

This form is available electronically.

<b>FSA-85-1</b> (03-26-03)	<b>U.S. Department of Agriculture</b> Farm Service Agency	1. OMB No. 0560-0229		2. Title of Clearance Nomination Form for County Farm Service Agency (FSA) Committee Election
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**Reporting and Recordkeeping Requirements**

3. Description (Title of Form, Report or Record)	4. Report	5. Record	6. Form No.	7. Regulation Part/Sec.	Annual Burden on the Public (Col. 8 x 9=10 and Col. 10 x 11=12)					
					8. No. of Respondents	9. No. of Reports Filed Per Person	10. Total Annual Responses	11. Average Time to Respond	12. Total Burden Hours	
									Exempt	Non-Exempt
Nomination Form for County FSA Committee Election	x		FSA-669A and FSA-669A-2	7CFR1708. 1-2	10,000	1	10,000	.17		1,700
Travel Time					5,000			1 hour		5,000
<b>TOTALS</b> □					10,000	1	10,000			6,700

