

FORM NO. OR OTHER IDENTIFICATION (A)	TOTAL ANNUAL RESPONSES (B)	AVE. TIME PER RESPONSE (C)	TOTAL HOURS PER YEAR (B x C) (D)	ESTIMATED ANNUAL PROGRAM COSTS FOR COLLECTING, PROCESSING, ANALYZING, TABULATING AND/OR PUBLISHING THE INFORMATION COLLECTED (Do NOT include administrative costs such as printing, and mailing of forms, etc.)			OVERHEAD COSTS (Col. F times .139) (G)	TOTAL COSTS (F + G) (H)	REMARKS (I)
				GRADE AND AVERAGE HOURLY RATE OF PROGRAM PERSON(S) INVOLVED IN THE INFORMATION COLLECTION (Include field AND headquarters personnel. Use step 4 for average hourly rate.) (E)	PROGRAM COSTS (D X E) (F)				
Certificates for Certification for Treatment	2,204	0.20000	440	GS- 11	\$ 29.36	\$ 12,918.40	\$		
Limited Permit	520	0.20000	104	11	29.36	3,053.44			
	2,724					15,971.84	2,220.09	18,191.93	

