9-Apr-10

U.S. ORIGIN HEALTH CERTIFICATE

OMB Control No. 0579-0020

U.S. ORIGIN HEALTH CERTIFICATE								0579-0020		
Form No. or Other Identification		Total Annual Responses	Avg. Time Per Responses	Total Hours Per Year	Persons Involved in the Information Collection*		Program Costs	Overhead Costs	Total Costs	Remarks
				(B x C)		Avg. Hourly Rate	(D x (E.2))	(F x 0.139)	(F + G)	
(A)		(B)	(C)	(D)	(E.1)	(E.2)	(F)	(G)	(H)	(I)
VS 17-140 AND VS 140A	MARKING	19,850	0.86	17,071.00	13	\$46.93		\$111,358.74	\$912,500.77	.,
VS 17-145		7,860	0.50	3,930.00	13	\$46.93		\$25,636.45	\$210,071.35	
Undue Hardship		31	0.50	15.50	13	\$46.93	\$727.42	\$101.11	\$828.53	
Application for Approval of	Inspection	10	0.35	3.50	14	\$55.45	\$194.08	\$26.98	\$221.05	
Opportunity to Present Vie	WS	3	0.50	1.50	14	\$55.45	\$83.18	\$11.56	\$94.74	
Notorized Statement		1	0.50	0.50	14	\$55.45	\$27.73	\$1.15	\$28.87	
Recording Modifications		1	0.50	0.50	14	\$55.45	\$27.73	\$3.85	\$31.58	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
				0.00			\$0.00	\$0.00	\$0.00	
Totals				21,022.50			\$986,609.32	\$137,139.84	\$1,123,776.89	

9-Apr-10

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OMB Control No. 0579-0020

Form No. or Other Identification	Total Annual Responses	Avg. Time Per Responses	Total Hours Per Year	l	Involved in the ion Collection*	Program Costs	Overhead Costs	Total Costs	Remarks
			(B x C)	Grade (GS)	Avg. Hourly Rate	(D x (E.2))	(F x 0.139)	(F + G)	
(A)	(B)	(C)	(D)	(E.1)	(E.2)	(F)	(G)	(H)	(1)

APHIS FORM 79

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