

**APPLICATION FOR REWARD
FOR ORIGINAL INFORMATION
PART A
To Be Completed by Applicant**

Name of Claimant		Social Security Number
Complete Address Including Zip Code		
<i>I am applying for a reward, in accordance with the law and regulations, for original information furnished, which may lead to the detection of a violation of the Federal Oil and Gas Royalty Management Act of 1982 (FOGRMA), as amended, and other laws of the United States, and which may also lead to the collection of royalty or other payments owed. I was not an officer or employee of the United States, a State or Indian Tribe, or a contractor performing official duties authorized by FOGRMA at the time I divulged it. I provided the information in writing as summarized below:</i>		
Name of MMS employee to whom violation was reported	Title	Date Reported
Name of person or company who committed the violation	Complete address including zip code	
Brief description of the violation (attach copy of original written statement)		
Under penalties of perjury, I declare that I have examined this application and my accompanying statement, if any, and to the best of my knowledge and belief they are true, correct, and complete. I understand that no reward will be paid until after royalties or other payments owed are collected and no longer subject to dispute. I also understand that the amount of any reward will be determined in accordance with 30 CFR 218.57 and will represent what the Director, Minerals Management Service, considers appropriate in the particular case.		
Signature of claimant		Date

The Paperwork Reduction Act of 1995 requires us to inform you that this information is being collected to aid the Minerals Management Service in processing your claim for a reward under FOGRMA. This application is voluntary. The information requested enables MMS to determine and pay rewards, to control reward applications, and to report a claimant's reward as taxable income to the Internal Revenue Service consequently MMS needs your true name and social security number. Failure to provide the information requested may result in suspension of this application. MMS does not disclose the identity of its informants to unauthorized persons. Public reporting burden is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data, completing and reviewing this form. Comments on the accuracy of this burden estimate or suggestions on reducing this burden should be directed to ICCO, Minerals Management Service, MS 4230, 1849 C Street NW, Washington, DC 20240. An agency 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.

**APPLICATION FOR REWARD
FOR ORIGINAL INFORMATION
PART B**

To be completed by Minerals Management Service

Claim Number

Claim Date

COMPLIANCE AND ASSET MANAGEMENT

Results of Investigation (attach complete report)

Brief description: _____

Royalty or Other Payments Recovered \$ _____

Reward Recommended

Yes Amount \$ _____ (show computation in report)

No Reason _____

Assistant Program Director, Compliance and Asset Management Date

MINERALS REVENUE MANAGEMENT APPROVAL

Associate Director for Minerals Revenue Management Date

MINERALS MANAGEMENT SERVICE APPROVAL

Approved for payment Authorized Amount of Reward \$ _____

Disapproved

Director, Minerals Management Service Date