**INSTRUCTIONS:** Use this form when a single information collection document involves multiple reporting and recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c. TUBERCULOSIS

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

(K)Total/(I)Total = (J)Average

**NOTE:** The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

TITLE OF INFORMATION COLLECTION DOCUMENT	

OMB NO. 0579-0146

DATE PREPARED

September 28, 2009

IDENTIFI	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT					ANNUA	AL BURDEN			
					REPORTS				RECORDS	
SECTION OF REGS.	DESCRIPTION	FORMS NO (S) (If "none" so state)	NO. OF RESPONDENTS	NO OF RESPONSES PER RESPONDENT	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)
77.9(d), 77.7(e), 77.11(d)	TB Management Plan (State)		4	1	4.00	300.0000	1,200.00			0.00
77.4(a)	Request for Zone status (State)		4	1	4.00	300.0000	1,200.00			0.00
77.4(a)(2)	Epidemological review of zone testing (State)		4	12	48.00	5.0000	240.00			0.00
77.7(e), 77.9(e), 77.11(e)	Annual Report to Qualify for Renewal of Status (State)	VS 6-38	25	1	25.00	10.0000	250.00			0.00
77.10©(d),, 77.12(b)©(d)	Certificate of Movement (State)		4	250	1,000.00	0.1670	167.00			0.00
	Business		2,560	2	5,120.00	0.1670	855.04			0.00
	SUBTOTAL				6,201.00		3,912.04	0.00		0.00
	TOTAL OF ALL PAGES				7,285.00		4,647.04	8.00		160.00

REPRODUCE LOCALLY. Include form number and date on all reproductions.		SUMMARY	OF INFORMATION	COLLECTION		Pag	je 2 of 3
TOTAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c	1			7,293.00	4,807.00		

SUMMARY OF INFORMATION COLLECTION USDA-APHIS

INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and	TITLE OF INFORMATION COLLECTION DOCUMENT	OMB NO.
recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c.	TUBERCULOSIS	0579-0146
(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average (K)Total/(D)Total = (D)Average		DATE PREPARED

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

September 28, 2009

									Septem	ber 26, 2009		
IDENTIF	EICATION OF REPORTING OR RECORDKEEPING REQUIREMENT	RECORDKEEPING REQUIREMENT				ANNUAL BURDEN						
				REPORTS					RECORDS			
										TOTAL		
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-		
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER RECORD-	KEEPING HOURS		
REGS.		so state)		PER RESPONDENT	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	KEEPER	(Col. I x J)		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)		
77.4(b)	Retention of Movement Certificate (State)				0.00		0.00	4	20.000	80.00		
77.4(3)	Memorandum of Understanding (State)		4	1	4.00	100.0000	400.00	4	20.000	80.00		
77.7(b)	Certificate of Tuberculin Test (State)	VS 6-22C,	180	11	1,080.00	0.1690	335.00					
		VS 6-22D			ŕ							
	SUBTOTAL	,			1,084.00		735.00	8		160.00		