

#### IV. What Restrictions Apply to this TME?

The test market time period, production volume, number of customers, and use must not exceed specifications in the application and this notice. All other conditions and restrictions described in the application and in this notice must also be met.

*TME-06-0001.*

*Date of Receipt:* November 7, 2005.

*Notice of Receipt:* December 9, 2005 (70 FR 73247) (FRL-7751-2).

*Applicant:* PPG Industries, Inc.

*Chemical:* Cycloaliphatic carboxylic acid, alkyl substituted-, mixed esters with aliphatic carboxylic acid and alkylpolyol (generic chemical name).

*Use:* Component of an Industrial Coating (generic use description).

*Production Volume:* Confidential.

*Number of Customers:* Confidential.

*Test Marketing Period:* Confidential days, commencing on first day of commercial manufacture.

The following additional restrictions apply to this TME. A bill of lading accompanying each shipment must state that the use of the substance is restricted to that approved in the TME. In addition, the applicant shall maintain the following records until 5 years after the date they are created, and shall make them available for inspection or copying in accordance with section 11 of TSCA:

1. Records of the quantity of the TME substance produced and the date of manufacture.
2. Records of dates of the shipments to each customer and the quantities supplied in each shipment.
3. Copies of the bill of lading that accompanies each shipment of the TME substance.

#### V. What was EPA's Risk Assessment for this TME?

EPA identified no significant health or environmental concerns for the test market substance. Therefore, the test market activities will not present any unreasonable risk of injury to human health or the environment.

#### VI. Can EPA Change Its Decision on this TME in the Future?

Yes. The Agency reserves the right to rescind approval or modify the conditions and restrictions of an exemption should any new information that comes to its attention cast significant doubt on its finding that the test marketing activities will not present any unreasonable risk of injury to human health or the environment.

#### List of Subjects

Environmental protection, Test marketing exemptions.

Dated: December 22, 2005.

**Miriam Wiggins-Lewis,**

*Acting Chief, New Chemicals Prenotice Management Branch, Office of Pollution Prevention and Toxics.*

[FR Doc. E6-1340 Filed 1-31-06 8:45 am]

**BILLING CODE 6560-50-S**

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#### EXPORT-IMPORT BANK

**[Public Notice 78]**

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Export Import Bank of the U.S.

**ACTION:** Notice and request for comments.

**SUMMARY:** The Export-Import Bank, as a part of its continuing effort to reduce paperwork and respondent burden,

invites the general public and other Federal Agencies to comment on the proposed information collection, as required by the Paperwork Reduction Act of 1995. The form will be used by exporters to report and pay premiums on insured shipments to various foreign buyers. Our customers will be able to submit this form on paper or electronically.

**DATES:** Written comments should be received on or before April 3, 2006, to be assured of consideration.

**ADDRESSES:** Direct all comments and requests for additional information to Walter Kosciow, Export-Import Bank of the U.S., 811 Vermont Avenue, NW., Washington, DC 20571, (202) 565-3649.

#### SUPPLEMENTARY INFORMATION:

*Title and Form Number:* Report of Premiums Payable for Exporters Only, EIB 92-29.

*OMB Number:* None.

*Type of Review:* Regular.

*Need and Use:* The information requested enables the applicant to provide Ex-Im Bank with the information necessary to record customer utilization and manage prospective insurance liability relative to risk premiums received.

*Affected Public:* The form affects entities involved in the export of U.S. goods and Services.

*Estimated Annual Respondents:* 1,600.

*Estimated Time Per Respondent:* 30 Minutes.

*Estimated Annual Burden:* 9,600.

*Frequency of Reporting or Use:* Monthly.

Dated: January 26, 2006.

**Solomon Bush,**

*Agency Clearance Officer.*

**BILLING CODE 6690-01-M**

**EXPORT-IMPORT BANK--REPORT OF PREMIUMS PAYABLE FOR EXPORTERS ONLY**

(please type or print all information)

IF NO PREMIUMS PAYABLE, CHECK HERE ☐

Report for period:

(month) (day) (year) through (month) (day) (year)

(number)

(prefix)

POLICY NUMBER: ( ) - ( ) - ( )

POLICYHOLDER: \_\_\_\_\_

Contact: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

BROKER: \_\_\_\_\_

**USING SAME CODE?** If same for all transactions check these code and rate boxes instead of those in the reporting columns below

Coverage Type ☐ \_\_\_\_\_  
 Risk Type ☐ \_\_\_\_\_  
 Transaction Type ☐ \_\_\_\_\_  
 Term Code ☐ \_\_\_\_\_  
 Premium Rate ☐ \$ \_\_\_\_\_

Date Received

1 T E M	BUYER NAME (refer to Step 1, on back)	COUNTRY	Cover- age Type Code	Risk Type Code	Trans- action Type Code	Term Code	TRANSACTION AMOUNT *	SHIPMENT DATE	Premium Rate per \$100	PREMIUM DUE
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
PAGE TOTALS										
REPORT TOTALS										

\* Enter financed amount for Financial Institution Supplier Credit Policy (FIS\*)

We hereby certify that this report is a complete and accurate declaration of all transactions required to be reported under the terms of the policy and that premiums have been correctly computed and remitted. We understand that Ex-  
 Im Bank's acceptance of this report is an acknowledgment of coverage and does not constitute a waiver of any policy condition or limitation. Unless otherwise specified by us in this report, we understand Ex-  
 Im Bank will assume that short term transactions were made with private-sector obligors on six-month open account terms, and that premium rates will be calculated accordingly. We understand that, for purposes of policy  
 compliance, this report is not received by Ex Im Bank until both this report and the premium due hereunder are received.

