OMB Control No. 0579-XXXX

Form No.			
or Other Total Annual Per Total Hours Persons Involved in the Program O	Overhead Costs	Total Costs	Remarks
(B x C) Grade (GS) Avg. Hourly Rate (D x (E.2)) (F	(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	
0 \$0	\$0	\$0	
Phytosanitary Certificate 25 1.00 25 GS-13 \$46.93 \$1,173	\$163	\$1,336	
0 \$0	\$0	\$0	
0 \$0	\$0	\$0	
Packing House Registration 5 1.00 5 GS-13 \$46.93 \$235	\$33	\$267	
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 \$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	
Totals 30 \$1,408	\$196	\$1,604	

OMB Control No. 0579-XXXX

Form No. or Other Identification	Total Annual Responses	Avg. Time Per Responses	Total Hours Per Year		Involved in the on 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

^{*}Includes field and headqarters personnel.