1A	550
Study 1B	600
Study 2	200
Total	1,350

Frequency: This study will be conducted one time during the three-year period for which NHTSA is requesting approval.

Estimated Number of Responses: We estimate 2,695 total responses, or 898 annual responses. The estimated number of responses reflects the number of respondents anticipated at each component of this information collection request. Estimates for the sober visit of Study 1B assume attrition occurs only at the point of eligibility confirmation. Given the nature of alcohol dosing and adverse events, it is challenging to determine when a participant might withdraw or be withdrawn for the alcohol-dosed visit of Study 1B and for Study 2. In addition, all participants must complete the debriefing and end of visit procedures if they are dosed with alcohol even if they do not complete all aspects of the study protocol. As a result, these estimates assume no attrition throughout the visit to allow for the highest burden calculation. Table 2 shows the information collection component, the estimated number of respondents, the frequency of response, and the total number of responses.

TABLE 2—ESTIMATED NUMBER OF RESPONSES

NHTSA form No.	Information collection component	Respondents	Frequency	Total number of responses
Study 1A				
	Online Survey—Study 1A	550	1	550
Recruitment and Scheduling for Study 1B & Study 2				
	Eligibility Questionnaire—Study 1B	600	1	600
	Eligibility Questionnaire—Study 2	200	1	200
	Appointment Reminder Confirmation Process—Sober—Study 1B	65	1	65
	Appointment Reminder Confirmation Process—Alcohol Dosed—Study 1B	35	1	35
	Appointment Reminder Confirmation Process—Study 2	35	1	35

TABLE 2—ESTIMATED NUMBER OF RESPONSES—Continued

NHTSA form No.	Information collection component	Respondents	Frequency	Total number of responses
Study 1B Sober Visit				
	Informed Consent—Sober—Study 1B	65	1	65
	Intake & Eligibility Confirmation	65	1	65
	Combined Driving Questionnaire	60	1	60
	Telltale Evaluation at Simulator (includes form Telltale Questions—Study 1B) ..	60	1	60
	Telltale Acceptance Questionnaire—Study 1B	60	1	60
	Debriefing Statement—Study 1B	60	1	60
Study 1B Alcohol-Dosed Visit				
	Informed Consent—Alcohol Dosed—Study 1B	35	1	35
	Intake & Eligibility Confirmation	35	1	35
	Combined Driving Questionnaire	35	1	35
	Alcohol Dosing Procedures	35	1	35
	Telltale Evaluation at Simulator (includes form Telltale Questions—Study 1B) ..	35	1	35
	Telltale Acceptance Questionnaire—Study 1B	35	1	35
	Debriefing Statement—Study 1B	35	1	35
	End of Visit Procedures (includes form End of Visit Release Agreement)	35	1	35
Study 2				
	Informed Consent—Study 2	35	1	35
	Intake & Eligibility Confirmation	35	1	35
	Combined Driving Questionnaire	35	1	35
	Sober Baseline Driving Procedures	35	1	35
	Wellness Questionnaire—Study 2	35	2	70
	Alcohol Dosing Procedures	35	1	35
	Telltale Evaluation Drives	35	3	105
	Post-Drive Ratings—Study 2	35	3	105
	Post-Drive Questionnaire	35	1	35
	Debriefing Statement—Study 2	35	1	35
	End of Visit Procedures (includes form End of Visit Release Agreement)	35	1	35

Estimated Total Annual Burden Hours: The total estimated burden for this information collection is 647 hours. The annual burden is 218 hours. Study 1A contributes approximately 46 total hours, Recruitment and Scheduling for Study 1B & Study 2 contribute approximately 144 total hours, Study 1B sober visits contribute approximately 78 total hours, Study 1B alcohol-dosed visits contribute approximately 168 total hours, and Study 2 contributes approximately 212 total hours.

