

**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.

(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**  
 CWD IN CERVIDS; PAYMENT OF INDEMNITY

**OMB NO.**  
 0579-0189

**DATE PREPARED**  
 January 3, 2011

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT		FORMS NO (S) (If "none" so state)	ANNUAL BURDEN							
SECTION OF REGS.  (A)	DESCRIPTION  (B)		REPORTS					RECORDS		
			NO. OF RESPONDENTS (D)	NO OF RESPONSES PER RESPONDENT (E)	TOTAL ANNUAL RESPONSES (Col. D x E) (F)	HOURS PER RESPONSE (G)	TOTAL HOURS (Col. F x G) (H)	NO. OF RECORD-KEEPERS (I)	ANNUAL HOURS PER RECORD-KEEPER (J)	TOTAL RECORD-KEEPING HOURS (Col. I x J) (K)
55.3, 55.4, 55.5, 55.6, 55.7	APPRAISAL AND INDEMNITY CLAIM FORM - (Business)	VS 1-23	2	1.00	2.00	1.00	2.00			0.00
55.4, 55.7	HERD PLAN AGREEMENT - (Business)		2	1.00	2.00	10.00	20.00			0.00
55.4, 55.7	HERD PLAN AGREEMENT - (State)		2	1.00	2.00	20.00	40.00			0.00
					0.00		0.00			0.00
					0.00		0.00			0.00
					0.00		0.00			0.00
	<b>SUBTOTAL</b>				6.00		62.00	0.00		0.00
	<b>TOTAL OF ALL PAGES</b>				6.00		62.00	0.00		0.00

<b>TOTAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c</b>		4		<b>6.00</b>		<b>62.00</b>			
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