Study, Transportation Improvement from Illinois 6 to Interstate 180, Funding and US Army COE Section 404 Permit, Peoria, Marshall, Putnam and Bureau Counties, IL,

Comment Period Ends: 06/23/2006, *Contact:* Matt Fuller 217–492–4625.

EIS No. 20060168, Final EIS, FRC, 00, Cove Point Expansion Project, Construction and Operation of a Liquefied Natural Gas (LNG) Import Terminal Expansion and Natural Gas Pipeline Facilities, U.S. Army COE Section 404 Permit, Docket Nos. CPO5–130–000, CP05–131–000 and CP05–132–00, PA, VA, WV, NY and MD,

Wait Period Ends: 06/05/2006, *Contact:* Todd Sedmak 1–866–208–3372.

EIS No. 20060169, Final EIS, FRC, 00, Crown Landing Liquefied Natural Gas Terminal, Construct and Operate in Gloucester County, NJ and New Castle County, DE; and Logan Lateral Project, Construct and Operate a New Natural Gas Pipeline and Ancillary Facilities in Gloucester County, NJ and Delaware, PA,

Wait Period Ends: 06/05/2006, *Contact:* Todd Sedmak 1–866–208–3372

Amended Notices

EIS No. 20060140, Final EIS, FHW, KS, Withdrawn—Adoption—Kansas Highway 10 (commonly Known as South Lawrence Trafficway), Relocation, Issuance of U.S. Army COE Section 404 Permit, Lawrence City, Douglas County, KS,

Wait Period Ends: 05/31/2006, *Contact:* Wendall L. Meyer 785–228–2544.

Revision of FR Notice Published 04/21/2006. Officially withdrawn by the Preparing Agency.

Dated: May 2, 2006.

Robert W. Hargrove,

Director, NEPA Compliance Division, Office of Federal Activities.

[FR Doc. E6–6859 Filed 5–4–06; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–8167–6]

Proposed CERCLA Administrative Cost Recovery Settlement; Estate of Evelyn Porter Superfund Site

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice; request for public comment.

SUMMARY: In accordance with section 122(i) of the Comprehensive Environmental Response, Compensation, and Liability Act, as amended (''CERCLA''), 42 U.S.C. 9622(i), notice is hereby given of a proposed administrative settlement for recovery of past response costs concerning the Estate of Evelyn Porter Superfund site in Foxborough, Massachusetts with the following settling party: the Estate of Evelyn Porter. The settlement requires the settling party to pay 100% of the Net Liquid Assets of the Estate of Evelyn Porter and 100% of the Net Sales Proceeds from the sale of the Property to the Hazardous Substance Superfund. The settlement includes a covenant not to sue the settling parties pursuant to sections 106 and 107(a) of CERCLA, 42 U.S.C. 9506 and 42 U.S.C. 9607(a). For thirty (30) days following the date of publication of this notice, the Agency will receive written comments relating to the settlement. The Agency will consider all comments received and may modify or withdraw its consent to the settlement if comments received disclose facts or considerations which indicate that the settlement is inappropriate, improper, or inadequate. The Agency's response to any comments received will be available for public inspection at Superfund Reading Room, U.S. Environmental Protection Agency Regional Office, located at One Congress Street, Suite 1100, Boston, Massachusetts 02114.

DATES: Comments must be submitted on or before June 5, 2006.

ADDRESSES: The proposed settlement is available for public inspection at the Superfund Reading Room, U.S. Environmental Protection Agency Regional Office, located at One Congress Street, Suite 1100, Boston, Massachusetts 02114.

FOR FURTHER INFORMATION CONTACT: A copy of the proposed Agreement and Covenant Not to Sue can be obtained from Rona H. Gregory, Senior Assistant Regional Counsel, U.S. Environmental Protection Agency, Region I, One Congress Street, Suite 1100, Mailcode RAA, Boston, Massachusetts 02214, (617) 918–1096. Comments should reference the Estate of Evelyn Porter Superfund Site in Foxborough, Massachusetts, and EPA Docket No. 01–2006–0070 and should be addressed to Regional Hearing Clerk, U.S. Environmental Protection Agency, One Congress Street, Suite 1100, Boston, MA 02114.

Dated: April 19, 2006.