To account for unpredictable withdrawals and mandatory safety debriefings following alcohol consumption, this estimate assumes zero attrition during dosed visits. This approach ensures the “Estimated Burden” reflects the maximum possible respondent time and administrative overhead.

The individual form and procedure burden contributions are outlined in the below text and tables (Table 3–Table 9).

- **Online Survey—Study 1A (NHTSA Form 2092):** We estimate 550 individuals will initiate a response to the survey. Respondents will take approximately 5 minutes to complete the survey one time.

- **Eligibility Questionnaire—Study 1B (NHTSA Form 2086):** We estimate 600 respondents will initiate a response to the online eligibility questionnaire one time, with 300 respondents completing the questionnaire. Accounting for respondents that are only interested in the sober visit (5 minutes), respondents that initiate but do not complete the questionnaire (5 minutes) and respondents that complete the entire questionnaire (15 minutes), this results in an average of approximately 10 minutes for 600 respondents, with a single response each.

- **Eligibility Questionnaire—Study 2 (NHTSA Form 2087):** We estimate 200 respondents will initiate a response to the online eligibility questionnaire one time, with 100 respondents completing the questionnaire. Accounting for respondents that initiate but do not complete the questionnaire (5 minutes) and for respondents that complete the entire questionnaire (15 minutes), this results in an average of approximately 10 minutes for 200 respondents with a single response each.

- **Appointment Confirmation—Sober—Study 1B (NHTSA Form 2081):** We expect to schedule 65 participants for the sober visit of Study 1B. The 65

responses will take approximately 5 minutes to read the information one time and to respond if necessary.

- **Appointment Confirmation—Alcohol Dosed—Study 1B (NHTSA Form 2080):** We expect to schedule 35 participants for the alcohol-dosed visit of Study 1B. The 35 responses will take approximately 5 minutes to read the information one time and to respond if necessary.

- **Appointment Confirmation—Study 2 (NHTSA Form 2082):** We expect to schedule 35 participants for Study 2. The 35 responses will take approximately 5 minutes to read the information one time and to respond if necessary.

- **Informed Consent Document—Sober—Study 1B (NHTSA Form 2090):** We expect 65 participants to complete this form prior to their participation in the sober visit of Study 1B. Participants will take approximately 20 minutes to complete the form one time.

- **Intake & Eligibility Confirmation—Sober—Study 1B:** We expect 65 participants to complete this block of procedures one time with a duration of 15 minutes. However, only 60 participants are expected to proceed to

subsequent Study 1B sober visit procedures.

- **Combined Driving Questionnaire—Study 1B & Study 2 (NHTSA Form 2083):** This form is administered at both the sober and alcohol-dosed visits of Study 1B as well as the Study 2 visit. We expect to collect data from 130 participants across these three visit types: 60 participants for the Study 1B sober visit, 35 participants for the Study 1B alcohol-dosed visit, and 35 participants for the Study 2 visit. The 130 participants will take approximately 5 minutes to complete the form one time.

- **Telltale Evaluation at the Simulator—Study 1B:** Preparation of the miniSim and protocol training are expected to take 10 minutes, and administration of the evaluation protocol (including administration of NHTSA Form 2096) is expected to take 15 minutes. This gives a duration of 25 minutes one time for the 60 participants in the sober visit and the 35 participants in alcohol-dosed visit (95 participants total).

- **Telltale Acceptance Questionnaire—Study 1B (NHTSA Form 2095):** We expect 60 participants in the sober visit and 35 participants in the alcohol-dosed visit (95 participants total) to complete this form. Participants will take approximately 5 minutes to complete the form one time.

- **Debriefing Statement—Study 1B (NHTSA Form 2084):** We expect 60 participants in the sober visit and 35 participants in the alcohol-dosed visit (95 participants total) to complete this form. Participants will take approximately 5 minutes to complete the form one time.

- **Informed Consent Document—Alcohol Dosed—Study 1B (NHTSA Form 2089):** We expect 35 participants to complete this form prior to their participation in the alcohol-dosed visit of Study 1B. Participants will take approximately 20 minutes to complete the form one time.

