

Business Development Centers, 409 3rd Street, SW., Washington, DC 20416, telephone (202) 205-7045 or fax (202) 481-0681.

**Matthew K. Becker,**

*Committee Management Officer.*

[FR Doc. 05-17172 Filed 8-29-05; 8:45 am]

BILLING CODE 8025-01-P

## DEPARTMENT OF STATE

[Public Notice: 5178]

### 60-Day Notice of Proposed Information Collection: Department of State Acquisition Regulation (DOSAR), OMB Control Number 1405-0050.

**ACTION:** Notice of request for public comments.

**SUMMARY:** The Department of State is seeking Office of Management and Budget (OMB) approval for the information collection described below. The purpose of this notice is to allow 60 days for public comment in the **Federal Register** preceding submission to OMB. We are conducting this process in accordance with the Paperwork Reduction Act of 1995.

- Title of Information Collection: Department of State Acquisition Regulation (DOSAR).
- OMB Control Number: 1405-0050.
- Type of Request: Extension of Currently Approved Collection.
- Originating Office: Bureau of Administration, Office of the Procurement Executive (A/OPE).
- Form Number: N/A.
- Respondents: Any business, other for-profit, individual, not-for-profit, or household organizations wishing to receive Department of State contracts.
- Estimated Number of Respondents: 3,166.
- Estimated Number of Responses: 3,166.
- Average Hours Per Response: Varies.
- Total Estimated Burden: 274,320.
- Frequency: On occasion.
- Obligation to Respond: Voluntary.

**DATES:** The Department will accept comments from the public up to October 31, 2005.

**ADDRESSES:** You may submit comments by any of the following methods:

- E-mail: [ginesgg@state.gov](mailto:ginesgg@state.gov) You must include the DS form number (if applicable), information collection title, and OMB control number in the subject line of your message.
- Mail (paper, disk, or CD-ROM submissions): Gladys Gines, Procurement Analyst, Department of

State, Office of the Procurement Executive, 2201 C Street, NW., Suite 603, State Annex Number 6, Washington, DC 20522-0602.

- Fax: 703-875-6155.
- Hand Delivery or Courier: Gladys Gines, Procurement Analyst, Department of State, Office of the Procurement Executive, 1701 North Ft. Myer Drive, Suite 603, Arlington, VA 22209.

#### FOR FURTHER INFORMATION CONTACT:

Direct requests for additional information regarding the collection listed in this notice, including requests for copies of the proposed information collection and supporting documents, to Gladys Gines, Procurement Analyst, Office of the Procurement Executive, Department of State, Washington, DC 20522, who may be reached on 703-516-1691.

**SUPPLEMENTARY INFORMATION:** We are soliciting public comments to permit the Department to:

- Evaluate whether the proposed information collection is necessary for the proper performance of our functions.
- Evaluate the accuracy of our estimate of the burden of the proposed collection, including the validity of the methodology and assumptions used.
- Enhance the quality, utility, and clarity of the information to be collected.
- Minimize the reporting burden on those who are to respond, including the use of automated collection techniques or other forms of technology.

#### *Abstract of proposed collection:*

This information collection covers pre-award and post-award requirements of the DOSAR. During the pre-award phase, information is collected to determine which bids or proposals offer the best value to the U.S. Government. Post-award actions include monitoring the contractor's performance; issuing modifications to the contract; dealing with unsatisfactory performance; issuing payments to the contractor; and closing out the contract upon its completion.

#### *Methodology:*

Information is collected from prospective offerors to evaluate their proposals. The responses provided by the public are part of the offeror's proposals in response to Department solicitations. This information may be submitted electronically (through fax or e-mail), or may require a paper submission, depending upon complexity. After contract award, contractors are required to submit information, on an as-needed basis, and relate to the occurrence of specific circumstances.

Dated: August 4, 2005.

**Corey M. Rindner,**

*Procurement Executive, Bureau of Administration, Department of State.*

[FR Doc. 05-17229 Filed 8-29-05; 8:45 am]

BILLING CODE 4710-24-P

## DEPARTMENT OF TRANSPORTATION

### Office of the Secretary

#### Reports, Forms and Recordkeeping Requirements; Agency Information Collection Activities Under OMB Review

**AGENCY:** Office of the Secretary, DOT.

**ACTION:** Notice and request for comments.

**SUMMARY:** In accordance with the Paperwork Reduction Act of 1995, this notice announces the Department of Transportation's (DOT) intention to request the approval of a new information collection.

**DATES:** Comments on this notice must be received by September 29, 2005: attention DOT/OST Desk Officer, Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW., Washington, DC 20503.

**FOR FURTHER INFORMATION CONTACT:** Deborah Perkins, Departmental Office of Human Resources, Office of the Secretary, U.S. Department of Transportation, 400 Seventh Street, SW., Washington DC 20590, (202) 366-9447

#### **SUPPLEMENTARY INFORMATION:**

*Title:* Applicant Background Questionnaire.

*OMB Control Number:* Pending.  
*Affected Public:* Employees upon initial hire and applicants for positions.  
*Annual Estimated Burden:* 100 hours.

*Comments are invited on:* (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the Department, including whether the information will have practical utility as described; (b) the accuracy of the Department's estimate of burden of the proposed collection of information, including the validity of 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 those who are to respond, including the use of appropriate, automated, electronic, mechanical or other technology. Comments should be addressed to the address in the preamble. All responses to this notice will be summarized and

included in the request for Office of Management and Budget (OMB) approval. All comments will also become a matter of public record.