Susan Studlien,

Director, Office of Site Remediation and Restoration.

[FR Doc. E6–6862 Filed 5–4–06; 8:45 am]

BILLING CODE 6560–50–P

EXPORT-IMPORT BANK

[Public Notice 86]

Agency Information Collection Activities: Submission for OMB Review; 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. Our customers will be able to submit this form on paper or electronically. The form has been updated in order to standardize the outline of this application to those used for medium-term insurance and guarantees and financial institution short-term single sale insurance. The application also more explicitly states the financial information that is required to be submitted with the application. This form mirrors the on-line version of the application that Ex-Im Bank is developing.

DATES: Written comments should be received on or before June 5, 2006 to be assured of consideration.

ADDRESSES: Direct all comments to David Rostker, Office of Management and Budget, Office of Information and Regulatory Affairs, NEOB, Room 10202, Washington, DC 20503 (202) 395–3897.

SUPPLEMENTARY INFORMATION:

Title and Form Number: Application for Exporter Short-term Single-Buyer Insurance, EIB 92–64

OMB Number: Presently part of OMB #3048–0009 collection. Going forward we would like this form to have its own OMB number.

Type of Review: Regular.

Need and Use: The information requested enables the applicant to provide Ex-Im Bank with the information necessary to obtain legislatively required assurance of repayment and fulfills other statutory requirements.

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

Estimated Annual Respondents: 160.

Estimated Time Per Respondent: 1 hour.

Estimated Annual Burden: 160 hours.

Frequency of Reporting or Use: As needed each time an exporter seeks to obtain Ex-Im Bank short-term insurance for a single-buyer export sale.

Dated: May 1, 2006.

Solomon Bush,

Agency Clearance Officer.

BILLING CODE 6690–01–M

Export-Import Bank of the United States

OMB #
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APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

This application is to be completed by an exporter (or a broker acting on its behalf) in order to obtain a short-term insurance policy covering sales to a single foreign buyer. Repayment terms can be up to 360 days.

An online version of this application is available on Ex-Im Bank's web site. Ex-Im Bank encourages customers to apply on line, as it will facilitate our review and allow customers a faster response time. Additional information on how to apply for Ex-Im Bank insurance can be found on Ex-Im's web site http://www.exim.gov.

Send this completed application to Ex-Im Bank, 811 Vermont Ave., NW, Washington, D.C. 20571. Ex-Im Bank will also accept e-mailed pdf and faxed applications. Ex-Im Bank will not require the originals of these applications to be mailed. The application must be PDF scans of original applications and all required attachments. (Fax number 202.565.3380, e-mail exim.applications@exim.gov)

APPLICATION FORM

Applicant/Exporter

The applicant/exporter is the U.S. entity that contracts with the buyer for the sale of the U.S. goods and services.

Applicant legal name:		State:
Contact person:		Country:
Position title:		E-mail:
Street Address:		Phone:
City:	Zip Code:	Fax:

Broker (if applicable):

Name of Broker: _____

Ex-Im Bank Broker#: _____

Contact Person: _____

Fax: _____

E-mail: _____

1. GENERAL QUESTIONS

A. Type of Coverage Requested

☐ Comprehensive risk

☐ Political risk

B. Qualification for Coverage

Will the applicant have title to the products at the time they are shipped?

Yes ☐ No ☐

Will the applicant directly invoice the buyer?

Yes ☐ No ☐

If you answered no to either, you may not be eligible for coverage. Call Ex-Im Bank or your broker for assistance.

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C. Primary Reason for applying for this policy

☐ Risk mitigation

☐ Financing

☐ To offer more competitive terms

D. Is this a resubmission of a previously withdrawn, returned or denied application, or a follow-on policy for the same buyer?

☐ Yes

☐ No

If yes, indicate previous transaction number: _____

E. Primary point of contact for this application

☐ Exporter

☐ Broker

2. SPECIAL COVERAGES

Check the boxes for the special coverage that apply to this transaction. Complete and attach the requested forms, where applicable.

