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.

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT

TITLE OF INFORMATION COLLECTION DOCUMENT

Domestic Quarantines 0579-0088

OMB NO. 0579- XXXX

6-13-2008

PAGE

DATE PREPARED

..1....of...7...

ANNUAL BURDEN

					REPORTS				RECORDS	
SECTION OF REGULATIONS	DESCRIPTION	FORM NO(S). (If "none", so state)	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)	(1)	(J)	(K)
301.38-7 (BSR)	State Plant Protection or mover will attach cert/permit to regulated article	PPQ 537	25	60.00	1,500	0.016	24			
301.45-8 (GM)	""									
301.50-8 (PSB)	Attach cert/permit to regulate article		6	100.00	600	0.016	10			
01.52-7 (pkbollworm)	Attach cert/permit		40	150.00	6,000	0.016	96			
01.64-8 (Mex ff)	Attach cert/permit		15	375.00	5,625	0.016	90			
301.78-8 (med ff.)	Attach cert/permit		15	10.00	150	0.016	2			
801.80-7 (witchweed)	Attach cert/permit		25	20.00	500	0.016	8			
801.81-9 (IFA)	Attach cert/permit		5	1.00	5	0.016	-			
801.85-7 (GN)	Attach cert/permit		15	36.00	540	0.016	9			
801.87-8	Attach cert/permit (sugarcane disease)		10	1.00	10	0.016				
01.91-9	Attach cert/permit (European Larch Canker)		9	10.00	90	0.016				
01.93-8	Attachment cert/permit (Oriental fruit fly)		5	1.00	5	0.016				
01.51-8(a) & (b)	State Plant Protection or mover will attach limited permit									
	to regulated article		15	2.00	30	0.016				
**	n n		200	3.00	600	0.016	10			
801.38-5 (BSR)	State Plant Protection time to complete and issue cert.	PPQ 540	25	12.00	300	0.200	60			
01.45-5 (PSB)	State Plant Protection to issue cert.		40	300.00	12,000	0.200	2,40			
01.50-5 (PSB)	State Plant Protection to issue cert.		6	10.00	60	0.200	1:	2		
01.52-4(ALB)	State Plant Protection to issue cert.		20	200.00	4,000	0.200	80			
01.64-5 (mex ff)	State Plant Protection to issue cert.		15	15.00	225	0.200	4	5		
01.78-5 (med ff)	State Plant Protection to issue cert.		50	20.00	1,000	0.200	20			
01.80-4 (witchweed)	State Plant Protection to issue cert.		3,000	2.00	6,000	0.200	1,20)		
801.81-5 **(IFA)	State Plant Protection to issue cert.		10	1.00	10	0.200		2		
801.85-4 (GN)	State Plant Protection to issue cert.		15	4.00	60	0.200	1	2		
301.87-5	State Plant Protection to issue cert. (sugarcane disease)		15	10.00	150	0.200	3			
01.91-5	State Plant Protection to issue cert. (European larch canker)		15	20.00	300	0.200	6			
01.93-5	State Plant Protection to issue cert. (Criental fruit fly		25	2.00	50	0.200	1	0		
01.92-5, 92-8	Certificate		1,500	120.00	180,000	0.200	36,00	0		
01.51-5(a)	State Plant Protection time to complete and issue cert.		25	1.00	25	0.200		5		
01.51-*(a)	State Plant Protection time to complete and issue cert.		100	1.00	100	0.200	2	0		

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

Domestic Quarantines 0579-0088

OMB NO. 0579- XXXX

6-13-2008

PAGE

DATE PREPARED

..2...oF......

(H) Total (F) Total (F) Total = (E)

