

INSTRUCTIONS:			TITLE OF INFORMATION COLLECTION DOCUMENT					OMB	
			Interstate Movement of Certain Land Tortoises					0579- DATE PR July 24	
IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT		ANNUAL BURDEN							
		REPORTS					RECORDS		
SECTION OF REGS	DESCRIPTION	FORM NO's (if none, so state)	NO. OF RESPONDENTS	NO. OF RESPONSES PER RESPONDENT	TOTAL ANNUAL RESPONSES (Col. D x E) (F)	HOURS PER RESPONSE (G)	TOTAL HOURS (Col. F x G) (H)	NO. OF RECORDKEEPERS (I)	ANNUAL HOURS PER RECORDKEEPER (J)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
9 CFR 74.1	State Health Certificate, Request (Individual-owners)	none	3	5	15	2.000	30	0	0.00
9 CFR 74.1	State Health Certificate, Request (Business-Owners)	none	22	5	110	2.000	220	0	0.00
9 CFR 74.1	State Health Certificate, Prepare (Business-Veterinarians)	none	25	5	125	1.000	125	0	0.00
					0		0		
					0		0		
					0		0		
					0		0		
SUBTOTAL					250		375	0	
TOTAL OF ALL PAGES			50		250		375	0	
TOTAL COLUMNS F + I = OMB 831, 13b COLUMNS H + K = OMB 831, 13c					250		375		

NO.

-0156

PREPARED

1, 2019

RECORDKEEPING
HOURS

(Col. I x J)

(K)

0

0

0

0

0

0

0

0

0

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