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-i. For cols. (E), (G), & (J), the averages of the totals shall be computed, as follows, and then entered on the OMB 83-i.

TITLE OF INFORMATION COLLECTION DOCUMENT

Potato Cyst Nematode; Quarantine and Regulations, APHIS 2006-0143

OMB NO. PAGE 0579- XXXX

DATE PREPARED 8-1-2007

..1.....OF......

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN							
SECTION OF REGULATIONS	DESCRIPTION	FORM NO(S). (If "none", so state)	REPORTS						RECORDS	
			NO. OF RESPON- DENTS	NO. OF RESPONSE PER RESPON- DENT	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G)	NO. OF RECORD KEEPERS	ANNUAL HOURS PER RECORD- KEEPER	TOTAL RECORD- KEEPING HOURS (Col. I x J)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
301.86-5, 86-8	Federal Certificate									
	FARMERS	PPQ 540	90	50.00	4,500	0.200	900			
	BUSINESS		60	50.00	3,000	0.200	600			
301.86-5, 86-8	Federal Limited Permit									
301.00-3, 00-0	FARMERS	PPQ 530	30	50.00	1,500	0.200	300			
	BUSINESS	11 Q 330	20	50.00	1,000	0.200	200			
	BUSINESS		20	30.00	1,000	0.200	200			
301.86-5	Compliance Agreements									
	FARMERS	PPQ 519	120	50.00	6,000	1.250	7,500			
	BUSINESS		80	50.00	4,000	1.250	5,000			
								}		
			400		20,000		14,500			

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= (J) Average

(H) Total

(F) Total

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= (G) Average (K) Total 8-1-2007 (D) Total (F) Total IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT ANNUAL BURDEN **REPORTS RECORDS** FORM NO(S). NO. OF RESPONSE PER RESPON-ANNUAL HOURS PER TOTAL TOTAL RECORD-(If "none", SECTION OF ANNUAL NO. OF **HOURS** TOTAL NO. OF DESCRIPTION so state) **KEEPING** REGULATIONS **RESPON-**RESPONSES PER **HOURS** RECORD RECORD-KEEPER HOURS (Col. D x E) DENTS RESPONSE (Col. F x G) **KEEPERS** DENT (Col. I x J) (B) (D) (E) (G) (H) (K) (A) (F) (I) (C) (J) 20,000 14,500