				TITLE OF INFO	DRMATION COLLI	ECTION DOCU	MENT		OMB NO.		
				Cooperative	State-Federal	gram	0579-0047				
									DATE PREPAR	RED	
IDENTIFICATION C	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 RESPONDENT	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G)	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD- KEEPER	TOTAL RECORD- KEEPING HOURS (Col. I x J)	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	
78.1, 78.40, 78.42	Application for Brucellosis Classifcation or Reclassification of State or Area - State, Local, and Tribal Governments	VS 4-1	52	1	52	8.00	416.00			0	
8.1, 78.32	Application for Validation of a Brucellosis-Free Area - State, Local, and Tribal Governments	VS 4-1D	52	1	52	2.00	104.00			0	
8.1	Certified Herd - Cooperative Brucellosis Eradication - State, Local, and Tribal Governments	VS 4-13	50	42	2,100	0.08	168.00			0	
	Private Sector		2,100	1	2,100	0.08	168.00			0	
78.1	Quarterly Report of Swine Brucellosis Eradication Activities - State, Local, and Tribal Governments	VS 4-59	52	4	208	2.00	416.00			0	
	SUBTOTAL				4,512		1,272.00	0		C	
	TOTAL OF ALL PAGES				956,350		102,121.00	752		145,200	
	OLUMNS "F" AND "I" = OMB 831, LUMNS "H" AND "K" = OMB 831, 13c				957,102		247,321.00				

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

Cooperative State-Federal Brucellosis Eradication Program

OMB NO.

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

0579-0047

(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, list as "1/6" & decimal will display.

DATE PREPARED

IDENTIFICATION O	F REPORTING OR RECORDKEEPING REQUIREMENT					ANNUAL	BURDEN					
				REPORTS					RECORDS			
										TOTAL		
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-		
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS		
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)		
				RESPONDENT					KEEPER			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)		
	Cooperative State-Federal Brucellosis Eradication Program, Brucellosis Test Record - State, Local, and Tribal Governments	VS 4-33 and VS 4- 33A	50	330	16,500	0.17	2,805.00			0		
	Private Sector A		5,090	7	35,630	0.17	6,057.00			0		
	Private Sector B		16,426	2	32,852	0.17	5,585.00			0		
78.1	Brucellosis Test Record Market Cattle Testing Program - State, Local, and Tribal Governments	VS 4-54	52	2,270	118,040	0.17	20,067.00			0		
	Private Sector		42	499	20,958	0.17	3,563.00			0		
	Report of Backtags Applied - Private Sector	VS 4-52 and 4-52A	1,250	175	218,750	0.08	17,500.00			0		
	SUBTOTAL				442,730		55,577.00	0		0		

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

омв но. 0579-0047

150, 6013. 11 & 10 156.

Cooperative State-Federal Brucellosis Eradication Program

DATE PREPARED

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

annually, i.e., 1/6 years, list as "1/6" & decimal will display.

	or reporting or record septiments. Description:		ANNUAL BURDEN								
					REPORTS			RECORDS			
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	TOTAL RECORD-	
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS	
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)	
				RESPONDENT					KEEPER		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	
78.1 and 78.10	Calfhood Vaccination Record - State, Local, and Tribal Governments	VS 4-26	52	3,007	156,364	0.08	12,509.00			0	
	Private Sector A		5,090	31	157,790	0.08	12,623.00			0	
	Private Sector B		82,832	2	165,664	0.08	13,253.00			0	
78.1	Recordkeeping - State, Local, and Tribal Governments				0		0.00	52	100.00	5,200	
	Private Sector				0		0.00	700	200.00	140,000	
78.1	Field Investigation of Brucellosis Market Test Reactors - State, Local, and Tribal Governments	VS 4-106	52	8	416	0.50	208.00			0	
	SUBTOTAL				480,234		38,593.00	752		145,200	

INSTRUCTIONS: Use this for	m when a single information collection document involves
multiple reporting and recordkee	ping 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; col	s. H & K = 13c.

TITLE OF INFORMATION COLLECTION DOCUMENT

омв NO. 0579-0047

Le), Cols. F & I = 150, Cols. H & K = 15C.

Cooperative State-Federal Brucellosis Eradication Program

DATE PREPARED

 $\label{eq:continuous} (F) Total/(D) Total = (E) Average \qquad (H) Total/(F) Total = (G) Average \\ (K) Total/(I) Total = (J) Average \qquad (H) Total/(F) Total = (G) Average \\ (K) Total/(I) Total = (J) Average \qquad (H) Total/(F) Total = (G) Average \\ (K) Total/(I) Total = (J) Average \\ (K) Total/(I) Total/(I$

NOTE: The columns will calculate automatically. If Col. E's response is something other than lannually i.e. 1/6 years, list as "1/6" & decimal will display.

