

**2. Operations**

a. What percentage of your operations are directed primarily toward: Oil? ☐ Gas? ☐ Other? ☐

b. Check the activities performed by your firm's workers:

☐ Wireline logging  
☐ Laying pipe  
☐ Inspecting pipe  
☐ Tool fishing  
☐ Cementing

☐ Acidizing  
☐ Penetrating  
☐ Seismic data analysis  
☐ Installing mud  
☐ Mixing mud  
☐ Installing chemicals  
☐ Fracturing  
☐ Testing  
☐ Workovers

c. If not listed in (b), describe other work performed by your firm's workers, such as pre-drilling or post-drilling activities:

**3. Revenues and Employment**

Report revenues for the two full year periods identified below, and the most recent year-to-date period compared with the same period in the previous year.

Period	Revenues		Employment
	Crude oil	Natural gas	
1994 .....	_____	_____	_____
1995 .....	_____	_____	_____
January through June:			
1995 .....	_____	_____	_____
1996 .....	_____	_____	_____

Data reported above are for this operation ☐ or corporate ☐

**Business Confidential****4. Customers**

a. Please list your major customers:  
 Customer and address:

\_\_\_\_\_  
 \_\_\_\_\_

Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 FAX No.: \_\_\_\_\_

Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 FAX No.: \_\_\_\_\_

Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 FAX No.: \_\_\_\_\_

Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 FAX No.: \_\_\_\_\_

Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 FAX No.: \_\_\_\_\_

Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 FAX No.: \_\_\_\_\_

b. Is there any corporate affiliation between your firm and any of your customers?  
 Yes ☐ No ☐ If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Name of Company Official & Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Telephone # FAX#

\_\_\_\_\_  
 Date

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BILLING CODE 4510-30-M

**Office of Trade Adjustment Assistance; Proposed Information Collection Request Submitted for Public Comment and Recommendations; ETA 8562**

**ACTION:** Notice.

**SUMMARY:** The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program 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 Office of Trade Adjustment Assistance is soliciting comments concerning the proposed revised collection of the Customer Survey form. A copy of the ICR is attached to this notice.

**DATES:** Written comments must be submitted to the office listed in the

addressee section below on or before November 5, 1996. The Department of Labor is particularly interested in comments which:

\* 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.

**ADDRESSEE:** Russell T. Kile, Office of Trade Adjustment Assistance, Employment and Training Administration, U.S. Department of Labor, Room C-4318, 200 Constitution Avenue, N.W., Washington, D.C., 20210, (202) 219-5555 (This is not a toll free number), FAX (202) 219-5753.

**SUPPLEMENTARY INFORMATION:**

**I. Background**

The Office of Trade Adjustment Assistance is required under the Trade Act of 1974 to conduct investigations to determine whether increased imports have contributed importantly to actual or threatened decreases in employment at firms whose workers have petitioned

for trade adjustment assistance benefits. The Customer Survey form is designed to provide information on which determinations are based.

## II. Current Actions

The Office of Trade Adjustment Assistance has made no substantial revisions to its existing data collection requirements. Various changes in data gathering processes have occurred including increased use of computerized data bases and the use of simplified forms transmitted by fax.

*Type of Review:* Revision.

*Agency:* Employment and Training Administration.

*Title:* Customer Survey.

*OMB Number:* 1205-0190.

*Agency Number:* ETA 8562.

*Recordkeeping:* None.

*Affected Public:* Businesses.

*Total Respondents:* 2,220 per year.

*Frequency:* On occasion.

*Average Time per Response:* 1.78 hours.

*Estimated Total Burden Hours:* 3,951 hours.

*Total Burden Cost (capital/startup):* None.

*Total Burden Cost (operating/maintaining):* \$38,415.

Comments submitted in response to this request will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

Dated: August 29, 1996.

Russell T. Kile,

*Acting Program Manager, Policy and Reemployment Services, Office of Trade Adjustment Assistance.*

**BILLING CODE 4510-30-M**

OMB 1205-0190

Expiration Date: / /

TA-W-

SUBJECT FIRM:

CONTACT PERSON AT THE DEPT. OF LABOR: ((202) 219-); FAX (202) 219-5753.

1. Specify, for the product(s) below your total purchases from the subject firm, other domestic and foreign sources.

PRODUCT(S) :

Period	Subject Firm		Other Domestic Firms		Foreign Firms	
	Quantity	Value	Quantity	Value	Quantity	Value
1994	_____	_____	_____	_____	_____	_____
1995	_____	_____	_____	_____	_____	_____
Jan. -						
1995	_____	_____	_____	_____	_____	_____
Jan. -						
1996	_____	_____	_____	_____	_____	_____

2. To the best of your knowledge, were any of the products purchased from other domestic firms wholly manufactured in a foreign country? YES or NO. If yes, indicate percentage for 1994 \_\_\_\_, 1995 \_\_\_\_, 1996 \_\_\_\_

The data above should be your best estimate or tabulated from actual records:

Estimated\_\_\_\_ Actual\_\_\_\_

How many hours were required to complete this form? \_\_\_\_\_

PRINT NAME

SIGNATURE

TITLE

COMPANY NAME

PHONE NUMBER

FAX NUMBER

Public reporting burden for this collection of information is estimated to average one hour 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 Office of IRM Policy, U.S. Department of Labor, Room N-1301, 200 Constitution Avenue N.W., Washington, DC 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1205-0190), Washington, D.C. 20503. **DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES.**

ETA Form 8562