

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
 Export Health Certificate Request Forms

OMB NO.
 0581-NEW

DATE PREPARED
 September 21, 2012

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT		FORMS NO (S) (If "none" so state)	ANNUAL BURDEN							
SECTION OF REGS. (A)	DESCRIPTION (B)		REPORTS					RECORDS		
			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)
	EU Health Certificate Worksheet (paper & electronic version)	None	150	47.0000	7,050.00	0.2000	1,410.00	0	0.000	0.00
	Sanitary Certificate Request	None	150	55.0000	8,250.00	0.2000	1,650.00	0	0.000	0.00
	Sanitary Certificate Request-Algeria	None	10	2.0000	20.00	0.2000	4.00	0	0.000	0.00
	Sanitary Certificate Request-Argentina	None	2	10.0000	20.00	0.2000	4.00	0	0.000	0.00
	Sanitary Certificate Request-Brazil	None	10	50.0000	500.00	0.2000	100.00	0	0.000	0.00
	Sanitary Certificate Request-Chile	None	20	50.0000	1,000.00	0.2000	200.00	0	0.000	0.00
	Sanitary Certificate Request-China	None	150	20.0000	3,000.00	0.2000	600.00	0	0.100	0.00
	Sanitary Certificate Request-Cuba	None	2	2.0000	4.00	0.2000	0.80	0		0.00
	SUBTOTAL				19,844.00		3,968.80	0.00		0.00
	TOTAL OF ALL PAGES				20,423.00		4,122.10	0.00		0.00
	TOTAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c				20,423.00		4,122.10			

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			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)	
	Sanitary Certificate Request-Peru	None	25	15.0000	375.00	0.3000	112.50	0	0.000	0.00	
	Sanitary Certificate Request-Tunisia	None	2	2.0000	4.00	0.2000	0.80		0.000	0.00	
	Sanitary Certificate Request-Uruguay	None	10	20.0000	200.00	0.2000	40.00		0.000	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	
	SUBTOTAL				579.00		153.30	0		0.00	