

OMB CONTROL NO. 0579-0256	TITLE OF INFORMATION COLLECTION REQUEST Export Health Certificate for Animal Products	DATE PREPARED November 23, 2020
TYPE OF REQUEST Reinstatement		PUBLIC COMMENT DOCKET NO. APHIS-2020-0073
POINT OF CONTACT Dr. Lisa Dixon		FEDERAL REGISTER NOTICE 85 FR 54977
TELEPHONE NO. (301) 851-3373		FEDERAL REGISTER DATE September 3, 2020

PART I - SUMMARY

TOTAL RESPONDENTS 42,000	TOTAL ANNUAL RESPONSES 160,776	% ELECTRONIC 50%	RESPONSES PER RESPONDENT 4	TOTAL BURDEN HOURS 51,771	HOURS PER RESPONSE 0.322	% SMALL ENTITIES 60%
------------------------------------	--	----------------------------	--------------------------------------	-------------------------------------	------------------------------------	--------------------------------

PART II - LIST OF ACTIVITIES

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)	(K)	(L)
D	P1	X	I	9 CFR 156.3; 156.6	Export Certificate for Animal Products (VS 16-4) (Business)	VS 16-4		42,000	150,108	0.333	49,986
D	P1		I	156.3; 156.6	Export Certificate for Animal Products Continuation Sheet (VS 16-4A) (Business)	VS 16-4A		10,665	10,665	0.167	1,782
D	P1		I	156.3; 156.6	Letterhead Certificate (Business)	none		1	1	0.333	1
D	P1		I	156.8	Hearing Request (Business)	none		1	1	1.000	1
D	P1		I	156.8	Notification of Tampered Certificate (Business)	none		1	1	1.000	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)	(K)	(L)