OMB	CONT	ROLI	NO.		TITLE OF II	NFORMATION CC	LLECTION REQUEST							DATE P	REPARE	D
	0579-0130												September 23, 2020			
TYPE	TYPE OF REQUEST				Export Certification: Accreditation of Nongovernment Facilities								PUBLIC COMMENT DOCKET N		NT DOCKET NO.	
	Renewal												APHIS-2020-0057			
POIN	T OF (CONT	ACT											FEDERAL REGISTER NOTICE		
	Ms. S	Sarika	Neg	i										Vol. 85, No. 139 PG 43810		39 PG 43810
TELE	PHON													FEDER		TER DATE
	(301)	851-	2349												7/20/2	2020
									ART I - SUMMAR							
	TOTAL F	RESPON	NDENT:	s	TOTAL ANI	NUAL RESPONSES	% ELECTRONIC	RES	PONSES PER RESPONI	DENT	TOTAL	BURDEN HOURS	HOURS PER RESPO	ONSE		ALL ENTITIES
		9				54	60%		6			209	3.870	1		17%
							P	PART	II - LIST OF ACTIV	/ITIES			•			
TYPE OF CHANGE	TYPE OF RESPONDENT	FIRST OCCURENCE	TYPE OF RESPONSE	AUTHC (U.S	DRITY .C., CFR, or Manual)	ACTIVITY DESCRIPTIC (title, respondent ty	DN pe, and type of change if discreti	onary)	FORM NO.	FO	RMAT	ESTIMATED ANNUAL NUMBER OF RESPONDENTS or RECORDKEEPERS	ESTIMATED ANNUAL RESPONSES	ESTIMATED HOURS PER RESPONSE or ANNUAL HOURS PER RECORDKEEPER		ESTIMATED ANNUAL BURDEN HOURS
(A)	(B)	(C)	(D)		(E)		(F)		(G)		(H)	(1)	(J)		(К)	(L)
E	S1	х	I	7 CFF (2)	8 353.8 (b)	Application for A	ccreditation (State)	ditation (State)				3	3	2.	000	6
E	P1	х	I	7 CFF (2)	8 353.8 (b)	Application for A	ccreditation (business)		None			6	6	2.	000	12
E	P1		I	7 CFF (b)(2 353.8 3)	Agreement for Fulfilling Accreditation Procedures (Business) (same)		None			6	6	0.	500	3	
E	S1		I	7 CFF (b)(2 353.8 3)	Agreement for Fi Procedures (Stat	greement for Fulfilling Accreditation rocedures (State) (same)		None			3	3	10	.000	30
E	P1		I	7 CFF (b)(8 353.8 3)(ii)	Documentation c (same responder	Documentation of Equipment (Business) same respondents as business application)		None			6	6	8.	000	48
E	S1		I		2 353.8 3)(ii)	Documentation of Equipment (State) same respondents as state application)		None			3	3	0.	166	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.	FORMAT	ESTIMATED ANNUAL NUMBER OF RESPONDENTS or RECORDKEEPERS	ESTIMATED ANNUAL RESPONSES	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)
Е	S1		I	7 CFR 353.8 (b)(3)(iii)	Quality Manual or Equivalent Documentation (State) (same)	None		6	6	0.166	1
E	P1		I	7 CFR 353.8 (b)(3)(iii)	Quality Manual or Equivalent Documentation (Business) (same)	None		3	3	10.000	30
E	P1		I	7 CFR 353.8 (b)(3)(iv)	Identity of Personnel and Subcontractor's Qualifications (Business) (same)	None		6	6	8.000	48
E	S1		I	7 CFR 353.8 (b)(3)(iv)	Identity of Personnel and Subcontractor's Qualifications (State) (same)	None		3	3	8.000	24
E	P1		I	7 CFR 353.8 (b)(3)(v)	Notification of changes in personnel (Business) (same)	None		3	3	0.166	1
E	P1		I	7 CFR 353.8 (b)(3)(v)	Report changes in location, ownership, physical plant equipment or other conditions (Business) (same)	None		2	2	0.166	1
E	P1		I	7 CFR 353.8 (a)(2)(i)	Denial-Written Appeal and Request for Hearing (Business) (same)	None		1	1	0.250	1
E	P1		I	7 CFR 353.8 (a)(2)(ii)	Withdrawal-Appeal and Request for Hearing (Business) (same)	None		1	1	0.250	1
E	P1		I	7 CFR 353.8 (a)(4)	Written Request to Eliminate Accredited Status (Business) (same)	None		1	1	1.000	1
E	S1		I	7 CFR 353.8 (a)(4)	Documentation of Corrective Action (State) (same respondents as state application)	None		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.	FORMAT	ESTIMATED ANNUAL NUMBER OF RESPONDENTS or RECORDKEEPERS	ESTIMATED ANNUAL RESPONSES	ESTIMATED HOURS PER RESPONSE or ANNUAL HOURS PER RECORDKEEPER	ESTIMATED ANNUAL BURDEN HOURS
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(К)	(L)

Collection Number	057	9-0130			
Expiration Date	10/3	31/2020			
Formula Check for Information Collections	Su	nmary	Respo	Total	
A = Respondents (given)		9	FG, Foreign Gover		-
B = Responses per Respondent		6	S1, State Governm S2, Local Governm		3
C = Annual Responses (given)		54	S3, Tribal Governr P1, Business	nent	-
D = Total Burden Hours (given)		209	P2, Farm P3, Non, Not-for-P	rofit	-
Estimate of Burden (hours/ response)		3.87037	I, Individual or He	- 9	
Formula Check for Information Collections	Foreign	Government	Reporting	Record Keeping	3d Party
A = Respondents (given)		-			
B = Responses per Respondent		#DIV/0!			
C = Annual Responses (given)		-			
D = Total Burden Hours (given)		-	-	-	-
E1 = Estimate Adjustments (Responses)		-			
E2 = Estimate Adjustments (Hours)		-			
Formula Check for Information Collections	State, Loca	al, Tribal Gov't	Reporting	Record Keeping	3d Party
A = Respondents (given)		3			
B = Responses per Respondent		6.333			
C = Annual Responses (given)		19			
D = Total Burden Hours (given)		63	63	-	-
E1 = Estimate Adjustments (Responses)		19			
E2 = Estimate Adjustments (Hours)		63			
Formula Check for Information Collections	Pi	rivate	Reporting	Record Keeping	3d Party
A = Respondents (given)		6			
B = Responses per Respondent		5.833			
C = Annual Responses (given)		35			
D = Total Burden Hours (given)		146	146	-	-
E1 = Estimate Adjustments (Responses)		35			
E2 = Estimate Adjustments (Hours)		146			
Formula Check for Information Collections	Ind	ividual	Reporting	Record Keeping	3d Party
A = Respondents (given)		-			
B = Responses per Respondent		#DIV/0!			
C = Annual Responses (given)		-			
D = Total Burden Hours (given)		-	-	-	-

E1 = Estimate Adjustments (Responses)	-		
E2 = Estimate Adjustments (Hours)	-		

Question 12 calculations?