- **Intake & Eligibility Confirmation—Study 1B Alcohol Dosed & Study 2:** We expect 35 participants from Study 1B and 35 participants from Study 2 (70 participants total) to complete this block of procedures one time with a duration of 25 minutes.

- **Alcohol Dosing Procedures—Study 1B Alcohol Dosed & Study 2:** Participants receive three drinks, 10-minutes apart, over a 30-minute period, then rest for approximately 30 minutes. We expect 35 participants from Study 1B and 35 participants from Study 2 (70 participants total) to complete this 60-minute block of procedures one time.

- **End of Visit Procedures—Study 1B Alcohol Dosed & Study 2:** This block of procedures includes a period of monitoring the participant for roughly 115 to 120 minutes while they sober to .03 BrAC or less and a period of discharge procedures that take a combined 20 minutes (includes administration of the End of Visit Release Agreement, NHTSA Form 2088). This results in a total burden of 140 minutes for Study 1B Alcohol Dosed and 135 minutes for Study 2. We expect 35 participants in Study 1B Alcohol Dosed and 35 participants in Study 2 to complete these procedures and the End of Visit Release Agreement form one time.

- **Informed Consent Document—Study 2 (NHTSA Form 2091):** We expect

35 participants to complete this form prior to their participation in Study 2. Participants will take approximately 20 minutes to complete the form one time.

- **Sober Baseline Driving Procedures—Study 2:** These procedures include approximately 5 minutes of protocol training on the miniSim driving simulator and incentive structure, a familiarization drive of approximately 10 minutes, and a sober baseline drive of approximately 15 minutes. We expect 35 participants to complete this approximately 30-minute block of procedures complete one time.

- **Wellness Questionnaire—Study 2 (NHTSA Form 2097):** We expect 35 participants to take approximately 5 minutes to complete this form twice for a total burden of 10 minutes.

- **Telltale Evaluation Drives—Study 2:** We expect 35 participants to complete these three drives one time each. Participants will take approximately 15 minutes to complete each of the three drives for a total burden of 45 minutes.

- **Post-Drive Ratings—Study 2 (NHTSA Form 2094):** This group of procedures (BrAC measurement, ratings, booster drink) will take approximately 5 minutes and occur 3 times for a total burden of 15 minutes. We expect 35 participants to complete this process one time.

- **Post-Drive Questionnaire—Study 2 (NHTSA Form 2093):** We expect it will take 35 participants approximately 10 minutes to complete this form one time.

- **Debriefing Statement—Study 2 (NHTSA Form 2085):** We expect it will take 35 participants approximately 5 minutes to complete this form one time.

TABLE 3—BURDEN ESTIMATES: STUDY 1A

NHTSA form No.	Information collection	Total/annual number of respondents	Estimated burden per response (minutes)	Frequency of response (count)	Total/annual opportunity burden hours
2092	Online Survey—Study 1A	550/183	5	1	46/15

TABLE 4—BURDEN ESTIMATES: RECRUITMENT AND SCHEDULING FOR STUDY 1B & STUDY 2

NHTSA form No.	Information collection	Total/annual number of respondents	Estimated burden per response (minutes)	Frequency of response (count)	Total/annual opportunity burden hours
2086	Eligibility Questionnaire—Study 1B	600/200	10	1	100/33
2087	Eligibility Questionnaire—Study 2	200/67	10	1	33/11
2081	Appointment Reminder Confirmation Process—Sober—Study 1B.	65/22	5	1	5/2
2080	Appointment Reminder Confirmation Process—Alcohol Dosed—Study 1B.	35/12	5	1	3/1
2082	Appointment Reminder Confirmation Process—Study 2	35/12	5	1	3/1