= (G) Average (K) Total = (J) Average

IDENTIFICA	IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT		ANNUAL BURDEN								
			REPORTS						RECORDS		
SECTION OF REGULATIONS	DESCRIPTION	FORM NO(S). (If "none", so state)	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)	(1)	(J)	(K)	
301.45-8	State Plant Protection or mover will attach cert. to regulated article (PSB)	PPQ 527	45	260.00	11,700	0.016	187				
301.50-8	* *		6	100.00	600	0.016	10				
301.52-7	" " (ALB)		40	119.00	4,760	0.016	76	I			
301.64-8	" " (MFF)		15	200.00	3,000	0.016	48				
301.78-8	" " (Med FF)		30	310.00	9,300	0.016	149				
301.81-9**	" " (Imported Fire Ant)		2,600	4.00	10,400	0.016	166				
301.85-7	" " (GN)		15	80.00	1,200	0.016	19				
301.87-8	" " (sugarcane diseases)		10	3.00	30	0.016					
301.91-8	" " (European Larch Canker)		9	24.00	216	0.016	3				
301.93-8	"" (Oriental FF)		10	16.00	160	0.016	3				
Append. iii, c. 4	************************************		,	10.00	,00	0.010	Ū				
301-51-8(a) & (b) (ALB)	State Plant Protection or mover will attach cert to regulated article		30	2.00	60	0.016	1				
301.51-8(a) &(b) (EAB)	State Plant Protection or mover will attach cert to regulated articles		30	2.00	60	0.016	1				
301.38-4	State Plant Protection time to complete & issue limited permit (BSR)	PPQ 530	15	8.00	120	0.200	24				
301.50-5	" " (PSB)		6	20.00	120	0.200	24				
301.52-4	" " (pkbollworm)		25	350.00	8,750	0.200	1,750				
301.64-8	" " (Mexican FF)		15	430.00	6,450	0.200	1,290				
301.78-5	" " (CC)		50	1.00	50	0.200	10				
301.81-5	" " (IFA)		50	1.00	50	0.200	10				
301.85-4	" " (NG)		15	65.00	975	0.200	195				
301.91-5	" " (European Larch Canker)		10	30.00	300	0.200	60				
301.93-5	" " (Oriental FF)		50	1.00	50	0.200	10	1			
301.51-5(b) (ALB)	State Plant Protection time to complete and issue limited permit		15	2.00	30	0.200	6				
301.51-5(b) (EAB)	State Plant Protection time to complete and issue limited permit		1,000	3.00	3,000	0.200	600				
								1			
								L			

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.

(D) Total

TITLE OF INFORMATION COLLECTION DOCUMENT

Domestic Quarantine Notices

OMB NO.

ANNUAL BURDEN

PAGE

0579- 0088 DATE PREPARED

6-13-2008

.3....OF...]....

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT

(H) Total = (G) Average (K) Total = (J) Average (I) Total

			REPORTS						RECORDS			
SECTION OF REGULATIONS	DESCRIPTION	FORM NO(S). (If "none", so state)	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)	(1)	(J)	(K)		
301.38-3	State Cooperator's completes inspection, interview & form (BSR)	PPQ 543	15	20.00	300	0.500	150					
Appendix 111C4	Enforcement Violation investigation by State inspectors	PPQ 523	60	1.00	60	1.000	60	10				
301-53-5	Emergency Action Notification	,, 4 525	330	1.00	330	1.000	330					
Appendix 111C4	Report of Violation	PPQ 518	200	2.00	400	0.170	68					
				1								
301.92-6 (P. ramorum)	Compliance Agreements	PPQ 519	1,500	1.00	1,500	1.250	1,875					
301.51-5(a)(2) & 6(a)	н н		250	1.00	250	1.250	313					
301.64	* *		15	1.00	15	1.250	19					
301.51-5(a)(2) & 6(a)	" " (Sign Only)											
301.45-4(GM)	Outdoor Household Article (OHA) document issued by	None	171,000	1.00	171,000	0.167	28,557					
	QCA or owner/mover		250	150.00	37,500	0.170	6,375					
301.45-9 (GM)	Inspections of outdoor household articles	None	250	100.00	25,000	0.500	12,500	-				
301.38-5	Mover/grower/farmer notifies State prior to departure (BSR)	None	15	20.00	300	0.030	9					
301.45-7	Mover/grower/farmer notifies State prior to departure (GM)		2,300	126.00	289,800	0.030	8,694					
301.50-7	Mover/grower/farmer notifies State prior to departure (PSB)		6	100.00	600	0.030	18					
301.52-6	Mover/grower/farmer notifies State prior to departure ((PB)		30	350.00	10,500	0.030	315					
301.78-7	Mover/grower/farmer notifies State prior to departure (Med. ff)		70	5.00	350	0.030	11					
301-80-6	Mover/grower/farmer notifies State prior to departure (wiitchw)		30	200.00	6,000	0.030	180					
301.81-8	Mover/grower/farmer notifies State prior to departure (IFA)		25	4.00	100	0.030	3	ı				
301.85-6	Mover/grower/farmer notifies State prior to departure (IFA)		15	50.00	750	0.030	23					
301.93-7	Mover/grower/farmer notifies State prior to departure (OFF)		25	50.00	1,250	0.030	38					
301.45-4(c) 301.50-4, 301.85-1	Attach permit toag or label to outside of container (GM) " " (PSB) (GN)		56	4.00	224	0.050	11					
301.48-4(D)(5)	Treatment Records (JB)							5	8.000	40		

