

Treasury previously analyzed the potential burdens associated with the 2017 data call. See 81 FR 95310, 95312 (December 27, 2016). The information sought by Treasury comprises data elements that insurers currently collect or generate, although not necessarily grouped together the way in which insurers currently collect and evaluate the data. Based upon insurer submissions to the 2017 data call, Treasury estimates that for purposes of the 2018 data call, approximately 100 Program participants will be required to submit the “Insurer (Non-Small) Groups or Companies” data collection form, 200 Program participants will be required to submit the “Small Insurer” form, 400 Program participants will be required to submit the “Captive Insurer” form, and 25 Program participants will be required to submit the “Alien Surplus Lines Insurers” form.

Each set of reporting templates is expected to incur a different level of burden. The changes to the proposed data reporting elements in 2018 are not anticipated to have a material impact on Treasury’s prior burden estimates. Treasury anticipates approximately 75 hours will be required to collect, process, and report the data for each non-small insurer, approximately 25 hours will be required to collect, process, and report data for each small insurer, and 50 hours will be required to collect, process, and report data for each captive insurer and alien surplus lines insurer. Due to the proposed consolidation of the separate federal and state data calls, however, the total burden upon reporting insurers overall (once state and federal obligations are accounted for) will be materially reduced for most insurers.

Assuming this breakdown, and when applied to the number of reporting insurers anticipated in light of the experience of the 2017 data call, the estimated annual burden would be 33,750 hours ((100 insurers × 75 hours) + (200 insurers × 25 hours) + (400 insurers × 50 hours) + (25 insurers × 50 hours)). At a blended, fully loaded hourly rate of \$85, the cost would be \$2,868,750 across the industry as a whole, or \$6,375 per non-small insurer, \$2,125 per small insurer, and \$4,250

each per captive insurer or alien surplus lines insurer.

**Steven E. Seitz,**

*Deputy Director, Federal Insurance Office.*

[FR Doc. 2017–25402 Filed 11–27–17; 8:45 am]

**BILLING CODE 4810–25–P**

## DEPARTMENT OF VETERANS AFFAIRS

**[OMB Control No. 2900–0658]**

### Agency Information Collection Activity Under OMB Review: Lender’s Staff Appraisal Reviewer (SAR) Application

**AGENCY:** Loan Guaranty Service, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995, this notice announces that the Loan Guaranty Service, 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 December 28, 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. 2900–0658” in any correspondence.

**FOR FURTHER INFORMATION CONTACT:** Cynthia Harvey-Pryor, Office of Quality, Privacy and Risk (OQPR), 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. 2900–0658” in any correspondence.

#### SUPPLEMENTARY INFORMATION:

**Authority:** Public Law 104–13; 44 U.S.C. 3501–3521.

**Title:** VA FORM 26–0785, Lender’s Staff Appraisal Reviewer (SAR) Application.

**OMB Control Number:** 2900–0658.

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

**Abstract:** Title 38 U.S.C. 3702(d) authorizes VA to establish standards for lenders making automatically guaranteed loans and 38 CFR 36.4344 establishes requirements and procedures for lenders in being approved to perform the functions under the Lender Appraisal Processing Program (LAPP).

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 82 FR 38759 on August 15, 2017, pages 38759–38760.

**Affected Public:** Individuals (employees of lenders making applications).

**Estimated Annual Burden:** 200 hours.

**Estimated Average Burden per**

**Respondent:** 5 minutes.

**Frequency of Response:** On occasion.

**Estimated Number of Respondents:** 2,400 per year.

By direction of the Secretary.

**Cynthia Harvey-Pryor,**

*Department Clearance Officer, Office of Quality, Privacy and Risk, Department of Veterans Affairs.*

[FR Doc. 2017–25593 Filed 11–27–17; 8:45 am]

**BILLING CODE 8320–01–P**

## DEPARTMENT OF VETERANS AFFAIRS

### Advisory Committee Charter Renewals

**AGENCY:** Department of Veterans Affairs.

**ACTION:** Notice of advisory committee charter renewals.

**SUMMARY:** In accordance with the provisions of the Federal Advisory Committee Act (FACA) and after consultation with the General Services Administration, the Secretary of Veterans Affairs has renewed the charter for the following statutorily authorized Federal advisory committee for a two-year period, beginning on the date listed below:

Committee name	Committee description	Charter renewed on
Advisory Committee on Cemeteries and Memorials.	Provides advice to the Secretary on the administration of national cemeteries, Soldiers’ lots and plots, the selection of cemetery sites, the erection of appropriate memorials, and the adequacy of Federal burial benefits.	August 16, 2017.

Committee name	Committee description	Charter renewed on
Veterans' Advisory Committee on Rehabilitation.	Provides advice to the Secretary on the rehabilitation needs of disabled Veterans and the administration of VA's rehabilitation programs.	September 25, 2017.
Advisory Committee on Women Veterans.	Provides advice to the Secretary on the needs of women Veterans regarding health care, rehabilitation benefits, compensation, outreach, and other programs administered by VA.	September 29, 2017.