☐ Pre-shipment Cover Attachment II – Pre-shipment questionnaire required	☐ Shipment to address in US	☐ Additional Named Insured Attachment IV - ANI required
☐ Bulk agriculture	☐ Enhanced assignment Attachment III - EA questionnaire required	☐ Services
☐ Warehouse Attachment V – Warehouse information required	☐ Foreign currency coverage indicate currency:____ - currency of supply contract ☐ US dollar ☐ foreign currency	☐ Other

3. PARTICIPANTS

Provide information on the additional participants to the transaction.

Supplier

The supplier is the U.S. entity that manufactures the goods and/or performs the services to be exported. Check ☐ if the exporter is the supplier and there are no additional suppliers. Enter any additional suppliers, or check ☐ various:

Supplier legal name:		State:
Contact person:		Country:
Position title:		E-mail:
Street Address:		Phone:
City:	Postal Code:	Fax:

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

Buyer

The buyer is the entity that contracts with the exporter for the purchase of U.S. goods and services.

Buyer legal name:		State:
Contact person:		Country:
Position title:		E-mail:
Street Address:		Phone:
City:	Postal Code:	Fax:

Guarantor

The guarantor is the person or entity that agrees to repay the credit if the buyer does not. Refer to the Short-Term Credit Standards to determine in what circumstances personal or corporate guarantors are required.

Is a guarantor involved in this transaction? Yes ☐ No ☐
If yes, is the guarantor ☐ an individual or ☐ a company?

Guarantor legal name:		State:
Contact person:		Country:
Position title:		E-mail:
Street Address:		Phone:
City:	Postal Code:	Fax:

End-user

The end-user is the foreign entity that uses the U.S. goods and services:
Check if the end-user is also the buyer. ☐

End-user legal name:		State:
Contact person:		Country:
Position title:		E-mail:
Street Address:		Phone:
City:	Postal Code:	Fax:

Agent

An agent is a business entity or individual located in the country of the borrower or buyer who has assisted in the sourcing, packaging, and/or preparation of a request for support from Ex-Im Bank, and which will receive compensation in some form for their services.

Is an agent involved in this transaction? Yes ☐ No☐

If yes, add the agent information below:

Agent legal name:		State:
Contact person:		Country:
Position title:		E-mail:
Street Address:		Phone:
City:	Postal Code:	Fax

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

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Related Parties

Describe any direct or indirect ownership or family relationship that exists between any of the participants. If none, so indicate: ☐ None.

_____

_____

Primary Source of Repayment

The PSOR is the entity whose financial statements or credit information form the basis of Ex-Im Bank's evaluation of reasonable assurance of repayment, i.e. the entity whose financial statements Ex-Im Bank uses to supply calculate the ratios for Short-Term Credit Standards compliance. For this transaction, indicate whether the PSOR is:

☐ the buyer,

☐ the corporate guarantor, or

☐ business combination, (e.g. the consolidated or combined financial statements of the buyer and one or more corporate guarantors.). Indicate which entities comprise the combination_____

Is the PSOR a financial institution? Yes ☐ No ☐

Select the risk category of the PSOR: Private sector ☐ Public sector ☐

Does the PSOR have a bond rating? Yes ☐ No ☐

If yes, indicate the name of the rating agency, rating, and the date of the rating.

_____

4. TRANSACTION DESCRIPTION AND ELIGIBILITY

Indicate whether the sale represents a:

☐ Firm order

☐ sale in negotiations

☐ response to an invitation to bid

Provide a description of the products or service, including their NAICs code, if known:

_____

Regarding the above products or services...

Is each product produced or manufactured in the United States? Yes ☐ No ☐

Has at least one-half of the value, exclusive of mark-up, been added by labor or material exclusively of United States origin? Yes ☐ No ☐

Are these products on the munitions control list? Yes ☐ No ☐

Are the products new or used? New ☐ Used ☐

Are the products capital goods that will be used to produce exportable products? Yes ☐ No ☐

Will any value be added to the product after export from the U.S.? Yes ☐ No ☐

If yes, provide an explanation: _____

Has this transaction been considered by any other export credit insurer? Yes ☐ No ☐

If yes, provide details: _____

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

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5. FINANCED AMOUNTS AND STRUCTURE

