Page 1 of 8

[Insert title of information collection]

OMB No	
ate Prepared	1 1

Identification of	Reporting of Recordkeeping Requirement	Annual Burden								
					Reports				Records	
Section of Regulations	Description	Form No(s). (If "none" so state)	No. of Respon- dents	No. of Response per Respon- dent	Total Annual Responses	Hours per Response	Total Hours	No. of Record Keepers	Annual Hours per Record Keeper	Total Record- keeping Hours
					(Col. D x E)		(Col. F x G)			(Col. I x J)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
					0		0			
-					0		0			
					0		0			
					0		0			
[NOTE: Use File I	age Setup Custom Header menu options to add title, OMB	#, and date. Delete bold	notes]		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	Ь	l	l	1			I	l

Page 2 of 8

[Insert title of information collection]

OMB No		
Date Prepared	1 1	

Identification of	Reporting of Recordkeeping Requirement	Recordkeeping Requirement Annual Burden								
			Reports				Records			
Section of Regulations	Description	Form No(s). (If "none" so state)	No. of Respon- dents	No. of Response per Respon- dent	Total Annual Responses	Hours per Response		No. of Record Keepers	Annual Hours per Record Keeper	Total Record- keeping Hours
					(Col. D x E)		(Col. F x G)			(Col. I x J)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
			0		0		0			

Page 3 of 8

[Insert title of information collection]

OMB No	
ate Prepared	1 1

Section of Regulations Description Description Description Form No(s). (If "none" so state) Respon- Respon- Respon- Respon- Respon- Response R	Annual Durs per Record Record Reeper Hours (Col. I x J) (J) (K) 0
Section of Regulations Description Description Description Description Form No(s). (If "none" so state) Respondents No. of Respondents Respondent Respondent Col. D x E) Col. F x G) No. of Response Response Response Response Response Res	ours per Record-keeping Hours (Col. I x J) (J) (K) 0
	(J) (K) 0
(A) (B) (C) (D) (E) (F) (G) (H) (I)	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0

OMB Control No.

Reguations and Related Reporting and Recordkeeping Requirements Packers and Stockyards Programs, GIPSA

0580-0016

T delicis and stockyt	ards riograms, on sh							0300 0010	
Form No. or Other Identification		Total Annual Responses	Avg. Time Per Response	Total Hours Per Year	Persons Informat	Involved in the ion Collection*	Program Costs		Total Costs
				(B x C)	Grade (GS)	Avg. Hourly Rate	(D x (E.2))	(F x 0.139)	(F + G)
	(A)	(B)	(C)	(D)	(E.1)	(E.2)	(F)	(G)	(H)
	Estimated Annual Cost to the Federal Government	80	1.0	80	13/05	\$50.40	\$4,032	\$560	\$4,592
Totals									\$4,592

^{*}Include field and headquarters personnel. Use step 4 for average hourly rate.

Remarks	
(1)	
(1)	
	1

Instructions for APHIS Form 71

Use this form when a single information collection document involves multiple reporting and recordkeeping requirements.

The totals of the figures in columns (D), (F), (H), (I), and (K) should be entered as items 17 and 18 of form OMB 83-I.

For columns (E), (G), and (J), compute the averages of the totals as follows and then enter on the form OMB 83-I.

$$\underline{\text{Total}}$$
 = (E) Average $\underline{\text{(M) Total}}$ = (G) Average $\underline{\text{(K) Total}}$ = (J) Average Total $\underline{\text{(F) Total}}$ (I) Total