

course for eligible service members and their spouses. The information collected provides pertinent data to the management and participation of the course in addition to assisting instructors to better tailor the individual classes based on the experience and interests of the participants.

*Solicitation of Public Comments:*

SBA is requesting comments on (a) Whether the collection of information is necessary for the agency to properly perform its functions; (b) whether the burden estimates are accurate; (c) whether there are ways to minimize the burden, including through the use of automated techniques or other forms of information technology; and (d) whether there are ways to enhance the quality, utility, and clarity of the information.

*Summary of Information Collection:*

*Title:* Boots to Business Registration.

*Description of Respondents:*

Transitioning service members and spouses.

*Total Estimated Annual Responses:* 10,000.

*Total Estimated Annual Hour Burden:* 1,667 hours.

**Curtis B. Rich,**

*Management Analyst.*

[FR Doc. 2014-28512 Filed 12-4-14; 8:45 am]

**BILLING CODE 8025-01-P**

**SMALL BUSINESS ADMINISTRATION**

[Disaster Declaration #13985]

**Colorado Disaster #CO-00068  
Declaration of Economic Injury**

**AGENCY:** U.S. Small Business Administration.

**ACTION:** Amendment 1.

**SUMMARY:** This is an amendment of the Economic Injury Disaster Loan (EIDL) declaration for the State of COLORADO, dated 05/14/2014.

*Incident:* Red Mountain Pass Rockslide.

*Incident Period:* 01/13/2014 and continuing through 06/12/2014.

*Effective Date:* 11/26/2014.

*EIDL Loan Application Deadline Date:* 02/16/2015.

**ADDRESSES:** Submit completed loan applications to: U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

**FOR FURTHER INFORMATION CONTACT:** A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street SW., Suite 6050, Washington, DC 20416.

**SUPPLEMENTARY INFORMATION:** The notice of the Administrative EIDL disaster declaration for the State of Colorado, dated 05/14/2014 is hereby amended to establish the incident period for this disaster as beginning 01/13/2014 and continuing through 06/12/2014.

All other information in the original declaration remains unchanged.

(Catalog of Federal Domestic Assistance Number 59002)

Dated: November 26, 2014.

**Maria Contreras-Sweet,**  
*Administrator.*

[FR Doc. 2014-28514 Filed 12-4-14; 8:45 am]

**BILLING CODE 8025-01-P**

**SOCIAL SECURITY ADMINISTRATION**

[Docket No. SSA-2014-0074]

**Agency Information Collection  
Activities: Proposed Request and  
Comment Request**

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with Public Law 104-13, the Paperwork Reduction Act of 1995, effective October 1, 1995. This notice includes revisions and an extension of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and ways to minimize burden on respondents,

including the use of automated collection techniques or other forms of information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers.

(OMB), Office of Management and Budget, Attn: Desk Officer for SSA, Fax: 202-395-6974, Email address: *OIRA\_Submission@omb.eop.gov.*

(SSA), Social Security Administration, OLCA, Attn: Reports Clearance Director, 3100 West High Rise, 6401 Security Blvd., Baltimore, MD 21235, Fax: 410-966-2830, Email address: *OR.Reports.Clearance@ssa.gov.*

Or you may submit your comments online through *www.regulations.gov*, referencing Docket ID Number [SSA-2014-0074].

I. The information collection below is pending at SSA. SSA will submit it to OMB within 60 days from the date of this notice. To be sure we consider your comments, we must receive them no later than February 3, 2015. Individuals can obtain copies of the collection instruments by writing to the above email address.

*Application for Mother's or Father's Insurance Benefits—20 CFR 404.339–404.342, 20 CFR 404.601–404.603—0960-0003.* Section 202(g) of the Social Security Act provides for the payment of monthly benefits to the widow or widower of an insured individual if the surviving spouse is caring for the deceased worker's child (who is entitled to Social Security benefits). SSA uses the information on Form SSA-5-BK to determine an individual's eligibility for mother's or father's insurance benefits. The respondents are individuals caring for a child of the deceased worker who is applying for mother's or father's insurance benefits under the Old Age, Survivors, and Disability Insurance program (OASDI).

