		TITLE OF INFORMATION COLLECTION DOCUMENT						OMB NO.			
				Horse Protection; Licensing of Designated Qualified Persons and Other Amendments					0579-XXXX		
									DATE PREPARED		
IDENTIFI	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT		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	RECORD- KEEPING HOURS (Col. I x J)	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)	
9 CFR 11.6	Persons requesting to be licensed HPIs		20.00	1.00	20.00	0.25	5.00			0.00	
9 CFR 11.10	Management requests for HPIs		30.00	3.00	90.00	0.17	15.00			0.00	
9 CFR 11.6 and 11.10	Show Management/HPI notifying horse owner, trainer, exhibitor, or custodian that his/her horse will be inspected/is noncompliant		20.00	1.00	20.00	0.08	2.00			0.00	
9 CFR 11.5	HPI identifying detained horses		1.00	1.00	1.00	0.08	1.00			0.00	
9 CFR 11.10	Notification that a show/event is going to take place (management)		30.00	10.00	300.00	0.08	25.00			0.00	
	SUBTOTAL				431.00		48.00	0.00		0.00	
	TOTAL OF ALL PAGES				436.00		51.00	0.00		0.00	
тот	TOTAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c				436.00		51.00				

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)AverageNOTE: 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

Horse Protection; Licensing of Designated Qualified Persons and Other Amendments

OMB NO. 0579-XXXX

DATE PREPARED

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN							
			REPORTS					RECORDS		
										TOTAL
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)
				RESPONDENT					KEEPER	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
0 CED 11 12	Waiver not to have class of horses inspected		4.00	1.00	4.00	0.50	2.00			0.00
9 CFK 11.12	waiver flot to flave class of florses inspected		4.00	1.00	4.00	0.30	2.00			0.00
	Request for re-inspection and testing of the									
9 CFR 11.5	horse within 24 hours		1.00	1.00	1.00	0.08	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
					0.00		0.00			0.00
	SUBTOTAL				5.00		3.00	0.00		0.00