TABLE 5—BURDEN ESTIMATES: STUDY 1B SOBER VISIT

NHTSA form No.	Information collection	Total/annual number of respondents	Estimated burden per response (minutes)	Frequency of response (count)	Total/annual opportunity burden hours
2090	Informed Consent—Sober—Study 1B	65/22	20	1	22/7
	Intake & Eligibility Confirmation	65/22	15	1	16/6
2083	Combined Driving Questionnaire	60/20	5	1	5/2
2096	Telltale Evaluation at Simulator (includes form Telltale Questions—Study 1B).	60/20	25	1	25/8
2095	Telltale Acceptance Questionnaire—Study 1B	60/20	5	1	5/2
2084	Debriefing Statement—Study 1B	60/20	5	1	5/2

TABLE 6—BURDEN ESTIMATES: STUDY 1B ALCOHOL-DOSED VISIT

NHTSA form No.	Information collection	Total/annual number of respondents	Estimated burden per response (minutes)	Frequency of response (count)	Total/annual opportunity burden hours
2089	Informed Consent—Alcohol Dosed—Study 1B	35/12	20	1	12/4
	Intake & Eligibility Confirmation	35/12	25	1	15/5
2083	Combined Driving Questionnaire	35/12	5	1	3/1
	Alcohol Dosing Procedures	35/12	60	1	35/12
2096	Telltale Evaluation at Simulator (includes form Telltale Questions—Study 1B).	35/12	25	1	15/5
2095	Telltale Acceptance Questionnaire—Study 1B	35/12	5	1	3/1
2084	Debriefing Statement—Study 1B	35/12	5	1	3/1
2088	End of Visit Procedures (includes form End of Visit Release Agreement).	35/12	140	1	82/28

TABLE 7—BURDEN ESTIMATES: STUDY 2

NHTSA form No.	Information collection	Total/annual number of respondents	Estimated burden per response (minutes)	Frequency of response (count)	Total/annual opportunity burden hours
2091	Informed Consent—Study 2	35/12	20	1	12/4
	Intake & Eligibility Confirmation	35/12	25	1	15/5
2083	Combined Driving Questionnaire	35/12	5	1	3/1
	Sober Baseline Driving Procedures	35/12	30	1	18/6
2097	Wellness Questionnaire—Study 2	35/12	5	2	6/2
	Alcohol Dosing Procedures	35/12	60	1	35/12
	Telltale Evaluation Drives	35/12	15	3	26/9
2094	Post-Drive Ratings—Study 2	35/12	5	3	9/3
2093	Post-Drive Questionnaire	35/12	10	1	6/2
2085	Debriefing Statement—Study 2	35/12	5	1	3/1
2088	End of Visit Procedures (includes form End of Visit Release Agreement).	35/12	135	1	79/27

TABLE 8—OVERALL BURDEN ESTIMATES BY STAGE

	Total/annual opportunity burden (hours)
Study 1A	46/15
Recruitment & Scheduling for Study 1B & Study 2	144/48
Study 1B—Sober Visit	78/27
Study 1B—Alcohol-Dosed Visit	168/57
Study 2	212/72

TABLE 9—OVERALL BURDEN ESTIMATES BY INFORMATION COLLECTION
[Alphabetical]

