

enter and leave the facility, and are prohibited from bringing the following items into the facility:

- Illegal drugs, drug paraphernalia, and contraband;
- Weapons of any type.

The United States Mint Police Officer conducting the screening will evaluate whether an item may enter into or exit from a facility based upon federal law, Treasury policy, United States Mint Policy, and local operating procedure; and all prohibited and unauthorized items will be subject to confiscation and disposal.

*For Further Information Contact:* Betty Birdsong, Acting United States Mint Liaison to the CCAC; 801 9th Street NW., Washington, DC 20220; or call 202-354-7200.

**Authority:** 31 U.S.C. 5135(b)(8)(C).

Dated: March 2, 2017.

**David Motl,**

*Acting Principal Deputy Director, United States Mint.*

[FR Doc. 2017-04466 Filed 3-6-17; 8:45 am]

**BILLING CODE P**

## DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0051]

### Agency Information Collection Activity Under OMB Review: Supporting Statement for State Approving Agency Reports and Notices

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995, this notice announces that the Veterans Benefits Administration (VBA), Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden; it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before April 6, 2017.

**ADDRESSES:** Submit written comments on the collection of information through [www.Regulations.gov](http://www.Regulations.gov), or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW., Washington, DC 20503 or sent through electronic mail to [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). Please refer to “OMB

Control No. 2900-0051” in any correspondence.

#### FOR FURTHER INFORMATION CONTACT:

Cynthia Harvey-Pryor, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461-5870 or email [cynthia.harvey-pryor@va.gov](mailto:cynthia.harvey-pryor@va.gov).

Please refer to “OMB Control No. 2900-0094.”

#### SUPPLEMENTARY INFORMATION:

*Title:* Supporting Statement for State Approving Agency Reports and Notices 38 CFR 21.4154, 21.4250(b), 21.4258, 21.4259.

*OMB Control Number:* 2900-0051.

*Type of Review:* Revision of a currently approved collection.

*Abstract:* 2900-0051 is for information reports provided by State Approving Agencies. VA will use data collected to determine the number of annual disapprovals and approvals for programs of education.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published on Vol. 81, No. 248, Tuesday, December 27, 2016, pages 95313 and 95314.

*Affected Public:* State Approving Agencies.

*Estimated Annual Burden:* 97,012 hours.

*Estimated Average Burden per Respondent:* 11 hours.

*Frequency of Response:* Annual.

*Estimated Number of Respondents:* 53.

By direction of the Secretary.

**Cynthia Harvey-Pryor,**

*Agency Clearance Officer, Office of Privacy and Records Management, Department of Veteran Affairs.*

[FR Doc. 2017-04428 Filed 3-6-17; 8:45 am]

**BILLING CODE 8320-01-P**

## DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0043]

### Agency Information Collection Activity Under OMB Review (Declaration of Status of Dependents (VA Form 21-686c))

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995

(44 U.S.C. 3501-21), this notice announces that the Veterans Benefits Administration, Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before April 6, 2017.

**ADDRESSES:** Submit written comments on the collection of information through [www.Regulations.gov](http://www.Regulations.gov), or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW., Washington, DC 20503 or sent through electronic mail to [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). Please refer to “OMB Control No. 2900-0043” in any correspondence.

#### FOR FURTHER INFORMATION CONTACT:

Cynthia Harvey-Pryor, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461-5870 or email [cynthia.harvey-pryor@va.gov](mailto:cynthia.harvey-pryor@va.gov). Please refer to “OMB Control No. 2900-0043” in any correspondence.

#### SUPPLEMENTARY INFORMATION:

*Title:* Declaration of Status of Dependents (VA Form 21-686c).

*OMB Control Number:* 2900-0043.

*Type of Review:* Extension of a currently approved collection.

*Abstract:* VA Form 21-686c is necessary to obtain current marital and dependency information in order to determine the proper rate of payment for Veterans and surviving spouses who are entitled to an additional allowance for dependents.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published at 81 FR 240, on December 14, 2016, page 90411.

*Affected Public:* Individuals or Households.

*Estimated Annual Burden:* 56,500.

*Estimated Average Burden Per Respondent:* 15 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 226,000.

By direction of the Secretary.

**Cynthia Harvey-Pryor,**

*Department Clearance Officer, Office of  
Privacy and Records Management,  
Department of Veterans Affairs.*

[FR Doc. 2017-04344 Filed 3-6-17; 8:45 am]

BILLING CODE 8320-01-P

## DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0809]

### Agency Information Collection Activity (Hand and Finger Conditions Disability Benefits Questionnaire (VA Form 21- 0960M-7))

**AGENCY:** Veterans Benefits  
Administration, Department of Veterans  
Affairs.

**ACTION:** Notice.

**SUMMARY:** The Veterans Benefits  
Administration (VBA), Department of  
Veterans Affairs (VA), is announcing an  
opportunity for public comment on the  
proposed collection of certain  
information by the agency. Under the  
Paperwork Reduction Act (PRA) of  
1995, Federal agencies are required to  
publish notice in the **Federal Register**  
concerning each proposed collection of  
information, including each proposed  
revision of a currently approved  
collection, and allow 60 days for public  
comment in response to the notice.