Issued in Washington, DC, on August 22, 2005.

**Steven Lott,**

*Manager, Strategic Integration, IT Investment Management Office.*

**BILLING CODE 4910-62-P**

## U.S. DEPARTMENT OF TRANSPORTATION APPLICANT BACKGROUND QUESTIONNAIRE

The U.S. Department of Transportation requests that you voluntarily complete this form to assist the agency in evaluating and improving its efforts to publicize job openings and to encourage employment applications from a diverse group of qualified candidates. The Department will use the data you supply to determine how many applicants are from different groups and how many of these applicants are qualified for the job in question. The Department will then assess the effectiveness of specific outreach efforts and means of communicating information on job vacancies in light of this information. Personal identifying information will not be included in the tabulation of data.

The completion of this form is voluntary. This information will have no effect on the processing of your application or hiring decisions.

**PRIVACY ACT INFORMATION:** This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal records and forms that solicit personal information. Authority: Section 7201 of title 5 of the U.S. Code and Section e-16 of title 42 of the U.S. Code

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 2105-XXXX

The public reporting burden for this collection of information is estimated to average 4 minutes per response, including the 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 Transportation, Departmental Human Resources Office, 400 7th St, SW., Washington, DC 20590; and the Office of Management and Budget, Paperwork Reduction Project, Washington, D.C. 20503.

Solicitation of this information is in accordance with "Federal Equal Opportunity Recruitment Program" (FEORP), found in part 720 of title 5, Code of Federal Regulations.

**PLEASE COMPLETE THE FOLLOWING:**

|   |  |   |   |
|---|--|---|---|
| <b>Name:</b>  | <b>Sex:</b> ___ Male     ___<br>Female   |   |   |
| <b>Title, Grade, and Announcement Number of position for which you are applying:</b>  |  |   |   |
| <b>Do you have a disability?</b> ___ Yes             ___ No   |  |   |   |
| <p><b>If yes, please provide information on your disability by selecting the appropriate category:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> I do not chose to identify my disability<br/> <input type="checkbox"/> Total Deafness<br/> <input type="checkbox"/> Blind/uncorrectable visual impairment<br/> <input type="checkbox"/> Missing extremity(ies)<br/> <input type="checkbox"/> Partial paralysis                 </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Complete paralysis<br/> <input type="checkbox"/> Convulsive disorder<br/> <input type="checkbox"/> Mental retardation<br/> <input type="checkbox"/> Mental or emotional illness<br/> <input type="checkbox"/> Severe distortion of limbs or spine<br/> <br/> <input type="checkbox"/> I have a disability but it is not listed                 </td> </tr> </table> |  | <input type="checkbox"/> I do not chose to identify my disability<br><input type="checkbox"/> Total Deafness<br><input type="checkbox"/> Blind/uncorrectable visual impairment<br><input type="checkbox"/> Missing extremity(ies)<br><input type="checkbox"/> Partial paralysis | <input type="checkbox"/> Complete paralysis<br><input type="checkbox"/> Convulsive disorder<br><input type="checkbox"/> Mental retardation<br><input type="checkbox"/> Mental or emotional illness<br><input type="checkbox"/> Severe distortion of limbs or spine<br><br><input type="checkbox"/> I have a disability but it is not listed |
| <input type="checkbox"/> I do not chose to identify my disability<br><input type="checkbox"/> Total Deafness<br><input type="checkbox"/> Blind/uncorrectable visual impairment<br><input type="checkbox"/> Missing extremity(ies)<br><input type="checkbox"/> Partial paralysis   | <input type="checkbox"/> Complete paralysis<br><input type="checkbox"/> Convulsive disorder<br><input type="checkbox"/> Mental retardation<br><input type="checkbox"/> Mental or emotional illness<br><input type="checkbox"/> Severe distortion of limbs or spine<br><br><input type="checkbox"/> I have a disability but it is not listed  |   |   |
| <b>Please select one or more racial/and or national origin categories with which you most closely identify:</b>   |  |   |   |
| ___ American Indian or Alaska Native  | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community attachment.   |   |   |
| ___ Asian   | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.  |   |   |
| ___ Black or African American   | A person having origins in any of the black racial groups of Africa.   |   |   |
| ___ Hispanic  | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)   |   |   |
| ___ Native Hawaiian or other Pacific Islander   | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.   |   |   |
| ___ White   | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.  |   |   |
| <b>How did you find out about this vacancy? (Select all that apply)</b>   |  |   |   |
| <input type="checkbox"/> 1. Magazine/Newspaper<br><input type="checkbox"/> 2. Radio/Television Broadcast<br><input type="checkbox"/> 3. DOT Human Resources Office<br><input type="checkbox"/> 4. State Employment Office<br><input type="checkbox"/> 5. Government Recruitment at School<br><input type="checkbox"/> 6. Attendance at Conference, Meeting, or Job Fair (specify _____)<br><input type="checkbox"/> 7. Federal, State, or Local Job Information Center  | <input type="checkbox"/> 8. Friend or Relative Working for DOT<br><input type="checkbox"/> 9. Friend or Relative Not Working for DOT<br><input type="checkbox"/> 10. DOT's Careers in Motion Web Site (www.careers.dot.gov)<br><input type="checkbox"/> 11. Internet or Other Web Site<br><input type="checkbox"/> 12. State Vocational Rehabilitation Agency or U.S. Dept. of Veterans' Affairs<br><input type="checkbox"/> 13. Other (specify _____) |   |   |