Name of Preparer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

(month) (day) (year)

Page No. \_\_\_\_\_ of \_\_\_\_\_ pages

EIB-92-29 (01/06)

**SEE REVERSE SIDE FOR ADDITIONAL NOTES AND INSTRUCTIONS ON COMPLETING THIS REPORT**

COVERAGE TYPES (see Note C, on next page) CODE

Comprehensive ..... A  
 Political Only ..... B  
 Sales to Your Subsidiaries or Affiliates ..... B

**RISK TYPES**

Private Sector Buyer or Guarantor ..... 4  
 Government Sector (Non-Sovereign) Buyer or Guarantor ..... 3  
 Financial Institution Buyer or Guarantor or Letter of Credit issuer ..... 2  
 Government Sector (Sovereign) Buyer or Guarantor ..... 1

(A "sovereign" is a national government or government entity that the insurer has determined carries the full faith and credit of the national government. Most government sector companies and/or agencies do not carry the full faith and credit of their government and are therefore considered "non-sovereign" and should be reported as such unless the insurer has determined otherwise.)

**TRANSACTION TYPE**

Letters of Credit (deferred payment or sight) ..... A  
 Bank-Guaranteed (if applicable, use in lieu of any other code) ..... B  
 Drafts/Promissory Notes/CAD or SDDP\* ..... C  
 Open Account ..... D  
 Pre-shipment (selective contracts) ..... E  
 Consignment ..... F

**TERM (corresponding to Transaction Type being reported)**

Sight Letters of Credit ..... 1  
 CAD or SDDP\* ..... 2  
 1-30 Days ..... 3  
 31-60 Days ..... 4  
 61-120 Days ..... 5  
 121-180 Days ..... 6  
 181-270 Days ..... 7  
 271-360 Days ..... 8  
 1 1/2 Years ..... 9  
 2 Years ..... 10  
 3 Years ..... 11  
 4 Years ..... 12  
 5 Years ..... 13  
 Over 5 Years ..... 14  
 \*\* CAD = Cash Against Documents  
 SDDP = Sight Draft Documents Against Payment

**MAKE CHECKS PAYABLE TO:**

EXPORT-IMPORT BANK OF THE UNITED STATES OR EX-IM BANK

**MAIL THIS REPORT WITH YOUR PAYMENT TO: EXPORT-IMPORT BANK OF THE UNITED STATES**

DEPT. 22

WASHINGTON, D.C. 20055

**INSTRUCTIONS FOR REPORTING PREMIUMS PAYABLE**

Complete the page heading on the front of this report-form, then follow the steps shown below to report each transaction.

(If NO premiums are payable, check the appropriate box on the front of this report-form.)

- STEP 1.** Enter the FOREIGN BUYER NAME, or if you are reporting a letter of credit transaction, the name of the bank issuing the letter of credit. (please avoid using acronyms if possible.)
- STEP 2.** Enter the COUNTRY in which the foreign buyer is located, or if you are reporting a letter of credit transaction, the COUNTRY in which the bank issuing the letter of credit is located. (Abbreviate if necessary.)
- STEP 3.** Enter the applicable COVERAGE TYPE CODE from the list given on the front of this report-form. (see Note A and Note C below.)
- STEP 4.** Enter the applicable FOREIGN BUYER TYPE CODE from the list given on the front of this report-form. (see NOTE A below.)
- STEP 5.** Enter the applicable TRANSACTION TYPE CODE from the list given on the front of this report-form. (see NOTE A and NOTE B below.)
- STEP 6.** Enter the applicable TERM CODE from the list given on the front of this report-form. (Note that the term should correspond only to the particular TRANSACTION TYPE you are recording. For example, if you are reporting a "pre-shipment" or "consignment" transaction indicate the length of the "pre-shipment" or "consignment" period only.) (see NOTE A and NOTE B below.)
- STEP 7.** Enter the AMOUNT of the transaction. (Use the contract price for short-term transactions. Use contract price, less down payment for medium term transaction.)
- STEP 8.** Enter your PREMIUM RATE. (if your policy has more than one premium rate, or if your premium rate is taken from a rate schedule, be sure to use the correct premium rate.) (see NOTE A below.)
- STEP 9.** Enter the PREMIUM DUE by applying the AMOUNT you have declared under Step #7 to the applicable PREMIUM RATE. (if you are using the same premium rate for all transactions reported on this form and have checked the box marked "USING SAME CODE", you need only show total premium due at the end of your report.)
- STEP 10.** Enter PAGE TOTALS and REPORT TOTALS for AMOUNT and for PREMIUM DUE.
- STEP 11.** Read the paragraph at the bottom of the report-form, then enter your SIGNATURE and DATE PREPARED.

**ADDITIONAL NOTES**

- NOTE A.** If you expect to use the same code (or rate) for each transaction recorded on this page, check the box on the front of this report-form marked "USING SAME CODE" then enter the appropriate code (or rate) in the space provided. You need not enter the code (or rate) for each transaction thereafter.
- NOTE B.** Be certain that your policy allows you to use the TRANSACTION TYPE or TERM being reported.
- NOTE C.** "Comprehensive" means commercial and political risks coverage.  
"Political Only" means that coverage is restricted to political risks. Insured transactions with your subsidiaries or affiliates are covered on a "political only" basis.

**SPECIAL POLICIES--REPORTING ADDITIONAL INFORMATION** (If your policy has been endorsed to require you to report information not included on the front of this report-form, you may use the space provided below to report that information. Numbers to the left refer to line-item numbers on the front of this form.) **ITEM**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

EIB-92-29 (10/05)

[FR Doc. 06-934 Filed 1-31-06; 8:45 am]

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