OMB CONTROL NO. 0579-0130 **DATE PREPARED** 8/1/2023

TITLE OF INFORMATION COLLECTION REQUEST (ICR)

Export Certification: Accreditation of Nongovernment Facilities

Additional line for ICR Title if title is too long.

PART I - ICR INFORMATION, POINT OF CONTA	DATA SUMMARY			
TYPE OF REQUEST	Renewal	TOTAL RESPONDENTS	9	
POINT OF CONTACT (POC)	Ms. Sarika Negi	TOTAL ANNUAL RESPONSES	54	
POC TELEPHONE NO.	(301) 851-2349	% ELECTRONIC	60%	
DATE PREPARED	8/1/2023	RESPONSES PER RESPONDENT	6	
PUBLIC COMMENT DOCKET NO.	APHIS-2023-0002	TOTAL BURDEN HOURS	209	
FEDERAL REGISTER NOTICE	88 FR 12909	HOURS PER RESPONSE	3.870	
FEDERAL REGISTER DATE	3/1/2023	% SMALL ENTITIES	0%	

PART II - SUMMARY OF ACTIVITIES

ACTIVITY DESCRIPTION	AUTHORITY (U.S.C., CFR, or MANUAL)	FORM NO.	FORMAT	TYPE OF CHANGE	TYPEOF RESPONDENT	FIRST OCCURENCE	TYPE OF RESPONSE	ESTIMATED ANNUAL NUMBER OF RESPONDENTS OR RECORDKEEPERS	ESTIMATED TOTAL ANNUAL RESPONSES	ESTIMATED HOURS PER RESPONSE OR ANNUAL HOURS PER RECORDKEEPER	ESTIMATED TOTAL ANNUAL BURDEN HOURS
Application for Accreditation (State)	7 CFR 353.8 (b)(2)	None			S1	х	ı	3	3	2.000	6
Application for Accreditation (Business)	7 CFR 353.8 (b)(2)	None			P1	х	ı	6	6	2.000	12
Agreement for Fulfilling Accreditation Procedures (State) (same)	7 CFR 353.8 (b)(3)	None			S1		ı	3	3	10.000	30
Agreement for Fulfilling Accreditation Procedures (Business) (same)	7 CFR 353.8 (b)(3)	None			P1		ı	6	6	0.500	3
Documentation of Equipment (State) same respondents as state application)	7 CFR 353.8 (b)(3)(ii)	None			S1		ı	3	3	0.166	1
Documentation of Equipment (Business) (same respondents as business application)	7 CFR 353.8 (b)(3)(ii)	None			P1		ı	6	6	8.000	48
Quality Manual or Equivalent Documentation (State) (same)	7 CFR 353.8 (b)(3)(iii)	None			S1		ı	3	3	10.000	30
Quality Manual or Equivalent Documentation (Business) (same)	7 CFR 353.8(b)(3)(iii)	None			P1		ı	6	6	0.166	1
Identity of Personnel and Subcontractor's Qualifications (State) (same)	7 CFR 353.8 (b)(3)(iv)	None			S1		ı	3	3	8.000	24

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ACTIVITY DESCRIPTION	AUTHORITY (U.S.C., CFR, or MANUAL)	FORM NO.	FORMAT	TYPE OF CHANGE	TYPEOF RESPONDENT	FIRST OCCURENCE	TYPE OF RESPONSE	ESTIMATED ANNUAL NUMBER OF RESPONENTS OR RECORDKEEPERS	ESTIMATED TOTAL ANNUAL RESPONSES	ESTIMATED HOURS PER RESPONSE OR ANNUAL HOURS PER RECORDKEEPER	ESTIMATED TOTAL ANNUAL BURDEN HOURS
Identity of Personnel and Subcontractor's Qualifications (Business) (same)	7 CFR 353.8 (b)(3)(iv)	None			P1		ı	6	6	8.000	48
Notification of changes in personnel (Business) (same)	7 CFR 353.8 (b)(3)(v)	None			P1		ı	3	3	0.166	1
Report changes in location, ownership, physical plant equipment or other conditions (Business) (same)	7 CFR 353.8 (b)(3)(v)	None			P1		ı	2	2	0.166	1
Denial-Written Appeal and Request for Hearing (Business) (same)	7 CFR 353.8 (a)(2)(i)	None			P1		ı	1	1	0.250	1
Withdrawal-Appeal and Request for Hearing (Business) (same)	7 CFR 353.8 (a)(2)(ii)	None			P1		ı	1	1	0.250	1
Written Request to Eliminate Accredited Status (Business) (same)	7 CFR 353.8 (a)(4)	None			P1		ı	1	1	1.000	1
Documentation of Corrective Action (State) (same respondents as state application)	7 CFR 353.8 (a)(4)	None			S1		ı	1	1	0.500	1