**FOR FURTHER INFORMATION CONTACT:**

Jeffrey Moragne, Committee Management Office, Department of Veterans Affairs, Advisory Committee Management Office (00AC), 810 Vermont Avenue NW., Washington, DC 20420; telephone (202) 266-4660; or email at [Jeffrey.Moragne@va.gov](mailto:Jeffrey.Moragne@va.gov). To view a copy of a VA Federal advisory committee charter, visit <http://www.va.gov/advisory>.

Dated: November 22, 2017.

Jelessa M. Burney,

Federal Advisory Committee Management Officer.

[FR Doc. 2017-25630 Filed 11-27-17; 8:45 am]

BILLING CODE 8320-01-P

## DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0776]

**Agency Information Collection Activity Under OMB Review: Artery and Vein Conditions (Vascular Diseases Including Varicose Veins) Disability Benefits Questionnaire, Hypertension Disability Benefits Questionnaire, Non-Ischemic Heart Disease (Including Arrhythmias and Surgery) Disability Benefits Questionnaire, Diabetic Peripheral Neuropathy (Diabetic Sensory-Motor Peripheral Neuropathy) Disability Benefits Questionnaire, Diabetes Mellitus Disability Benefits Questionnaire, Scars/Disfigurement Disability Benefits Questionnaire, Skin Diseases Disability Benefits Questionnaire, Amputations Disability Benefits Questionnaire, Muscles Injuries Disability Benefits Questionnaire, Temporomandibular Joint (TMJ) Conditions Disability Benefits Questionnaire, Eye Conditions Disability Benefits Questionnaire**

**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, 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 December 28, 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. 2900-0776" in any correspondence.

**FOR FURTHER INFORMATION CONTACT:**

Cynthia Harvey-Pryor, Enterprise Records Service (005R1B), Department of Veterans Affairs, 811 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. 2900-0776" in any correspondence.

**SUPPLEMENTARY INFORMATION:**

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

**Title:** Artery and Vein Conditions (Vascular Diseases Including Varicose Veins) Disability Benefits Questionnaire (VA Form 21-0960A-2), Hypertension Disability Benefits Questionnaire (VA Form 21-0960A-3), Non-Ischemic Heart Disease (Including Arrhythmias and Surgery) Disability Benefits Questionnaire (VA Form 21-0960A-4), Diabetic Peripheral Neuropathy (Diabetic Sensory-Motor Peripheral Neuropathy) Disability Benefits Questionnaire (VA Form 21-0960C-4), Diabetes Mellitus Disability Benefits Questionnaire (VA Form 21-0960E-1), Scars/Disfigurement Disability Benefits Questionnaire (VA Form 21-0960F-1), Skin Diseases Disability Benefits Questionnaire (VA Form 21-0960F-2), Amputations Disability Benefits Questionnaire (VA Form 21-0960M-1), Muscles Injuries Disability Benefits Questionnaire (VA Form 21-0960M-10), Temporomandibular Joint (TMJ) Conditions Disability Benefits Questionnaire (VA Form 21-0960M-

15), Eye Conditions Disability Benefits Questionnaire (VA Form 21-0960N-2) *OMB Control Number:* 2900-0776.

*Type of Review:* Extension of a currently 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 21-0960A-2, Artery and Vein Conditions vascular diseases including varicose veins) Disability Benefits Questionnaire, will gather information related to the claimant's diagnosis of arteries, veins, and/or peripheral vascular disease; VAF 21-0960A-3, Hypertension, Disability Benefits Questionnaire, will gather information related to the claimant's diagnosis of hypertension; VAF 21-0960A-4, Non-ischemic Heart Disease (including Arrhythmias and Surgery) Disability Benefits Questionnaire, will gather information related to the claimant's diagnosis of any non-ischemic heart disease; VAF 21-0960C-4, Diabetic Peripheral Neuropathy (diabetic sensory-motor peripheral neuropathy) Disability Benefits Questionnaire will gather information related to the claimant's diagnosis of a diabetic sensory-motor peripheral neuropathy condition; VAF 21-0960E-1, Diabetes Mellitus Disability Benefits Questionnaire, will gather information related to the claimant's diagnosis of diabetes mellitus; VAF 21-0960F-1, Scars/Disfigurement Disability Benefits Questionnaire will gather information related to the claimant's diagnosis of any scars or disfigurement; VAF 21-0960F-2, Skin Diseases Disability Benefits Questionnaire, will gather information related to the claimant's diagnosis of any skin disease. VAF 21-0960M-1, Amputations Disability Benefits Questionnaire, will gather information related to the claimant's amputations; VAF 21-0960M-10, Muscle Injuries Disability Benefits Questionnaire, will gather information related to the claimant's diagnosis of a muscle injury disability. VAF 21-