

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.

TITLE OF INFORMATION COLLECTION DOCUMENT

Plum Pox Compensation

OMB NO.

0579-0159

(K)Total/(I)Total = (J)Average
 (F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)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.

DATE PREPARED

March 1, 2017

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)
301.74-5	Application for Plum Pox Compensation - (business)	PPQ 651R	1	1.00	1.00	0.500	1			0.00
301.74.5 (a) (1)	Emergency Action Notification Form (business) (same)	PPQ 523	1	1.00	1.00	0.033	1			0.00
301.74-5 (a) (1) (i) (D)	Orchard Owner Records (Business) (same)		0	0.00	0.00	0.000		1	0.250	1.00
301.74-5	Destruction Verification Documents (business) (same)		1	1.00	1.00	0.500	1			0.00
301.74-5	State Compensation (State)		1	1.00	1.00	0.500	1			0.00
					0.00					0.00
	SUBTOTAL		2		4.00			4	1.00	1.00
	TOTAL OF ALL PAGES				4.00			4	1.00	1.00
	TOTAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c				5.00			5		