



**BILLING CODE 5001-06**

**DEPARTMENT OF DEFENSE**

**Office of the Secretary**

**[Docket ID: DOD-2018-OS-0079]**

**Submission for OMB Review; Comment Request**

**AGENCY:** Office of the Under Secretary of Defense for Personnel and Readiness, DoD.

**ACTION:** 30-day information collection notice.

**SUMMARY:** The Department of Defense has submitted to OMB for clearance the following proposal for collection of information under the provisions of the Paperwork Reduction Act.

**DATES:** Consideration will be given to all comments received by **[INSERT DATE 30 DAYS FROM DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

**ADDRESSES:** Comments and recommendations on the proposed information collection should be emailed to Ms. Jasmeet Seehra, DoD Desk Officer, at [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). Please identify the proposed information collection by DoD Desk Officer, Docket ID number, and title of the information collection.

**FOR FURTHER INFORMATION CONTACT:** Angela James, 571-372-7574, or

[whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil).

**SUPPLEMENTARY INFORMATION:**

**TITLE; ASSOCIATED FORM; AND OMB NUMBER:** Family Member Travel Screening; DD Form 3040, Screening Verification; DD Form 3040-1, Medical and Educational Information; DD Form 3040-2, Dental Health Information; DD Form 3040-3, Patient Care Review; DD Form 3040-4, Administrative Review Checklist; OMB Control Number 0704-0560.

**TYPE OF REQUEST:** Revision.

**NUMBER OF RESPONDENTS:** 267,032.

**RESPONSES PER RESPONDENT:** 1.

**ANNUAL RESPONSES:** 267,032.

**AVERAGE BURDEN PER RESPONSE:** 17.5 minutes.

**ANNUAL BURDEN HOURS:** 85,030.25.

**NEEDS AND USES:** The DD Forms 3040, 3040-1, 3040-2, 3040-3, and 3040-4 are used are used during the Family Member Travel Screening (FMTS) process when active duty Service members with Permanent Change of Station (PCS) orders request Command sponsorship for accompanied travel to remote or OCONUS installations. These forms document any special medical, dental, and/or educational needs of dependents accompanying the Service member to assist in determining the availability of care at a gaining installation.

**AFFECTED PUBLIC:** Individuals or households.

**FREQUENCY:** As required.

**RESPONDENT'S OBLIGATION:** Mandatory.

**OMB DESK OFFICER:** Ms. Jasmeet Seehra.

You may also submit comments and recommendations, identified by Docket ID number and title, by the following method:

- Federal eRulemaking Portal: <http://www.regulations.gov>. Follow the instructions for submitting comments.

Instructions: All submissions received must include the agency name, Docket ID number, and title for this Federal Register document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the Internet at <http://www.regulations.gov> as they are received without change, including any personal identifiers or contact information.

**DOD CLEARANCE OFFICER:** Ms. Angela James.

Requests for copies of the information collection proposal should be sent to Ms. James at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil).

Dated: May 13, 2019.

**Aaron T. Siegel,**

*Alternate OSD Federal Register Liaison Officer,*

*Department of Defense.*

[FR Doc. 2019-10141 Filed: 5/15/2019 8:45 am; Publication Date: 5/16/2019]