TITLE OF INFORMATION COLLECTION DOCUMENT						OMB NO. DATE PREP		RED	PREPARED BY		PAGE
U.S. ORIGIN HEALTH CERTIFICATE											11
				ESTIMATED ANNUAL	0579- PROGRAM COSTS F		2/28/7		DR. TANIEWSK	I/KEITH ZOTTI	.1 of
FORM NO. OR OTHER IDENTIFICATION	TOTAL ANNUAL RESPONSES	AVE. TIME PER RESPONSE	TOTAL HOURS PER YEAR (B x C)	PROCESSING, ANAL PUBLISHING THE INI (Do NOT include adm. forms, etc.)	AND/OR			OVERHEAD COSTS (Col. F times .139)	TOTAL COSTS (F+G)	REMARKS	
				GRADE AND AVERAGE HOURLY RATE OF PROGRAM PERSON(S) INVOLVED IN THE INFORMATION COLLECTION (Include field AN headquarters personnel. Use step 4 for average hourly rate.)		(D X E)					
(A)	(B)	(C)	(D)		(E)	(F)		•	(G)	(H)	
VS 17-140 AND VS 17-140A MARKING	45,000	0.500	22,500	GS - 13	\$ 41.85	\$	941,625.00	\$		\$	
APPLICATION (Environmenta Certification)	15	0.660	9	14	49.45		445.05				
Opportunity to Present Views	2	0.500	1	14	49.45		49.45				
							942,119.50		130,954.61	1,073,074.11	