	Total/annual opportunity burden (hours)
Alcohol Dosing Procedures for Study 1B Alcohol Dosed & Study 2	70/23
End of Visit Procedures (includes Form 2088 End of Visit Release Agreement) for Study 1B Alcohol Dosed	82/28
End of Visit Procedures (includes Form 2088 End of Visit Release Agreement) for Study 2	79/27
Form 2080 Appointment Reminder Confirmation Process—Alcohol Dosed—Study 1B	3/1
Form 2081 Appointment Reminder Confirmation Process—Sober—Study 1B	5/2
Form 2082 Appointment Reminder Confirmation Process—Study 2	3/1
Form 2083 Combined Driving Questionnaire—Study 1B (both Alcohol Dosed & Sober) & Study 2	11/4
Form 2084 Debriefing Statement—Study 1B (both Alcohol Dosed & Sober)	8/3
Form 2085 Debriefing Statement—Study 2	3/1
Form 2086 Eligibility Questionnaire—Study 1B (both Alcohol Dosed & Sober)	100/33
Form 2087 Eligibility Questionnaire—Study 2	33/11
Form 2089 Informed Consent—Alcohol Dosed—Study 1B	12/4
Form 2090 Informed Consent—Sober—Study 1B	22/7
Form 2091 Informed Consent—Study 2	12/4
Form 2092 Online Survey—Study 1A	46/15
Form 2093 Post-Drive Questionnaire—Study 2	6/2
Form 2094 Post-Drive Ratings—Study 2	9/3
Form 2095 Telltale Acceptance Questionnaire—Study 1B (both Alcohol Dosed & Sober)	8/3
Form 2097 Wellness Questionnaire—Study 2	6/2
Intake and Eligibility Confirmation for Study 1B Sober	16/6
Intake and Eligibility Confirmation for Study 1B Alcohol Dosed & Study 2	29/10
Sober Baseline Driving Procedures for Study 2	18/6
Telltale Evaluation at Simulator (includes Form 2096 Telltale Questions—Study 1B) for Study 1B (both Alcohol Dosed & Sober)	40/13
Telltale Evaluation Drives for Study 2	26/9
Burden of Entire ICR (Total/Annual)	647/218

Estimated Total Annual Burden Cost: \$0.

Respondents will not incur any reporting or recordkeeping costs from the information collection. Respondents will incur a one-time cost for local travel to and from DSRI. The cost is minimal and is expected to be offset by the compensation that will be provided to the research participants.

Public Comments Invited: You are asked to comment on any aspects of this information collection, including (a) 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; (b) 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; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including 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.

(Authority: The Paperwork Reduction Act of 1995; 44 U.S.C. Chapter 35, as amended; 49 CFR 1.49; and DOT Order 1351.29A.)

Cem Hatipoglu,

Associate Administrator, Vehicle Safety Research.

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BILLING CODE 4910-59-P

DEPARTMENT OF THE TREASURY

Office of Foreign Assets Control

Notice of OFAC Sanctions Action

AGENCY: Office of Foreign Assets Control, Treasury.

ACTION: Notice.

SUMMARY: The U.S. Department of the Treasury's Office of Foreign Assets Control (OFAC) is publishing the names of one or more persons that have been placed on OFAC's Specially Designated Nationals and Blocked Persons List (SDN List) based on OFAC's determination that one or more applicable legal criteria were satisfied. All property and interests in property subject to U.S. jurisdiction of these persons are blocked, and U.S. persons are generally prohibited from engaging in transactions with them.

DATES: This action was issued on July 23, 2026. See Supplementary Information for relevant dates.

FOR FURTHER INFORMATION CONTACT:

OFAC: Associate Director for Global Targeting, 202-622-2420; Assistant Director for Licensing, 202-622-2480; Assistant Director for Sanctions Compliance, 202-622-2490 or <https://ofac.treasury.gov/contact-ofac>.

SUPPLEMENTARY INFORMATION:

Electronic Availability

The SDN List and additional information concerning OFAC sanctions programs are available on OFAC's website: <https://ofac.treasury.gov>.

Notice of OFAC Actions

On July 23, 2026, OFAC determined that one or more persons identified below meet one or more of the criteria for the imposition of sanctions set forth in section 1(a)–(c) of Executive Order 14059 of December 15, 2021, “Imposing Sanctions on Foreign Persons Involved in the Global Illicit Drug Trade,” 86 FR 71549 (E.O. 14059). OFAC has selected to impose blocking sanctions pursuant to section 2(a)(i) of E.O. 14059 on the persons identified below.

OFAC further determined that one or more persons identified below meet one or more of the criteria for sanctions