INSTRUCTIONS: Use this form when a single information collection document involves multiple public reporting and recordkeeping requirements. The totals of the figures in cos (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

(D) Total

TITLE OF INFORMATION COLLECTION DOCUMENT

Domestic Quarantine Notices

OMB NO.

6-13-2008

DATE PREPARED

PAGE 0579- 0088

.4...or....

(H) Total = (G) Average (K) Total = (J) Average (I) Total

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT ANNUAL BURDEN

IDENTIFICAT	ION OF REPORTING OR RECORDREEPING REQUIREMENT		ANNUAL BURDEN REPORTS RECORDS								
		FORM NO(S).		NO. OF	TOTAL				TOTAL		
SECTION OF REGULATIONS	DESCRIPTION	(If "none", so state)	NO. OF RESPON- DENTS	RESPONSE PER RESPON- DENT	ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G)	NO. OF RECORD KEEPERS	ANNUAL HOURS PER RECORD- KEEPER	RECORD- KEEPING HOURS (Col. I x J)	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)	
801.48-4(d)(8)	Notification of Unscheduled flights (JB)	None	5	15.00	75	0.166	12				
801.75.12	Mover stamps rubber certificate on regulated article (EAB)	None	15	1,125.00	16,875	0.030	506	at a			
301.75-12	(Citruc canker)		50	300.00	15,000	0.030	450				
801.38-3	Signed statement from State Plant Regulatory Officials (BSR)	None	15	3.00	45	0.400	18	5			
01.45-1	Qualified Certifee Applicator (QCA) attend workshop (GM)	None	100	1.00	100	8.000	800				
01.45-2, 301.50-3	Temporary designation of generally infested area (GM/PSB)	Letter	1	1.00	1	0.500	1				
01.45-4	Signed statement accompanying shipment assuring inspection for gypsy moth	Letter	100	150.00	15,000	0.250	3,750				
01.45-8	Owner/mover attached certificates/OHA document to shipment (GM)	None	100	115.00	11,500	0.020	230				
01.45-8	QCA sends copies of certificates/OHA document local State Plant Regulatory Official (GM)	None	250	75.00	18,750	0.030	563				
01.45-7	Mover/grower/farmers time during inspection and interview (GM)	None	2,000	135.00	270,000	0.030	8,100				
01.38-3	Mover's/Growers/Farmers time during inspection and interview (GM)	None	25	24.00	600	0.500	300				
01.48-5	" "(JB)		50	110.00	5,500	1.000	5,500				
01.52-8	" "(Pink Bollworm,)		1,000	1.00	1,000	1.000	1,000				
01.80-8	" "(witchweed)		100	1.00	100	1.000	100				
01.85-8	" "(GN)		6	1.00	6	1.000	6				
01.91-7	" "(European Larch Canker		3	1.00	3	1.000	3				
01.93-8	" "(Oriental FF)		11	2.00	22	0.500	11				

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

(D) Total

Domestic Quarantine Notices 0579-0088

OMB NO. 0579- 0088 PAGE

DATE PREPARED

6-16-2008

.5....OF......

