Estimated Annual Program Costs for Collecting, Processing, Analyzing, Tabulating and/or Publishing the Information Collected (Do NOT include administrative costs such as printing and mailing of forms, etc.)

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OMB Control No.

Date 8-Aug-17

JOHNES DISEASE INTERSTATE MOVEMENT D.GOELDNER/K.JARRED					0579-0338					
Form No. or Other Identification	Total Annual Responses	Avg. Time Per Responses	Total Hours Per Year		Persons Involved in the Information Collection*		Overhead Costs	Total Costs	Remarks	
			(B x C)		Avg. Hourly Rate	(D x (E.2))	(F x 0.139)	(F + G)		
(A)	(B)	(C)	(D)	(E.1)	(E.2)	(F)	(G)	(H)	(I)	
Permit for Movement of Restricted Animals	3	0.25	1	14	\$59.04	\$44	\$6	\$50		
Owner-Shipper Statement	3	0.25	1	14	\$59.04	\$44	\$6	\$50		
Official Eartags	3	0.25	1	14	\$59.04	\$44	\$6	\$50		
Request for Permission to Move	1	0.25	0	14	\$59.04	\$15	\$2	\$17		
			0			\$0	\$0	\$0		
			0			\$0	\$0	\$0		
			0			\$0	\$0	\$0		
			0			\$0	\$0	\$0		
			0			\$0	\$0	\$0		
			0			\$0	\$0	\$0		
			0			\$0				
			0			\$0	\$0	\$0		
			0			\$0	\$0	\$0		
			0			\$0	\$0	\$0		
			0			\$0	\$0	\$0		
			0			\$0	\$0	\$0		
			0			\$0	\$0	\$0		
			0			\$0	\$0	\$0		
			0			\$0				
			0			\$0		\$0		
			0			\$0				
			0			\$0	\$0	\$0		
			0			\$0	\$0	\$0		
			0			\$0				
			0			\$0				
			0			\$0	\$0	\$0		
	1		0			\$0				
	1		0			\$0				
			0			\$0				
			0			\$0				
			0			\$0				
otals			3			\$148		\$168		

APHIS FORM 79

*Includes field and headqarters personnel.