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OMB Control No. 0579-0314

0314	
0579-XXXX	

	Form No.				1			0579-XXXX		
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)	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)	(I)
				0)		\$0	\$0	\$0	
				0)		\$0	\$0	\$0	
				0)		\$0	\$0	\$0	
				0)		\$0	\$0	\$0	
F	Phytosanitary Certificate	31	0.50	16	GS-13	\$46.93	\$727	\$101	\$829	
				0)		\$0	\$0	\$0	
				0)		\$0	\$0	\$0	
				0)		\$0	\$0	\$0	
				0			\$0	\$0	\$0	
				0			\$0	\$0	\$0	
				0			\$0	\$0	\$0	
				0)		\$0	\$0	\$0	
				0)		\$0	\$0	\$0	
				0)		\$0	\$0	\$0	
				0)		\$0	\$0	\$0	
				0			\$0	\$0		
				0			\$0	\$0	\$0	
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				0			\$0	\$0		
				0)		\$0	\$0		
				0			\$0	\$0		
				0			\$0	\$0		
				0	1		\$0	\$0		
				0	1		\$0	\$0		
				0			\$0	\$0		
				0			\$0	\$0		
Totals				16			\$727	\$101		

Form No. or Other		Avg. Time							
Identification	Total Annual	Per	Total Hours	Persons Involved in the		Program	Overhead		ļ
Identification	Responses	Responses	Per Year	Information Collection*		Costs	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)	(I)

APHIS FORM 79

*Includes field and headqarters personnel.

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