(H) Total = (G) Average (K) Total (I) Total IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT

IDENTIFICAT	ION OF REPORTING OR RECORDKEEPING REQUIREMENT					ANNUAL BU	RDEN			
				REPORTS RECOR						
SECTION OF REGULATIONS	DESCRIPTION	FORM NO(S). (If "none", so state)	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)	(1)	(J)	(K)
301.81-4(a)(3)	Application for approved laboratory (phone call to local PPQ office)	None	60	1.00	60	0.170	10	É		
301.81-7	State Cooperator written cancellation or suspension of certificate , limited permit or compliance agreement	None	2	1.00	2	1.000	2	= " n f		
Appendix 111 C4	Written appeal of cancellation/suspension or request for hearing of certificate or limited permit	None	2	1.00	2	1.000	2			
Appendix 111C4	Enforcement Recordkeekping - Nurserymen's log notebook	None						2,000	2.000	4,000
301.92-5(a)	Inspector	None	140	5.00	700	0.100	70	1 7		
301.92-10	Treatments (soil, grenery, bebarking	None	56	10.00	560	0.100	56			
301.92-8	Recordkeeping	None						1,500	1.000	1,500
Appendix 111D7	Written Warning	None	3,900	3.00	11,700	0.080	936			

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

Domestic Quarantine Notices

OMB NO.

PAGE

0579- 0088 DATE PREPARED

6-16-2008

.6....or..7...

(H) Total = (G) Average (K) Total = (J) Average

IDENTIFICATI	ON OF REPORTING OR RECORDKEEPING REQUIREMENT					ANNUAL BU	RDEN			
					REPORTS				RECORDS	
SECTION OF REGULATIONS	DESCRIPTION	(If "none", so state)	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)	(1)	(J)	(K)
301.51-8(a)	Growers/shippers/exporter's time to mark and identify contents of container (ALB)	None	80	1.00	80	0.200	16			
301.51-5(a)(1)(i)	State Cooperators time to complete inspection (ALB)	None	30	120.00	3,600	0.250	900	SHITE		
301.51-7(a)	Mover notifies State 48 hours to departure (ALB)	None	30	1.00	30	0.030	1			
301.51-6(b)	Written appeal for withdrawal of certificate, limited permit, compliance agreement. (NO BURDEN DETERMINED AS NO APPEALS HAVE OCCURRED AND NONE ARE ANTICIPATED)									
301.51-8(a)	Growers/shippers/exporters's time to mark and identify contents of container	None	80	1.00	80	0.200	16			
301.51-5(a)1i)	State Cooperators time to complete inspection	None	50	3.00	150	1.500	225	Ş-1 "		
301.53-7(a)	Mover notifies State 48 hours prior to departure	None	30	1.00	30	0.030	1			
301.45-6, 301.50-6 301.52.6, 301.64-6	Compliance Agreement (burden cleared under 0579-0054) (GM.PSB) ""(PBS/Mex ff.)									
301.75-13, 301.78.6	" (Citrus canker/Med. ff)									
301.80-5, 301.81-6	" " (Witchweed)									
301.85-5, 301.87-6,	" " (GN)									
301.91-6, 301.93-6	" " (European Larch Canker/Oriental f.f.)									
301.38.5(d),	Written appeal for withdrawal of certificates and limited	(BSR)								
301.50-5(e), 301.64-5	permits and request for hearing (no burden determined as no	(PSB/Med ff)								
(d), 301.75.12(2),	appeals have occured and none are anticipated in the next	(CC)								
	3 years) (Med. ff/witchweed)									
(f), 301.87-5(d)	" " (sugarcane diseases)									

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

Domestic Quarantine Notices

OMB NO. 0579- 0088

DATE PREPARED

..7....or...7...

PAGE

(H) Total = (G) Average (K) Total = (J) Average

(F) Total = (E)	(H) Total = (G) Average (K) Total = (J) Average (F) Total					6	-16-2008		7of	.1
IDENTIFICATIO	ON OF REPORTING OR RECORDKEEPING REQUIREMENT					ANNUAL BU	IRDEN			
		FORM NO(S)			REPORTS				RECORDS	
SECTION OF REGULATIONS	DESCRIPTION	FORM NO(S). (If "none", so state)	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)	(1)	(J)	(K)
301.91-5, 301.93-5(d)	" " (European Larch Canker/Oriental f.f.)									
(b), 301.64-6(b) 301.75-13(b), 301.78-6 301.80-5(b) 301.85-5, 301.87-6(b)	Written appeal for withdrawal of compliance agreements (burden cleared under 0579-0054) (Mexican f.f.) " " (Citrus canker/Med. f.f.) " " (witchweed) " " (GN) " " (European Larch Canker/Oriental f.f.)	BRS/PSB)								
301.64-6	Compliance Agreements (pre-harvest fruit - growers) (0579-0238) incorporated into 0579-0088	PPQ 519	15	1.00	15	1.250	19			