OMB CONTROL NO.			NO.	TITLE OF I	TITLE OF INFORMATION COLLECTION REQUEST								DATE PREPARED		
0579-0256													November 23, 2020		
TYPE OF REQUEST				Expo	Export Health Certificate for Animal Products								PUBLIC COMMENT DOCKET NO.		
Reinstatement													APHIS-2020-0073		
POINT OF CONTACT													FEDERAL REGISTER NOTICE		
		Lisa D	-										85 FR 54977		
TELE	PHON	IE NO											FEDERAL REGISTER DATE		
	(301)	) 851-	3373										September 3, 2020		
							Р	ART I - SUMMAR	Y						
	TOTAL F	RESPO	NDENT:	5 TOTAL AN	TOTAL ANNUAL RESPONSES % ELECTRONIC		RES	ESPONSES PER RESPONDENT		TOTAL BURDEN HOURS		HOURS PER RESPONSE % SM		ALL ENTITIES	
	42,000			1	160,776 50%			4		51,771		0.322		60%	
				I		F	PART	II - LIST OF ACTIV	/ITIES			I	I		
TYPE OF CHANGE	TYPE OF RESPONDENT	FIRST OCCURENCE	TYPE OF RESPONSE	AUTHORITY (U.S.C., CFR, or Manual)	S.C., CFR, or (title, respondent type, and type of change if discretionen)		FORM NO.	FORMAT		ESTIMATED ANNUAL NUMBER OF RESPONDENTS or RECORDKEEPERS	ESTIMATED ANNUAL RESPONSES	ESTIMATED HOURS PER RESPONSE or ANNUAL HOURS PER RECORDKEEPER HOURS			
(A)	(B)	(C)	(D)	(E)		(F)		(G)		(H)	(I)	(J)	(К)	(L)	
D	P1	x	I	<b>9 CFR</b> 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.		ESTIMATED ANNUAL NUMBER OF RESPONDENTS or RECORDKEEPERS	ESTIMATED ANNUAL	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)