VA Form 21-0960 series is used to  
gather necessary information from a  
claimant's treating physician regarding  
the results of medical examinations. VA  
gathers medical information related to  
the claimant that is necessary to  
adjudicate the claim for VA disability  
benefits. The Disability Benefit  
Questionnaire title will include the  
name of the specific disability for which  
it will gather information. VAF 21-  
0960M-7, Hand and Finger Conditions  
Disability Benefits Questionnaire, will  
gather information related to the  
claimant's diagnosis of a hand or finger  
condition.

**DATES:** Written comments and  
recommendations on the proposed  
collection of information should be  
received on or before May 8, 2017.

**ADDRESSES:** Submit written comments  
on the collection of information through  
Federal Docket Management System  
(FDMS) at [www.Regulations.gov](http://www.Regulations.gov) or to  
Nancy J. Kessinger, Veterans Benefits  
Administration (20M33), Department of  
Veterans Affairs, 810 Vermont Avenue  
NW., Washington, DC 20420 or email to  
[nancy.kessinger@va.gov](mailto:nancy.kessinger@va.gov). Please refer to  
"OMB Control No. 2900-0809" in any  
correspondence. During the comment

period, comments may be viewed online  
through the FDMS.

### FOR FURTHER INFORMATION CONTACT:

Nancy J. Kessinger at (202) 632-8924 or  
FAX (202) 632-8925.

**SUPPLEMENTARY INFORMATION:** Under the  
PRA of 1995 (Pub. L. 104-13; 44 U.S.C.  
3501-21), Federal agencies must obtain  
approval from the Office of Management  
and Budget (OMB) for each collection of  
information they conduct or sponsor.  
This request for comment is being made  
pursuant to Section 3506(c)(2)(A) of the  
PRA.

With respect to the following  
collection of information, VBA invites  
comments on: (1) Whether the proposed  
collection of information is necessary  
for the proper performance of VBA's  
functions, including whether the  
information will have practical utility;  
(2) the accuracy of VBA's estimate of the  
burden of the proposed collection of  
information; (3) ways to enhance the  
quality, utility, and clarity of the  
information to be collected; and (4)  
ways to minimize the burden of the  
collection of information on  
respondents, including through the use  
of automated collection techniques or  
the use of other forms of information  
technology.

**Title:** (Hand and Finger Conditions  
Disability Benefits Questionnaire (VA  
Form 21-0960M-7)).

**OMB Control Number:** 2900-0809.

**Type of Review:** Extension without  
change of an approved collection.

**Abstract:** VA Form 21-0960 series is  
used to gather necessary information  
from a claimant's treating physician  
regarding the results of medical  
examinations. VA gathers medical  
information related to the claimant that  
is necessary to adjudicate the claim for  
VA disability benefits. The Disability  
Benefit Questionnaire title will include  
the name of the specific disability for  
which it will gather information. VAF  
21-0960M-7, Hand and Finger  
Conditions Disability Benefits  
Questionnaire, will gather information  
related to the claimant's diagnosis of a  
hand or finger condition.

**Affected Public:** Individuals or  
households.

**Estimated Annual Burden:** 15,000.

**Estimated Average Burden per  
Respondent:** 30 minutes.

**Frequency of Response:** One time.

**Estimated Number of Respondents:**  
30,000.

By direction of the Secretary.

**Cynthia Harvey-Pryor,**

*Department Clearance Officer, Office of  
Privacy and Records Management,  
Department of Veterans Affairs.*

[FR Doc. 2017-04348 Filed 3-6-17; 8:45 am]

BILLING CODE 8320-01-P

## DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0659]

### Agency Information Collection Activity Under OMB Review: Support of Claim for Service Connection for Post- Traumatic Stress Disorder (PTSD) and Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD) Secondary to Personal Assault

**AGENCY:** Veterans Benefits  
Administration, Department of Veterans  
Affairs (VA).

**ACTION:** Notice.

**SUMMARY:** In compliance with the  
Paperwork Reduction Act (PRA) of  
1995, this notice announces that the  
Veterans Benefits Administration,  
Department of Veterans Affairs, will  
submit the collection of information  
abstracted below to the Office of  
Management and Budget (OMB) for  
review and comment. The PRA  
submission describes the nature of the  
information collection and its expected  
cost and burden and it includes the  
actual data collection instrument.

**DATES:** Comments must be submitted on  
or before April 6, 2017.

**ADDRESSES:** Submit written comments  
on the collection of information through  
[www.Regulations.gov](http://www.Regulations.gov), or to Office of  
Information and Regulatory Affairs,  
Office of Management and Budget, Attn:  
VA Desk Officer; 725 17th St. NW.,  
Washington, DC 20503 or sent through  
electronic mail to [oira\\_submission@omb.eop.gov](mailto:oira_submission@omb.eop.gov). Please refer to "OMB  
Control No. 2900-0659" in any  
correspondence.

**FOR FURTHER INFORMATION CONTACT:**  
Cynthia Harvey-Pryor, Enterprise  
Records Service (005R1B), Department  
of Veterans Affairs, 810 Vermont  
Avenue NW., Washington, DC 20420,  
(202) 461-5870 or email [cynthia.harvey-pryor@va.gov](mailto:cynthia.harvey-pryor@va.gov). Please refer to "OMB  
Control No. 2900-0659" in any  
correspondence.

### SUPPLEMENTARY INFORMATION:

**Authority:** 44 U.S.C. 3501-21.

**Title:** Support of Claim for Service  
Connection for Post-Traumatic Stress  
Disorder (PTSD) (VA Form 21-0781)  
and Support of Claim for Service