<b>INSTRUCTIONS:</b> 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:	TITLE OF INFORMATION COLLECTION DOCUMENT	OMB NO.
	Pale Cyst Nematode	0579-0322
(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,		DATE PREPAI
list as "1/6" & decimal will display.		May

IDENTIFICATIO	ON OF REPORTING OR RECORDKEEPING REQUIREMENT		ANNUAL BURDEN						
				REPORTS					RECORDS
SECTION OF REGS.	DESCRIPTION	FORMS NO (S) (If "none" so state)	NO. OF RESPONDENTS	NO OF RESPONSES PER	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G)	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD-
				RESPONDENT					KEEPER
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
301.86-5, 86-8	Federal Certificate (Farms)	PPQ 540	34	32.0	1088.0	0.20	218		
	Businesses		32	6.0	192.0	0.20	38		
301.86-5, 86-8	Federal Limited Permit (Farms)	PPQ 530	19	23.0	437.0	0.20	87		
	Businesses		19	7.0	133.0	0.20	27		
301.86-6	Compliance Agreements (Farms) (same respondents)	PPQ 519	2	1.0	2.0	1.25	3		
	Businesses (same respondents)		7	1.0	7.0	1.25	9		
301.86-5-8	Self-Certification (Farms) (same respondents)	None	4	1.0	4.0	3.50	14		
301-86-5(b)(2)(ii)	Packing Facility Process Approval (Businesses)	None	15	1.0	15.0	1.00	15		
	SUBTOTAL		123		1878.0		411	0.00	
	TOTAL OF ALL PAGES		123		3725.0		445	0.00	

TOTAL - COLUMNS "F" AND "I" = OMB 831, 13 b COLUMNS "H" AND "K" = OMB 831, 13				3725		445			
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	TITLE OF INFORMATION COLLECTION DOCUMENT	OMB NO.
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.	Pale Cyst Nematode	0579-0322
(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,		DATE PREPA
list as "1/6" & decimal will display.		May

IDENTIFICATIO	ON OF REPORTING OR RECORDKEEPING REQUIREMENT		ANNUAL BURDEN						
					REPORTS				RECORDS
SECTION OF REGS.	DESCRIPTION	FORMS NO (S) (If "none" so state)	NO. OF RESPONDENTS	NO OF RESPONSES PER	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G)	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD-
(A)	(B)	(C)	(D)	RESPONDENT (E)	(F)	(G)	(H)	(1)	KEEPER (J)
201.96 E (d)	Appeal of Withdrawn certificate or limited permit (Farms) (same respondents)	None	1	1.0	1.0				
	Businesses (same respondents)	None	1	1.0	1.0	0.50	1		
301.86-6-(b)	Appeal of withdrawn compliance agreement (Farms) (same respondents)	None	1	1.0	1.0	0.50	1		
	Businesses (same respondents)	None	1	1.0	1.0	0.50	1		
	Labeling of regulated articles (farms) (same respondents)	None	53	29.0	1537.0	0.02	25		
	Businesses (same respondents)	None	51	6.0	306.0	0.02	5		
	SUBTOTAL				1847.0		34	0	