Enter the %s for each payment term the exporter will extend to the buyer

(e) Payment terms requested	(number of days)			Please check applicable box				
Payment Type	Sight	Up to 30	Up to 60	Up to 90	Up to 120	Up to 180	Up to 270	Up to 360
Cash Against Documents (CAD)	☐							
Sight Draft Documents Against Payment (SDDP)	☐							
Unconfirmed Irrevocable Letter of Credit (UILC)	☐	☐	☐	☐	☐	☐	☐	☐
Open Account		☐	☐	☐	☐	☐	☐	☐
Sight Draft Documents Against Acceptance (SDDA)		☐	☐	☐	☐	☐	☐	☐
Promissory Note		☐	☐	☐	☐	☐	☐	☐

Number of shipments: ☐ single ☐ multiple under one sales contract

Expected date(s) of shipment: _____

Estimated shipment volume to be insured: _____

If multiple shipments, the expected highest amount outstanding during the shipment period: _____

Other security available: _____

6. CREDIT INFORMATION ON THE PSOR

☐ The information requested in Attachment I: Credit Information is attached.

7. NOTICES AND CERTIFICATIONS

Certifications

The applicant certifies that neither it, nor its Principals, have within the past 3 years been a) debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in, a Covered Transaction, b) formally proposed for debarment, with a final determination still pending, c) indicted, convicted or had a civil judgment rendered against it for any of the offenses listed in the Regulations, d) delinquent on any substantial debts owed to the U.S. Government or its agencies or instrumentalities as of the date of execution of this application; or e) the undersigned has received a written statement of exception from Ex-Im Bank attached to this certification, permitting participation in this Covered Transaction despite an inability to make certifications a) through d) in this paragraph.

The applicant further certifies that it has not and will not knowingly enter into any agreements in connection with the Goods and Services with any individual or entity that has been debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a Covered Transaction. All capitalized terms not defined herein shall have the meanings set forth in the Ex-Im Bank Suspension and Debarment Regulations at 12 C.F.R. Part 413 (Regulations).

In addition, the applicant further certifies that it has not, and will not, engage in any activity in connection with this transaction that is a violation of a) the Foreign Corrupt Practices Act of 1977, 15 U.S.C. 78dd-1, et seq. (which provides for civil and criminal penalties against individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business), b) the Arms Export Control Act, 22 U.S.C. 2751 et seq., c) the International Emergency Economic Powers Act, 50 U.S.C. 1701 et seq., or d) the Export Administration Act of 1979, 50 U.S.C. 2401 et seq.; nor been found by a court of the United States to be in violation of any of these statutes within the preceding 12 months, and to the best of its knowledge, the performance by the parties to this transaction of their respective obligations does not violate any other applicable law.

The applicant certifies that the representation made and the facts stated in this document and any attachments are true, to the best of its knowledge and belief, and it has not misrepresented or omitted any material facts, and if any of the certifications made herein become untrue, Ex-Im Bank will be promptly informed of such changes. The applicant further understands that these certifications are subject to the penalties for fraud against the U.S. Government (18 USC 1001, et seq.).

Notices

The applicant is hereby notified that information requested by this application is done so under authority of the Export-Import Bank Act of 1945, as amended (12 USC 635 et seq.); provision of this information is mandatory and failure to provide the requested information may result in Ex-Im Bank being unable to determine eligibility for support. The information provided will be reviewed to determine the participants' ability to perform and pay under the transaction referenced in this application. Ex-Im Bank may not require

the information and applicants are not required to provide information requested in this application unless a currently valid OMB control number is displayed on this form (see upper right of each page).

Public Burden Statement: Reporting for this collection of information is estimated to average 1 hour per response, including reviewing instructions, searching data sources, gathering information, completing, and reviewing the application. Send comments regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.

Applicant (Exporter) name: _____

Name and title of authorized officer: _____

Signature of Authorized officer: _____

Date: _____

Attachment I: Credit Information Requirements

Directions: The required credit information depends on whether the PSOR is the buyer or corporate guarantor, or a financial institution guarantor and on the amount of credit support requested. Check the boxes that are applicable to your transaction.