annually, i.e., 1/6	years, list as "1/6" & decimal will display.		-									
IDENTIFICATION O	OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN								
				REPORTS RECORD								
										TOTAL		
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-		
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS		
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)		
				RESPONDENT					KEEPER			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)		
	Private Sector		413	1	413	0.50	207.00			C		
78.1	Log for Market Cattle Test Reactors - State, Local, and Tribal Governments	VS 4-100	30	5	150	0.25	38.00			C		
78.1	Epidemiologic Investigation of Brucellosis Reactor Herd - State, Local, and Tribal Governments	VS 4-108	2	8	16	4.00	64.00			C		
	Private Sector		8	1	8	4.00	32.00			C		
78.1	Origin of Reactors/Herd Additions - State, Local, and Tribal Governments	VS 4-108A	2	8	16	4.00	64.00			C		
	Private Sector		8	1	8	4.00	32.00			C		
	SUBTOTAL				611		437.00	0		0		

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

OMB NO. 0579-0047

Cooperative State-Federal Brucellosis Eradication Program

DATE PREPARED

(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

	vears, list as "1/6" & decimal will display.	onse is sometim	g other than									
IDENTIFICATION C	OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN								
			REPORTS						RECORDS			
										TOTAL		
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-		
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS		
REGS.		so state)		PER RESPONDENT	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD- KEEPER	(Col. I x J)		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)		
78.1	Animal Removed from Infected Herds - State, Local, and Tribal Governments	VS 4-108B	2	8	16	4.00	64.00			0		
	Private Sector		8	1	8	4.00	32.00			0		
78.1	Epidiological Report - Area Herds - State, Local, and Tribal Governments	VS 4-108C	2	8	16	4.00	64.00			0		
	Private Sector		8	1	8	4.00	32.00			0		
78.1, 78.9, 78.11, 78.20, 78.25, 78.30, and 78.34	Permit for Movement of Animals - State, Local, and Tribal Governments	VS 1-27	1	421	421	0.50	211.00			0		
	Private Sector		421	1	421	0.50	211.00			C		
	SUBTOTAL				890		614.00	0		0		

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

OMB NO.

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

0579-0047

(K)Total/(I)Total = (J)Average **NOTE:** The columns will calculate automatically. If Col. E's response is something other than

Cooperative State-Federal Brucellosis Eradication Program

DATE PREPARED

	vears, list as "1/6" & decimal will display.	onse is sometimi	g other than									
IDENTIFICATION C	F REPORTING OR RECORDKEEPING REQUIREMENT		ANNUAL BURDEN									
				REPORTS						RECORDS		
										TOTAL		
OFOTION OF	DESCRIPTION	FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-		
SECTION OF REGS.	DESCRIPTION	(If "none" so state)	RESPONDENTS	RESPONSES PER	RESPONSES (Col. D x E)	PER RESPONSE	HOURS (Col. F x G)	RECORD- KEEPERS	HOURS PER RECORD-	(Col. I x J)		
INEOS.		30 31416)		RESPONDENT	(Coi. D X L)	INESI ONSE	(60.1 × 6)	KEEI EKS	KEEPER	(Coi. 1 x 3)		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)		
51.1, 51.10, 51.20, and 51.33	Appraisal and Indemnity Claim for Animals Destroyed, Materials Destroyed, or Services Provided - Private Sector	VS 1-23, 1- 23A, 1-24, and 1-26 or equivalents	8	1	8	2.00	16.00			0		
78.1, 51.1, 51.10, 51.20, and 51.33	Justification for Brucellosis Herd Depopulation - State, Local, and Tribal Governments	VS 4-6	1	8	8	0.17	1.00			0		
78.1, 51.1, 51.10, 51.20, and 51.33	Agreement for Complete Herd Depopulation - Private Sector	VS 4-7	8	1	8	0.17	1.00			0		
71, 78.1, 78.9, 78.11, 78.20, 78.25, 78.30, and 78.34	Certificate of Veterinary Inspection (CVI) - State, Local, and Tribal Governments	Varied State Forms	52	157	8,164	0.17	1,388.00			0		
	Private Sector A		5,090	2	10,180	0.17	1,731.00			0		
	Private Sector B		8,157	1	8,157	0.17	1,387.00			0		
	SUBTOTAL				26,525		4,524.00	0		0		

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 $F & I = 13h$: cols $H & K = 13c$

TITLE OF INFORMATION COLLECTION DOCUMENT

OMB NO. 0579-0047

Cooperative State-Federal Brucellosis Eradication Program

DATE PREPARED

(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	ımns will calculate automatically. If Col. E's resp years, list as "1/6" & decimal will display.	onse is sometnin	g otner tnan									
IDENTIFICATION C	F REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN								
				REPORTS						RECORDS		
										TOTAL		
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-		
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS		
REGS.		so state)		PER RESPONDENT	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD- KEEPER	(Col. I x J)		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)		
78.1, 78.9, 78.11, 78.20, 78.25, 78.30, and 78.34	Quarantine and Quarantine Relsease Forms - State, Local, and Tribal Governments	Varied State Forms	1	421	421	0.17	72.00			0		
	Private Sector		421	1	421	0.17	72.00			0		
78.1	Brucellosis Management Plan - State, Local, and Tribal Governments	None	3	1	3	160.00	480.00			0		
78.1	Memorandum of Understanding (MOU) for Brucellosis Mangement Plan - State, Local, and Tribal Governments	None	3	1	3	160.00	480.00			0		
					0		0.00			0		
					0		0.00			0		
	SUBTOTAL				848		1,104.00	0		0		