					TITLE OF INFORMATION COLLECTION DOCUMENT					OMB NO.	
				Brucellosis in Sheep, Goats, and Horses, Payment of Indemnity					0579-0185		
										DATE PREPARED	
IDENTIFI			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)	
51.30	Indemnity Claim - Business	VS 1-23	1	1.0000	1.00	0.1600	1.00			0.00	
51.26	Test Records - Business	VS 4-33	2	1.0000	2.00	0.1600	1.00			0.00	
	State, Local, and Tribal Governments		1	1.0000	1.00	0.1600	1.00			0.00	
51.28	Permit for Movement - Business	VS 1-27	1	1.0000	1.00	0.1600	1.00			0.00	
	State, Local, and Tribal Governments		1	1.0000	1.00	0.1600	1.00			0.00	
51.25	Proof of Destruction - Business		2	1.0000	2.00	0.0830	1.00			0.00	
	SUBTOTAL				8.00		6.00	0.00		0.00	
	TOTAL OF ALL PAGES				11.00		8.00	0.00		0.00	
TOTAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c					11.00		8.00				

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.				TITLE OF INFORMATION COLLECTION DOCUMENT Brucellosis in Sheep, Goats, and Horses, Payment of Indemnity					ОМВ NO. 0579-0185		
(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.									DATE PREPARED		
IDENTIFICATION OF REPORTING OR RECORD KEEPING REQUIREMENT				ANNUAL BURDEN					•		
				REPORTS					RECORDS		
SECTION OF REGS.	DESCRIPTION	FORMS NO (S) (If "none" so state)	NO. OF RESPONDENTS	NO OF RESPONSES PER	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G)	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD-	TOTAL RECORD- KEEPING HOURS (Col. I x J)	
(A)	(B)	(C)	(D)	RESPONDENT (E)	(F)	(G)	(H)	(1)	KEEPER (J)	(K)	
	State, Local, and Tribal Governments		1	1.0000	1.00	0.0830	1.00			0.00	
51.27, 51.28	Extension Request - Business		2	1.0000	2.00	0.4170	1.00			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				3.00		2.00	0		0.00	