

OMB CONTROL NO. 0579-0196	TITLE OF INFORMATION COLLECTION REQUEST Self-Certification Medical Statement	DATE PREPARED September 3, 2020
TYPE OF REQUEST Renewal		PUBLIC COMMENT DOCKET NO. APHIS-2020-0090
POINT OF CONTACT Beverly Cassidy		FEDERAL REGISTER NOTICE 85 FR 68555
TELEPHONE NO. (301) 851-2914		FEDERAL REGISTER DATE October 29, 2020

PART I - SUMMARY

TOTAL RESPONDENTS 608	TOTAL ANNUAL RESPONSES 609	% ELECTRONIC 100%	RESPONSES PER RESPONDENT 1	TOTAL BURDEN HOURS 103	HOURS PER RESPONSE 0.169	% SMALL ENTITIES 0%
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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)
E	I	X	I	5 CFR 339.203; 29 CFR 1630.14	Self-Certification Medical Statement (Individual)	MRP 5		608	608	0.167	102
	I		I	5 CFR 339.204	Request for Waiver of Standards and Requirements (Individual)			1	1	1.000	1