

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102,725 17th Street NW Washington, DC 20503.**

<div>1. Agency/Subagency originating request <b>DEPT. OF HOMELAND SECURITY</b> <b>BUR. OF CUSTOMS AND BORDER PROTEC.</b></div>	<div>2. OMB control number<div>b. <input type="checkbox"/> None</div><div>a. <b>1653-0010</b><div></div></div></div>
<div>3. Type of Information collection (<i>check one</i>)<div>a. <input type="checkbox"/> New collection</div><div>b. <input checked="" type="checkbox"/> Revision of a currently approved collection</div><div>c. <input type="checkbox"/> Extension of a currently approve collection</div><div>d. <input type="checkbox"/> Reinstatement, <b>without change</b>, of a previously approved collection for which approval has expired</div><div>e. <input type="checkbox"/> Reinstatement, <b>with change</b>, of a previously approval collection for which approval has expired</div><div>f. <input type="checkbox"/> Existing collection is use without an OMB control number</div><div>For b-f, not item A2 of Supporting Statement instructions</div></div>	<div>4. Type of review requested (<i>check one</i>)<div>a. <input type="checkbox"/> Regular</div><div>b. <input checked="" type="checkbox"/> Emergency - Approval requested by: <div><div>07</div><div>/</div><div>25</div><div>/</div><div>03</div></div></div><div>c. <input type="checkbox"/> Delegated</div><div>5. Small entities Will this information collection have a significance economic impact on a substantial number of small entities <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div><div>6. Requested expiration date<div>a. <input type="checkbox"/> Three years from approval date</div><div>b. <input type="checkbox"/> Other Specify: <b>01/25/04</b></div></div></div>
<div>7. Title <b>Application- Alternative Inspection Services/FAST Commercial Driver App.</b></div>	
<div>8. Agency form number(s) (<i>if applicable</i>) <b>I-823 and CBP 823F</b></div>	
<div>9. Keywords <b>Alien Border Crossing, Immigration, INSPASS, PORTPASS, FAST</b></div>	
<div>10. Abstract <b>The I-823 is used to determine eligibility for automated programs and to secure those elements necessary to confirm enrollment at the time of application for admission to the U.S. The FAST application (Form CBP-823F) is used to expedite clearance of low risk trans-border shipments along the southern border, while also satisfying security requirements.</b></div>	
<div>11.Affected public (<i>Mark primary with "P"and all others that apply with "X"</i>)<div>a.<input type="checkbox"/>P Individuals or households</div><div>d.<input type="checkbox"/> Farms</div><div>b.<input checked="" type="checkbox"/>X Business or other for-profit</div><div>e.<input type="checkbox"/>Federal Government</div><div>c.<input type="checkbox"/> Not-for-profit institutions</div><div>f.<input type="checkbox"/>State, Local or Tribal Government</div></div>	<div>12. Obligation to respond (<i>Mark primary with "P"and all others that apply with "X"</i>)<div>a. <input type="checkbox"/> Voluntary</div><div>b. <input checked="" type="checkbox"/>P Required to obtain or retain benefits</div><div>c. <input type="checkbox"/> Mandatory</div></div>
<div>13. Annual Reporting and recordkeeping hour burden<div>a. Number of respondents<div>275,000</div></div><div>b. Total annual responses<div>275,000</div><div>1. Percentage of these responses collected electronically<div>N/A</div>%</div></div><div>c. Total annual hours requested<div>304,000</div></div><div>d. Current OMB inventory<div>291,500</div></div><div>e. Difference<div>+12,500</div></div><div>f. Explanation of difference<div>1. Program change<div>+12,500</div></div><div>2. Adjustment</div></div></div>	

## 19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

**NOTE:** The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
  - (I) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number.
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (I) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Program Official	Date
Signature of Senior Official or Designee	Date