

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
 Interstate Movement of Certain Land Tortoises

OMB NO.
 0579-0156

DATE PREPARED
 November 9, 2016

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN							
SECTION OF REGS. (A)	DESCRIPTION (B)	FORMS NO (S) (If "none" so state) (C)	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)
9 CFR 74.1	State Health Certificate, Request (Individual-owners)	none	3	5	15	1.00	15.00	0	0.00	0.00
9 CFR 74.1	State Health Certificate, Travel (Individual-owners)	none	3	5	15	1.00	15.00	0	0.00	0.00
9 CFR 74.1	State Health Certificate, Request (Business-Owners)	none	22	5	110	1.00	110.00	0	0.00	0.00
9 CFR 74.1	State Health Certificate, Travel (Business-Owners)	none	22	5	110	1.00	110.00	0	0.00	0.00
9 CFR 74.1	State Health Certificate, Prepare (Business-Veterinarians)	none	25	5	125	1.00	125.00	0	0.00	0.00
SUBTOTAL					250		375.00	0		0.00
TOTAL OF ALL PAGES					250		375.00			

TOTAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c				250		375.00			
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