**EPRODUCE LOCALLY. *Include form number and date on all reproductions.***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INSTRUCTIONS:**  Use this form when a single information collection document involves  multiple reporting and recordkeeping requirements. The totals of the figures in cols. (D), (F),  (H), (I), and (K) should be entered in items 17 & 18 of SF-83. For cols. (E), (G), and (J),  the averages of the totals shall be computed, as follows, and then entered on the SF-83.  (F) Total = (E) Average  (H) Total = (G) Average (K) Total  = (J) Average  (D) Total (F) Total (I) Total | | TITLE OF INFORMATION COLLECTION DOCUMENT  General Administrative Regulations Interpretations of Statutory and Regulatory Provisions | | | | | **OMB NO.**  0563-0055 | | **PAGE**  1 of 1 | |
| **DATE PREPARED**  March 18, 2022 | |
| **IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT** | |  | **ANNUAL BURDEN** | | | | | | | |
|  |  |  | REPORTS | | | | | RECORDS | | |
| SECTION OF  REGS.  (A) | DESCRIPTION  (B) | FORM NO(S).  *(If "none",*  *so state)*  (C) | NO. OF  RESPON-  DENTS  (D) | NO. OF  RESPONSES  PER  RESPON-  DENT  (E) | TOTAL ANNUAL  RESPONSES  *(Col. D x E)*  (F) | HOURS  PER RESPONSE  (G) | TOTAL  HOURS  *(Col. F x G)*  (H) | NO. OF  RECORD-  KEEPERS  (i) | ANNUAL HOURS PER  RECORD-  KEEPER  (J) | TOTAL  RECORD-  KEEPING  HOURS  *(Col. I x J)*  (K) |
| 7 CFR 400, Subpart X | Any producer with a valid crop insurance policy, approved insurance provider (agents, loss adjusters, employees, contractors or lawyers) with agreement with FCIC  TOTAL | None | 75 | 1 | 75 | 8 | 600 | 0 | 0 | 0 |

**SUMMARY OF INFORMATION COLLECTION**