

U.S. DEPARTMENT OF ENERGY

Information Collection Clearance Manager Appointment

SECTION I. Appointment Information

Pursuant to [DOE Order 200.2, Information Collection Management Program](#), (Name) _____

is hereby appointed to serve as the Information Collection Clearance Manager (ICCM) representing (DOE Element) _____.

The incumbent's responsibilities include providing varying levels of administrative and technical information collection management assistance and guidance while serving in this capacity. This appointment is effective on the date signed by the Approving Official, until canceled by the Approving Official or authorized designee.

To effect the appointment, complete the following and submit the form to informationcollection@hq.doe.gov.

Approving Official Name (*print*) Signature Date

Position Title Organization (Name and Code)

To cancel the appointment, complete the following and submit the form to informationcollection@hq.doe.gov.

Approving Official Name (*print*) Signature Date

Position Title

SECTION II. Appointee Contact Information

Location (*City, State*)

Email Phone Number

SECTION III. Appointee Acknowledgement

I acknowledge my collateral duty appointment until canceled by the Approving Official or authorized designee. I will review applicable information collection management policy, procedures, and guidance to help ensure my effectiveness in my collateral duty capacity.

Appointee Signature Date