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

|  |  |  |  |
| --- | --- | --- | --- |
| **INSTRUCTIONS:**  Use this form when a single information collection document involvesmultiple 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 OFREGS.(A) | DESCRIPTION(B) | FORM NO(S).*(If "none",**so state)*(C) | NO. OFRESPON-DENTS(D) | NO. OFRESPONSESPERRESPON-DENT(E) | TOTAL ANNUALRESPONSES*(Col. D x E)*(F) | HOURSPER RESPONSE(G) | TOTALHOURS*(Col. F x G)*(H) | NO. OFRECORD-KEEPERS(i) | ANNUAL HOURS PERRECORD-KEEPER(J) | TOTALRECORD-KEEPINGHOURS*(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 FCICTOTAL  | None | 75 | 1 | 75 | 8 | 600 | 0 | 0 | 0 |

**SUMMARY OF INFORMATION COLLECTION**