

TECHNICAL TRANSFER EVALUATION

OMB # 1029-0114
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The OSM's (Name of organization) recently provided a technical transfer project or activity as listed below. In order to better provide technical transfer activities in the future, we would appreciate your input by completing this form. We are collecting this information as part of evaluating OSM's performance of its responsibilities under the Government Performance and Results Act.

Project Name _____

Technical transfer completion date _____ Project ID # _____

Type of Transfer

Workshop

Presentation

Document Request

Consultation

Other Please describe _____

Please rate your overall level of satisfaction with the technical transfer activity.

(Please circle one)
(very dissatisfied) 1 2 3 4 5 (very satisfied)

Comments

Your Name _____

Date _____

Return to: Office of Surface Mining
(Organization name)

(Organization address)

or Fax to: (organization's fax)
or e-mail to _____
[@osmre.gov](mailto:osmre.gov)

PAPERWORK REDUCTION STATEMENT

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501) requires us to inform you that: Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. This information is being collected in order to better serve you in the future and as part of OSM's performance of its responsibilities under the Government Performance and Results Act. The obligation to respond is voluntary.

Public reporting burden for this form is estimated to average 5 minutes per response, including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Office of Surface Mining Reclamation and Enforcement, Room 202 SIB, 1951 Constitution Ave, NW, Washington, D.C. 20240.