



Important

Read instructions before completing form. Do not use the same SF 83 to request both an Executive Order 12291 review and approval under the Paperwork Reduction Act.

Send three copies of this form, the material to be reviewed, and paperwork—three copies of the supporting statement, to:

Office of Information and Regulatory Affairs
Office of Management and Budget
Attention: Docket Library, Room 3201
Washington, DC 20503

Answer all questions in Part I. If this request is for review under E.O. 12291, complete Part II and sign the regulatory certification. If this request is for approval under the Paperwork Reduction Act and 5 CFR 1320, skip Part II, complete Part III and sign the paperwork certification.

PART I.—Complete This Part for All Requests.

0960-0060

1. Department/agency and Bureau/office originating request
DHHS/SSA
Office of Retirement and Survivors Insurance

2. Agency code
0 9 6 0

3. Name of person who can best answer questions regarding this request
Ron Compton

Telephone number
(301) 594-5706

4. Title of information collection or rulemaking

Application for a Social Security Number Card (Original, Replacement or Correction)

SS-5

5. Legal authority for information collection or rule (cite United States Code, Public Law, or Executive Order)
USC or Section 205(c)(2)(B) of the Social Security Act

6. Affected public (check all that apply)

- 1 Individuals or households
- 2 State or local governments
- 3 Farms
- 4 Businesses or other for-profit
- 5 Federal agencies or employees
- 6 Non-profit institutions
- 7 Small businesses or organizations

PART II.—Complete This Part Only If the Request Is for OMB Review Under Executive Order 12291

7. Regulation Identifier Number (RIN) _____ or, None assigned

8. Type of submission (check one in each category)		Type of review requested
Classification	Stage of development	
1 <input type="checkbox"/> Major	1 <input type="checkbox"/> Proposed or draft	1 <input type="checkbox"/> Standard
2 <input type="checkbox"/> Nonmajor	2 <input type="checkbox"/> Final or interim final, with prior proposal	2 <input type="checkbox"/> Pending
	3 <input type="checkbox"/> Final or interim final, without prior proposal	3 <input type="checkbox"/> Emergency
		4 <input type="checkbox"/> Statutory or judicial deadline

9. CFR section affected
_____ CFR _____

10. Does this regulation contain reporting or recordkeeping requirements that require OMB approval under the Paperwork Reduction Act and 5 CFR 1320? Yes No

11. If a major rule, is there a regulatory impact analysis attached? Yes No
If "No," did OMB waive the analysis? Yes No

Certification for Regulatory Submissions

In submitting this request for OMB review, the authorized regulatory contact and the program official certify that the requirements of E.O. 12291 and any applicable policy directives have been complied with.

Signature of program official _____ Date _____

Signature of authorized regulatory contact _____ Date _____

12. (OMB use only)

Complete This Part Only If the Request Is for Approval of a Collection of Information Under the Paperwork Reduction Act and 5 CFR 1320.

13. Abstract—Describe needs, uses and affected public in 50 words or less "Social, Security, Benefits, Application, Number, Original, Replacement, Correction." The information collected on this form is used to assign Social Security numbers to individuals in order that they may obtain employment, report earnings, open bank accounts, pay taxes, apply for benefits and for other purposes. The affected public consists of individuals who apply for Social Security numbers.

14. Type of information collection (check only one)

Information collections not contained in rules

- 1 [X] Regular submission 2 [] Emergency submission (certification attached)

Information collections contained in rules

- 3 [] Existing regulation (no change proposed) 6 Final or interim final without prior NPRM 7 Enter date of expected or actual Federal Register publication at this stage of rulemaking (month, day, year):
4 [] Notice of proposed rulemaking (NPRM) A [] Regular submission
5 [] Final, NPRM was previously published B [] Emergency submission (certification attached)

15. Type of review requested (check only one)

- 1 [] New collection 4 [] Reinstatement of a previously approved collection for which approval has expired
2 [] Revision of a currently approved collection
3 [X] Extension of the expiration date of a currently approved collection without any change in the substance or in the method of collection 5 [] Existing collection in use without an OMB control number

16. Agency report form number(s) (include standard/optional form number(s))

SS-5

22. Purpose of information collection (check as many as apply)

- 1 [X] Application for benefits
2 [X] Program evaluation
3 [X] General purpose statistics
4 [X] Regulatory or compliance
5 [X] Program planning or management
6 [X] Research
7 [X] Audit

17. Annual reporting or disclosure burden

Table with 5 rows: 1 Number of respondents (21,000,000), 2 Number of responses per respondent (1), 3 Total annual responses (21,000,000), 4 Hours per response (8 minutes), 5 Total hours (2,800,000)

18. Annual recordkeeping burden

Table with 4 rows: 1 Number of recordkeepers, 2 Annual hours per recordkeeper, 3 Total recordkeeping hours, 4 Recordkeeping retention period (years)

19. Total annual burden

Table with 5 rows: 1 Requested (2,800,000), 2 In current OMB inventory (1,600,000), 3 Difference (+1,200,000), 4 Program change (+266,667), 5 Adjustment (+933,333)

23. Frequency of recordkeeping or reporting (check all that apply)

- 1 [] Recordkeeping Reporting
2 [X] On occasion
3 [] Weekly
4 [] Monthly
5 [] Quarterly
6 [] Semi-annually
7 [] Annually
8 [] Biennially
Other (describe):

20. Current (most recent) OMB control number or comment number

0960-0066

24. Respondents' obligation to comply (check the strongest obligation that applies)

- 1 [] Voluntary
2 [X] Required to obtain or retain a benefit
3 [] Mandatory

21. Requested expiration date

3 years from the date of the OMB clearance

25. Are the respondents primarily educational agencies or institutions or is the primary purpose of the collection related to Federal education programs? [] Yes [X] No

26. Does the agency use sampling to select respondents or does the agency recommend or prescribe the use of sampling or statistical analysis by respondents? [] Yes [X] No

27. Regulatory authority for the information collection

20 CFR 422.107 ; or FR ; or Other (specify):

Paperwork Certification

In submitting this request for OMB approval, the agency head, the senior official or an authorized representative, certifies that the requirements of 5 CFR 1320, the Privacy Act, statistical standards or directives, and any other applicable information policy directives have been complied with.

Signature of program official Dale W. Sopper

Dale W. Sopper

Date 1-22-87

Associate Commissioner for Management, Budget, and Personnel

Signature of agency head, the senior official or an authorized representative

Harry A. Hadd Departmental Reports Clearance Officer

Date 2/17/87