INSTRUCTIONS: Use this form when a single information collection document involves multiple public reporting and recordkeeping requirements. The totals of the figures in cols. (d), (F), (H), (I) and (K) should be entered in item 13 of OMB 83-1. For cols. (E), (G), & (J), the averages of the totals shall be computed, as follows, and then entered on the OMB 83-1.

TITLE OF INFORMATION COLLECTION DOCUMENT

Plum Pox Compensation

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DATE PREPARED

(F) Total (H) Total (K) Total = (J) AverageOF...... 5/4/2007 (D) Total (F) Total (I) Total IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT ANNUAL BURDEN **REPORTS RECORDS** FORM NO(S). NO. OF RESPONSE PER TOTAL **ANNUAL** TOTAL RECORD-(If "none", HOURS **SECTION OF** ANNUAL NO. OF **HOURS** TOTAL NO. OF DESCRIPTION so state) PER **KEEPING** REGULATIONS **RESPON-**RESPONSES PER **HOURS** RECORD RESPON-RECORD-KEEPER HOURS (Col. D x E) DENTS RESPONSE (Col. F x G) **KEEPERS** DENT (Col. I x J) (B) (E) (G) (H) (A) (D) (F) (I) (K) (C) (J) 301.74-5 Application for Plum Pox Compensation (0159 and 0251) PPQ 651 7 0.160