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:	TITLE OF INFORMATION COLLECTION DOCUMENT	OMB NO.	
	Export Health Certificate Request Forms	0581-NEW	
(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		DATE PREPARED	

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.

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT				ANNUAL 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)	(I)	(J)	(K)
	EU Health Certifcate Worksheet (paper & electronic version)	None	150	47.0000	7,050.00	0.2000	1,410.00	0	0.000	0.00
	Sanitary Certificate Request	None	150	55.0000	8,250.00	0.2000	1,650.00	0	0.000	0.00
	Sanitary Certificate Request-Algeria	None	10	2.0000	20.00	0.2000	4.00	0	0.000	0.00
	Sanitary Certificaate Request-Argentina	None	2	10.0000	20.00	0.2000	4.00	0	0.000	0.00
	Sanitary Certificate Request-Brazil	None	10	50.0000	500.00	0.2000	100.00	0	0.000	0.00
	Sanitary Certifcate Request-Chile	None	20	50.0000	1,000.00	0.2000	200.00	0	0.000	0.00
	Sanitary Certificate Request-China	None	150	20.0000	3,000.00	0.2000	600.00	0	0.100	0.00
	Sanitary Certificate Request-Cuba	None	2	2.0000	4.00	0.2000	0.80	0		0.00
	SUBTOTAL				19,844.00		3,968.80	0.00		0.00
	TOTAL OF ALL PAGES				20,423.00		4,122.10	0.00		0.00
тот					20,423.00		4,122.10			

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	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. $H \& K = 13c$.	Export Health Certificate Request Forms	0581-NEW
(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average		
(K)Total/(I)Total = (J)Average		DATE PREPARED
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.

IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT		ANNUAL BURDEN							
			REPORTS RECORDS							
SECTION OF	DESCRIPTION	FORMS NO (S) (If "none"	NO. OF RESPONDENTS	NO OF RESPONSES	TOTAL ANNUAL RESPONSES	HOURS PER	TOTAL HOURS	NO. OF RECORD-	ANNUAL HOURS PER	TOTAL RECORD- KEEPING HOURS
REGS.		so state)		PER RESPONDENT	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD- KEEPER	(Col. I x J)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
	Sanitary Certifcate Request-Peru	None	25	15.0000	375.00	0.3000	112.50	0	0.000	0.00
	Sanitary Certifcate Request-Tunisia	None	2	2.0000	4.00	0.2000	0.80		0.000	0.00
	Sanitary Certificate Request-Uruguay	None	10	20.0000	200.00	0.2000	40.00		0.000	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
	SUBTOTAL				579.00		153.30	0		0.00

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