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

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8-1-2007

DATE PREPARED

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

(F) Total (D) Total (F) Total (F) Total (G) Average (K) Total (I) Total (I) Total (I) Total

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 BUSINESS	PPQ 540	90 60	50.00 50.00	4,500 3,000	0.200 0.200	900 600			
301.86-5, 86-8	Federal Limited Permit FARMERS BUSINESS	PPQ 530	30 20	50.00 50.00	1,500 1,000	0.200 0.200	300 200			
301.86-5	Compliance Agreements FARMERS BUSINESS	PPQ 519	120 80	50.00 50.00	6,000 4,000	1.250 1.250	7,500 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