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Total estimated annual burden (hours)
SSA-5-F6 (paper) .....	1,611	1	15	403
MCS .....	26,045	1	15	6,511
MCS/Signature Proxy .....	26,044	1	14	6077
<b>Total .....</b>	<b>53,700</b>	<b>.....</b>	<b>.....</b>	<b>12,991</b>

II. SSA submitted the information collections below to OMB for clearance. Your comments regarding the information collections would be most useful if OMB and SSA receive them 30 days from the date of this publication. To be sure we consider your comments, we must receive them no later than January 5, 2015. Individuals can obtain copies of the OMB clearance package by writing to *OR.Reports.Clearance@ssa.gov*.

1. *Letter to Employer Requesting Information About Wages Earned by Beneficiary—20 CFR 416.703, 404.801 & 404.820—0960-0034.* Social Security disability recipients receive payments based on their inability to engage in substantial gainful activity (SGA) because of a physical or mental condition. If the recipients work, SSA must evaluate and determine if they continue to meet the disability requirements of the law. Therefore, we

use Form SSA-L725 to request monthly earnings information from the recipient's employer. We then use the earnings data to determine whether the recipient is engaging in SGA, since work after a recipient becomes entitled to benefits can cause a cessation of disability. The respondents are businesses that employ Social Security disability recipients.  
*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA-L725 .....	150,000	1	40	100,000

2. *Letter to Employer Requesting Wage Information—0960-0138.* SSA must establish and verify wage information for Supplemental Security Income (SSI) applicants and recipients when

determining SSI eligibility and payment amounts. SSA uses Form SSA-L4201 to collect wage data from employers. SSA uses the information to determine eligibility and proper payment amounts

for SSI applicants and recipients. The respondents are employers of SSI applicants and recipients.  
*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA-L4201 .....	133,000	1	30	66,500

3. *Statement of Living Arrangements, In-Kind Support, and Maintenance—20 CFR 416.1130-416.1148—0960-0174.* SSA determines SSI payment amounts based on applicants' and recipients' needs. We measure individuals' needs, in part, by the amount of income they receive, including in-kind support and

maintenance in the form of food and shelter provided by other persons. SSA uses Form SSA-8006-F4 to determine if in-kind support and maintenance exists for SSI applicants and recipients. This information also assists SSA in determining the income value of in-kind support and maintenance SSI applicants

and recipients receive. The respondents are individuals who apply for SSI payments, or who complete an SSI eligibility redetermination.  
*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA-8006-F4 .....	173,380	1	7	20,228

4. *Claimant's Recent Medical Treatment—20 CFR 404.1512 and 416.912—0960-0292.* When Disability Determinations Services (DDS) deny a claim at the reconsideration level, the claimant has a right to request a hearing before an administrative law judge (ALJ). For the hearing, SSA asks the claimant to complete and return the HA-4631 if the claimant's file does not reflect a current, complete medical

history as the claimant proceeds through the appeals process. ALJs must obtain the information to update and complete the record and to verify the accuracy of the information. Through this process, ALJs can ascertain whether the claimant's situation has changed. The ALJs and hearing office staff use the response to make arrangements for consultative examination(s) and the attendance of an expert witness(es), if

appropriate. During the hearing, the ALJ offers any completed questionnaires as exhibits and may use them to: (1) Refresh the claimant's memory, and (2) shape their questions. The respondents are claimant's requesting hearings on entitlement to OASDI benefits or SSI payments.  
*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
HA-4631 .....	200,000	1	10	33,333

