

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)				
Phytosanitary Certificate	640	0.50000	320	GS- 12	\$ 38.53	\$ 12,329.60	\$	\$	
						12,329.60		14,043.41	

