OMB CONTROL NO.				ŀ	TITLE OF INFORMATION COLLECTION REQUEST									DATE PREPARED	
0579-0442														September 14, 2020	
TYPE OF REQUEST					Brucellosis and Bovine Tuberculosis: Importation of Cattle and Bison									PUBLIC COMMENT DOCKET NO	
Final Rule													APHIS-2011-0044		
POINT OF CONTACT													FEDERAL REGISTER NOTICE		
Kelly Rhodes													85 FR 57944		
TELEPHONE NO.													FEDERAL REGISTER DATE		
(301) 851-3300													September 17, 2020		
									ART I - SUMMAR						
-	TOTAL RESPONDENTS 21			s	TOTAL ANI	NUAL RESPONSES	% ELECTRONIC	DNIC RESPONSES PER RESPONDENT			TOTAL BURDEN HOURS		HOURS PER RESPO	ONSE % S	MALL ENTITIES
						62	0%		2.952	907		907	14.629	25%	
						_	P	ART	II - LIST OF ACTIV	VITIES					
TYPE OF CHANGE	TYPE OF RESPONDENT	FIRST OCCURENCE	TYPE OF RESPONSE	AUTHORITY (U.S.C., CFR, or Manual)		ACTIVITY DESCRIPTI (title, respondent ty	DESCRIPTION espondent type, and type of change if discretionary		FORM NO.	FC	ESTIMATED ANNU NUMBER OF FORMAT RESPONDENTS or RECORDKEEPER		ESTIMATED ANNUAL RESPONSES	ESTIMATED HOUR PER RESPONSE or ANNUAL HOURS PER RECORDKEEPEF	ESTIMATED ANNUAL BURDEN HOURS
(A)	(B)	(C)	(D)	(E)		(F)			(G)		(H)	(I)	(J)	(К)	(L)
	FG		Ι	9 CFR 93.438(a); 93.441(a)		Request for Regional Classification (Foreign Gov't)						5	5	1	5
	FG		I	93.438(a); 93.441(a)		Application for Recognition of Regional Classification - Tuberculosis (Foreign Gov't)						3	3	80	240
	FG		I	93.438(a); 93.441(a)		Application for Recognition of Regional Classification - Brucellosis (Foreign Gov't)						2	2	80	160
	FG		Ι	93.438 93.442	3(a); 1(a)	Request for Additional Information about a Region (Foreign Gov't)						10	10	30	300
	FG	х	Ι	93.438 93.442	3(d); 1(d)	Maintaining Classification and Reclassification (Foreign Gov't)						20	40	5	200
	FG		I	93.439 93.442	9(b); 2(b)	Official Identific (Foreign Gov't)	ation and Certification	1				1	1	1	1
	P1	х	I	93.439 93.442	9(b); 2(b)	Official Identific (Business)	ation and Certification	1				1	1	0.500	1

TYPE OF CHANGE	TYPE OF RESPONDENT	FIRST OCCURENCE	TYPE OF RESPONSE	AUTHORITY (U.S.C., CFR, or Manual)	ACTIVITY DESCRIPTION (title, respondent type, and type of change if discretionary)	FORM NO.		ESTIMATED ANNUAL NUMBER OF RESPONDENTS or RECORDKEEPERS		ESTIMATED HOURS PER RESPONSE or ANNUAL HOURS PER RECORDKEEPER	ESTIMATED ANNUAL BURDEN HOURS
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(К)	(L)
			I								