SUMMARY OF INFORMATION COLLECTION

INSTRUCTIONS:	TITLE OF INFORMATION COLLECTION DOCUMENT	OMB NO.

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.

(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.

TITLE OF INFORMATION COLLECTION DOCUMENT

Pale Cyst Nematode

OMB NO.

0579-0322

DATE PREPARED

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN							
			REPORTS					RECORDS		
SECTION OF REGS. (A)	DESCRIPTION (B)	FORMS NO (S) (If "none" so state) (C)	NO. OF RESPONDENTS (D)	NO OF RESPONSES PER RESPONDENT (E)	TOTAL ANNUAL RESPONSES (Col. D x E) (F)	HOURS PER RESPONSE (G)	TOTAL HOURS (Col. F x G) (H)	NO. OF RECORD-KEEPERS (I)	ANNUAL HOURS PER RECORD-KEEPER (J)	TOTAL RECORD-KEEPING HOURS (Col. I x J) (K)
301.86-5, 86-8	Federal Certificate (farmers)	PPQ 540	34	32.00	1,088.00	0.20	218.00			0.00
	" " (business)		32	6.00	192.00	0.20	38.00			0.00
301.86-5, 86-8	Federal Limited Permit (farmers)	PPQ 530	19	23.00	437.00	0.20	87.00			0.00
	" " (business)		19	7.00	133.00	0.20	27.00			0.00
301.86-6	Compliance Agreements (farmers)	PPQ 519	2	1.00	2.00	1.25	3.00			0.00
	" " (business)		7	1.00	7.00	1.25	9.00			0.00
	SUBTOTAL		113		1,859.00		382.00	0.00		0.00
	TOTAL OF ALL PAGES		113		1,861.00		389.00	0.00		0.00
TOTAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c					**1,861.00**		**389.00**			

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.

(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.

TITLE OF INFORMATION COLLECTION DOCUMENT

Pale Cyst Nematode

OMB NO.

0579-0322

DATE PREPARED

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN							
			REPORTS					RECORDS		
SECTION OF REGS. (A)	DESCRIPTION (B)	FORMS NO (S) (If "none" so state) (C)	NO. OF RESPONDENTS (D)	NO OF RESPONSES PER RESPONDENT (E)	TOTAL ANNUAL RESPONSES (Col. D x E) (F)	HOURS PER RESPONSE (G)	TOTAL HOURS (Col. F x G) (H)	NO. OF RECORD-KEEPERS (I)	ANNUAL HOURS PER RECORD-KEEPER (J)	TOTAL RECORD-KEEPING HOURS (Col. I x J) (K)
301.86-5-8	Self-Certification (farmers)		2	1.00	2.00	3.50	7.00			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					2.00		7.00	0		0.00