OMB No. ____-

[Insert title of information collection]

Date Prepared __/__/

Page 1 of 8

Identification of	Reporting of Recordkeeping Requirement	Annual Burden										
			Reports Recor					Records	ds			
Section of Regulations	Description	Form No(s). (If "none" so state)	No. of Respon- dents	No. of Response per Respon- dent	Total Annual Responses	Hours per Response	Total Hours	No. of Record Keepers	Annual Hours per Record Keeper	Total Record- keeping Hours		
					(Col. D x E)		(Col. F x G)			(Col. I x J)		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)		
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OMB No. ____-

[Insert title of information collection]

Date Prepared __/__/

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Identification of Reporting of Recordkeeping Requirement		Annual Burden									
			Reports					Records			
Section of Regulations	Description	Form No(s). (If "none" so state)	No. of Respon- dents	No. of Response per Respon- dent	Total Annual Responses	Hours per Response	Total Hours	No. of Record Keepers	Annual Hours per Record Keeper	Total Record- keeping Hours	
					(Col. D x E)		(Col. F x G)			(Col. I x J)	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	
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OMB No. ____-

[Insert title of information collection]

Date Prepared __/__/

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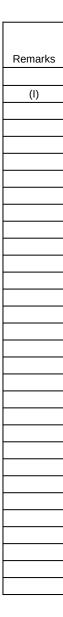
Identification of Reporting of Recordkeeping Requirement		Annual Burden									
			Reports Re				Records				
Section of Regulations	Description	Form No(s). (If "none" so state)	No. of Respon- dents	No. of Response per Respon- dent	Total Annual Responses	Hours per Response	Total Hours	No. of Record Keepers	Annual Hours per Record Keeper	Total Record- keeping Hours	
					(Col. D x E)		(Col. F x G)			(Col. I x J)	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	
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OMB Control No.

Reguations and Related Reporting and Recordkeeping Requirements Packers and Stockvards Programs, GIPSA

Packers and Stockyards Pr	eporting and Recordkeeping Requirements rograms, GIPSA							0580-0016	
	Form No. or Other Identification		Annual Per Hou		Total Hours Persons Involved in the er Year Information Collection*			Overhead Costs	Total Costs
				(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)
	Estimated Annual Cost to the Federal Government	80	1.0	80	13/02	\$44.08	\$3,526	\$490	\$4,016
Totals									\$4,016

*Include field and headquarters personnel. Use step 4 for average hourly rate.



Instructions for APHIS Form 71

Use this form when a single information collection document involves multiple reporting and recordkeeping requirements.

The totals of the figures in columns (D), (F), (H), (I), and (K) should be entered as items 17 and 18 of form OMB 83-I.

For columns (E), (G), and (J), compute the averages of the totals as follows and then enter on the form OMB 83-I.

<u>Total</u>	= (E) Average	<u>(M) Total</u> = (G) Average	<u>(K) Total</u> = (J) Average
Total		(F) Total	(I) Total