

delivered or mailed to the appropriate HUD office at the address indicated in Section II.

Dated: February 22, 1996.

Mark C. Gordon,
*General Deputy Assistant Secretary for
 Community Planning and Development.*
 [FR Doc. 96-4500 Filed 2-27-96; 8:45 am]
BILLING CODE 4210-29-P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[AK-962-1410-00-P; F-14841-A]

Alaska Native Claims Selection

In accordance with Departmental regulation 43 CFR 2650.7(d), notice is hereby given that a decision to issue conveyance under the provisions of Sec. 14(a) of the Alaska Native Claims Settlement Act of December 18, 1971, 43 U.S.C. 1601, 1613(a), will be issued to Brevig Mission Native Corporation for 868.63 acres. The lands involved are in the vicinity of Brevig Mission, Alaska.

Kateel River Meridian
 Tract A of U.S. Survey No. 4494

A notice of the decision will be published once a week, for four (4) consecutive weeks, in The Nome Nugget. Copies of the decision may be obtained by contacting the Alaska State Office of the Bureau of Land Management, 222 West Seventh Avenue, #13, Anchorage, Alaska 99513-7599 (907) 271-5960.

Any party claiming a property interest which is adversely affected by the decision, an agency of the Federal government or regional corporation, shall have until March 29, 1996 to file an appeal. However, parties receiving service by certified mail shall have 30

days from the date of receipt to file an appeal. Appeals must be filed in the Bureau of Land Management at the address identified above, where the requirements for filing an appeal may be obtained. Parties who do not file an appeal in accordance with the requirements of 43 CFR Part 4, Subpart E, shall be deemed to have waived their rights.

Terry R. Hassett,
Chief, Branch of 962 Adjudication.
 [FR Doc. 96-4510 Filed 2-27-96; 8:45 am]
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DEPARTMENT OF LABOR

Office of the Secretary

**Submission for OMB Review;
 Comment Request**

February 22, 1996.

The Department of Labor (DOL) has submitted the following public information collection requests (ICRs) to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995 (P.L. 104-13, 44 U.S.C. Chapter 35). Copies of these individual ICRs, with applicable supporting documentation, may be obtained by calling the Department of Labor Acting Departmental Clearance Officer, Theresa M. O'Malley ((202) 219-5095). Individuals who use a telecommunications device for the deaf (TTY/TDD) may call (202) 219-4720 between 1:00 p.m. and 4:00 p.m. Eastern time, Monday through Friday.

Comments should be sent to Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for the Employment Standards Administration, and the OMB Desk Officer for the

Bureau of Labor Statistics, Office of Management and Budget, Room 10235, Washington, DC 20503 ((202) 395-7316), within 30 days from the date of this publication in the Federal Register.

The OMB is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

Agency: Employment Standards Administration.

Title: Application to Employ Special Industrial Homeworkers; Application to Employ Student-Learners; Application to Employ Workers with Disabilities; Supplemental Data Sheet for Application to Employ Workers with Disabilities.

OMB Number: 1215-0005.

Agency Number: WH-2; WH-205; WH-266-MIS; WH-226A-MIS.

Frequency: On occasion.

Affected Public: Individuals or households; Business or other for-profit, Not-for-profit institutions; Farms; State, Local or Tribal Government.

Form	Number of respondents	Estimated time per response	Subtotal
WH-2	50	30 minutes	25
WH-205	600	30 minutes	300
WH-226-MIS	5,000	45 minutes	3,750
WH-226A-MIS	7,200	45 minutes	5,400

Total Burden Hours: 9,475.
Total Burden Cost (capital/startup): 0.
Total Burden Cost (operating/maintaining): \$2,000.

Description: This information is necessary to determine whether respondents will be authorized to pay subminimum wages to individuals with disabilities and learners and employ

homeworkers in the restricted industries under the provisions of sections 11(d), 14 (a), and (c) of the Fair Labor Standards Act.

Agency: Employment Standards Administration.

Title: Miner's Claim for Benefits Under the Black Lung Benefits Act;

Employment History; Miner Reimbursement Form.

OMB Number: 1215-0052.

Agency Number: CM-911; CM-911a; CM-915.

Frequency: On occasion.

Affected Public: Individuals or households; Business or other for-profit.