1. ☐ The PSOR is not a financial institution:

a) Provide details of the exporter's experience with the buyer

Does the exporter have any experience selling to the buyer? ☐ Yes ☐ No

If yes, provide the following information:

Date of first sale to the buyer: _____

Date of first credit sale to the buyer: _____

Historic credit experience with the buyer:

Yearly Credit Experience	Current year	Prior year 1	Prior year 2
Total amount sold			
Total amount on credit			
Highest amount outstanding for which exporter has been paid			
Payment terms/tenor			

Amount now owing: _____

Payment history: ☐ prompt ☐ 1 – 30 days slow ☐ 31 – 60 days slow ☐ more than 60 days slow

Is there an amount past due? ☐ yes ☐ no

If yes, enter amount due and due dates. _____

Provide reasons for past dues: _____

If past dues were due to foreign exchange problems, does applicant have evidence of local currency deposits on all payments due? ☐ yes ☐ no

b) Provide the applicable supporting financial information on the PSOR. Check the box that applies to your transaction and provide the information noted below the box

☐ The transaction is for an amount up to $50,000:

- credit agency report *or* trade reference or applicant's ledger experience

☐ The transaction is between $50, 001 and $100, 000:

- credit agency report *and* trade reference or applicant's ledger experience

☐ The transaction is between $100,001 and $300, 000:

- credit agency report,
- two trade references or one trade reference and applicant's ledger experience, or
- two most recent years signed fiscal year-end statements

☐ The transaction is between $300, 001 and $ 1,000,000:

- credit agency report
- two trade references
- audited or signed, unaudited financial statements for the last two fiscal years that adequately disclose financial condition and afford a reasonable basis for reliance on the information provided.

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE OMB # Expire

☐ The transaction is between $1,000,001 - $10,000,000

- credit agency report
- two trade references
- bank reference
- audited or signed unaudited financial statements for the last three fiscal years that adequately disclose financial condition and afford a reasonable basis for reliance on the information provided.

2. ☐The PSOR is the financial institution guarantor.

a. Provide details of the exporter's experience with the financial institution guarantor. Include dates and amounts of previous transactions with the PSOR or indicate ☐ None

_____

b. Provide supporting financial information.

Check the box that applies to your transaction and provide the information noted below the box

☐ The transaction is for an amount up to $1 million:

- One favorable reference from creditor bank.
- One short-term debt rating of the PSOR from S & P, Moody's or Fitch IBCA. Ratings must be B, P-3 or F3 or better, respectively.

OR

- Most recently published fiscal year end or interim statements or statement spreads from Fitch IBCA, or Bankscope.

☐ The transaction is for between $1,000,001 and $10,000,000

- One favorable reference from a creditor bank
- If the PSOR does not have an acceptable current market rating, provide most recently published audited financial statements that adequately disclose financial condition and were prepared in accordance with to accounting principles that afford a reasonable basis for reliance on the information provided.

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Attachment II
Pre-shipment Questionnaire

Details of Coverage Requested

a) Provide the reason pre-shipment coverage is requested _____

b) Indicate the date the contract was executed or the anticipated date of signing

c) Indicate the estimated period between the contract date and the final shipment date

d) Provide a schedule of any progress payments made or to be made by the buyer or during the pre-shipment period, or indicate none:

_____

Attachment III. Enhanced Assignment Questionnaire

If requesting Enhanced Assignment, attach

- A bank reference on the exporter/applicant dated within six months of the application
- Two trade references dated within six months of the application
- Financial statements on the exporter/applicant as follows, for a policy limit of liability of:

  $500,000 or less signed by an authorized officer for the applicant/exporter

  $500,001 - $999,999 reviewed by a CPA with notes attached

  $1,000,000 or more audited by a CPA with opinion and notes attached

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APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

Attachment IV Additional Named Insured Questionnaire

Indicate the name of the additional named insured as follows:

Legal Name: _____

Address: _____

City: _____

State: _____

Country: _____

Zip/ Postal Code: _____

Relationship to Applicant: _____

Role in the transaction: _____

E-mail: _____

Contact person: _____

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Attachment V – Warehouse Information

If you requested the Special Coverage – Warehouse, answer the following questions about the warehouse

Warehouse Type: ☐ Owned or controlled by exporter

☐ Bonded warehouse

☐ Neither

Warehouse Location: City _____

State/Province _____

Country_____

EIB 92-64

[FR Doc. 06–4209 Filed 5–4–06; 8:45am]
BILLING CODE 6690–01–C