

**Application For Reward For Original Information  
Form MMS-4280, Part A  
(To Be Completed by Applicant)**

Name of Claimant		Social Security Number
Complete Address Including Zip Code		
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:		
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 Privacy Act of 1974 Statement:** 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. MMS needs your true name and Social Security number on this application in order to process it. Not providing the information requested may result in suspension of the processing of this application. MMS authority for asking for this information is derived from FOGRMA (30 U.S.C. 1723 and 1751). MMS does not disclose the identity of its informants to unauthorized persons.

**Paperwork Reduction Act of 1995 (PRA) Statement:** The PRA (44 U.S.C. 3501 *et seq.*) requires us to inform you that we collect this information to aid MMS in processing your claim for a reward under FOGRMA. The MMS uses the information to pay a reward to certain individuals who provide information to the Government leading to the recovery of royalty or other payments owed to the United States from oil and gas leases on Federal lands or the Outer Continental Shelf. Responses are voluntary and of own initiative by the individuals. Proprietary information is protected in accordance with standards established by the Federal Oil and Gas Royalty Management Act of 1982 (30 U.S.C. 1733), the Freedom of Information Act [5 U.S.C. 552(b)(4)], and the Department regulations (43 CFR 2). 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. Public reporting burden for this form is estimated to average one hour per response, including the 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, Minerals Management Service, Mail Stop 4230, 1849 C Street, NW, Washington, DC 20240.

**Application For Reward For Original Information  
Form MMS-4280, 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