U.S. ORIGIN HEALTH CERTIFICATE

							0579-0020		
	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)
VS 17-140 AND VS 140A MARKING	19,850	0.86	17,071.00	13	\$47.40	\$809,165.40	\$112,473.99	\$921,639.39	
VS 17-145	7,860	0.50	3,930.00	13	\$47.40	\$186,282.00	\$25,893.20	\$212,175.20	
Undue Hardship	31	0.50	15.50	13	\$47.40	\$734.70	\$102.12	\$836.82	
Application for Approval of Inspection	10	0.35	3.50	14	\$56.01	\$196.04	\$27.25	\$223.28	
Opportunity to Present Views	3	0.50	1.50	14	\$56.01	\$84.02	\$11.68	\$95.69	
Notarized Statement	1	0.50	0.50	14	\$56.01	\$28.01	\$1.15	\$29.15	
Recording Modifications	1	0.50	0.50	14	\$56.01	\$28.01	\$3.89	\$31.90	
			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	\$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	\$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			\$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	
			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	\$0.00	
			0.00			\$0.00	\$0.00	\$0.00	
			0.00			\$0.00	\$0.00	\$0.00	

U.S. ORIGIN HEALTH CERTIFICATE 0579-0020										
Form No. 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)
Totals				21,022.50			\$996,490.16	\$138,513.28	\$1,135,031.44	

APHIS FORM 79

OMB Control No.