5. *Certification of Low Birth Weight for SSI Eligibility of Funds You Provided to Another and Statement of Funds You Received—20 CFR 416.931, 416.926a(m), and 416.924—0960-0720.* Hospitals and claimants use Form SSA-3380 to provide medical information to

local field offices (FO) and the DDS on behalf of infants with low birth weight. FOs use the form as a protective filing statement and the medical information to make presumptive disability findings, which allow expedited payment to eligible claimants. DDSs use the medical

information to determine disability and continuing disability. The respondents are hospitals and claimants who have information identifying low birth weight babies and their medical conditions.  
*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA-3380 .....	28,125	1	15	7,031

6. *Request to Show Cause for Failure to Appear—20 CFR 404.938, 20 CFR 416.1438, and 20 CFR 404.957(a)(ii)—0960-0794.* When claimants who requested a hearing before an ALJ fail to appear at their scheduled hearing, the ALJ may reschedule the hearing if the claimants establish good cause for missing the hearings. To establish good cause, claimants must show one of the following: (1) SSA did not properly

notify the claimant of the hearing, or (2) an unexpected event occurred without sufficient time for the claimant to request a postponement. The claimants can use paper Form HA-L90 to provide their reason for not appearing at their scheduled hearings; or the claimants' representatives can use Electronic Records Express to submit the HA-L90 online. If the ALJ determines the claimants established good cause for

failure to appear at the hearing, the ALJ will schedule a supplemental hearing; if not, the ALJ will make a claims eligibility determination based on the claimants' evidence of record. Respondents are claimants, or their representatives, seeking to establish good cause for failure to appear at a scheduled hearing before an ALJ.  
*Type of Request:* Extension of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
HA-L90 (paper or Electronic Records Express) .....	40,000	1	10	6,667

Dated: December 2, 2014.  
**Faye Lipsky,**  
*Reports Clearance Officer, Social Security Administration.*  
 [FR Doc. 2014-28562 Filed 12-4-14; 8:45 am]  
**BILLING CODE 4191-02-P**

**DEPARTMENT OF TRANSPORTATION**  
**Federal Aviation Administration**

**Notice of Intent To Rule on Request To Release Airport Property at Eufaula Municipal Airport, Eufaula, Arkansas**

**AGENCY:** Federal Aviation Administration (FAA), DOT.  
**ACTION:** Notice of Request to Release Airport Property.

**SUMMARY:** The FAA proposes to rule and invites public comment on the release of land at Eufaula Municipal Airport under the provisions of Section 125 of the Wendell H. Ford Aviation Investment

Reform Act for the 21st Century (AIR 21).  
**DATES:** Comments must be received on or before January 5, 2015.  
**ADDRESSES:** Comments on this application may be mailed or delivered to the FAA at the following address: Mr. Glenn A Boles, Manager, Federal Aviation Administration, Southwest Region, Airports Division, AR/OK Airports Development Office, ASW-630, Fort Worth, Texas 76137.  
 In addition, one copy of any comments submitted to the FAA must be mailed or delivered to The Honorable Selina Jayne-Dornan, Mayor of Eufaula at the following address: City of Eufaula, Oklahoma, 64 Memorial Drive, Eufaula, OK 74432.  
**FOR FURTHER INFORMATION CONTACT:** Mrs Kathy Franklin, Program Manager, Federal Aviation Administration, AR/OK Airports Development Office, ASW-630, 2601 Meacham Blvd., Fort Worth, Texas 76137.

The request to release property may be reviewed in person at this same location.  
**SUPPLEMENTARY INFORMATION:** The FAA invites public comment on the request to release property at the Eufaula Municipal Airport under the provisions of the AIR 21.  
 On November 18, 2014, the FAA determined that the request to release property at Eufaula Municipal Airport submitted by the City of Eufaula met the procedural requirements of the Federal aviation Regulations, Part 155. The FAA may approve the request, in whole or in part, no later than January, 2015.  
 The following is a brief overview of the request: The City of Eufaula requests the release of 14.68 acres of airport property valued at \$29,360.00. The release of property will allow for the sale of the property to the Oklahoma Department of Transportation for the development of an industrial facility for maintenance activities. The City of Eufaula will use the \$29,360.00