

Request for Non-substantive Changes
OMB 0579-0430
6/11/2024

APHIS conducted a review of VS 4-9 and VS 4-10 and requests approval for the following non-substantive changes. These changes does not affect response time or burden.

- A. VS Form 4-9: Page 1, at top left of form, updated fax number and email address.

CURRENT:

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES NATIONAL VETERINARY SERVICES LABORATORIES (NVSL) P.O. BOX 844, 1920 DAYTON AVENUE, AMES, IA 50010 PHONE: 515-337-6200 FAX: 515-337-7402 EMAIL: nvsl_concerns@aphis.usda.gov
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CHANGE TO:

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES NATIONAL VETERINARY SERVICES LABORATORIES (NVSL) P.O. BOX 844, 1920 DAYTON AVENUE, AMES, IA 50010 PHONE: 515-337-6200 FAX: 833-327-0497 EMAIL: nvsl_concerns@usda.gov
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- B. VS Form 4-10 has three changes: 1) correction to header, 2) correction to email address, and 3) redesign.

1. Correction: OMB header to reflect the currently approved burden from “.1” to “1” hour per response.

CURRENT:

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0430. The time required to complete this information collection is estimated to average .1 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.	OMB Approved 0579-0430 Exp. 02/2025
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CHANGE TO:

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0430. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.	OMB Approved 0579-0430 Exp. 02/2025
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2. Correction: Email address at the bottom of the form has been updated, mail address on one line.

CURRENT:

Return updated forms via one of the following ways: Email: NvslCaseCoordinator@aphis.usda.gov Fax Number: 515-337-7022 Mail: USDA/APHIS/VS/National Veterinary Services Laboratories Attn: LIMS Contact Update 1920 Dayton Ave. Ames, IA 50010
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CHANGE TO:

Return updated forms via one of the following ways: Email: NVSL.info@usda.gov , Fax Number: 515-337-7022 Mail: USDA/APHIS/VS/National Veterinary Services Laboratories Attn: LIMS Contact Update 1920 Dayton Ave. Ames, IA 50010
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3. Redesign: This redesign will allow respondents to list more than one individual to the form who may be authorized to submit and incur expenses for the business. As the supporting statement reads, “this form is not required but is offered as a courtesy to customers who wish to proactively inform the NVSL of changes in contact information. The form helps ensure that the NVSL obtains all necessary information to update records efficiently and accurately.”

CURRENT:

NVSL ID Number:	
Name of Individual (Optional):	
Name of Business/Laboratory (Required):	
Mailing Address:	
City:	
State:	ZIP Code:
Country:	
Phone Number:	Fax Number:
Email Address(s):	
Preferred Method of Contact (Select One) (Fax or Email Preferred):	
<input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> United States Postal Service Mail	

CHANGE TO:

Name of Business/Laboratory (Required):	Business type:	
Address 1:		
Address 2:		
City:	State/Province:	
Postal Code:	Country:	
Business Phone Number (Required):	Business Fax Number (Optional):	Business Premises ID:
Business Email Address(s) (To be included in all reports associated with this business):		

Individuals Authorized to Submit and Incur Expenses Under this Business (Select Individual and Enter Contact Information)

Individual: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Biologist <input type="checkbox"/> Animal Health Technician <input type="checkbox"/> Other (Specify)			
Salutation:	First Name:	Middle Name:	Last Name:
Individual Email Address(s) (To be included in all reports submitted):		Phone Number:	National Veterinary Accreditation Number (Optional):
Individual: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Biologist <input type="checkbox"/> Animal Health Technician <input type="checkbox"/> Other (Specify)			
Salutation:	First Name:	Middle Name:	Last Name:
Individual Email Address(s) (To be included in all reports submitted):		Phone Number:	National Veterinary Accreditation Number (Optional):
Individual: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Biologist <input type="checkbox"/> Animal Health Technician <input type="checkbox"/> Other (Specify)			
Salutation:	First Name:	Middle Name:	Last Name:
Individual Email Address(s) (To be included in all reports submitted):		Phone Number:	National Veterinary Accreditation Number (Optional):
Individual: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Biologist <input type="checkbox"/> Animal Health Technician <input type="checkbox"/> Other (Specify)			
Salutation:	First Name:	Middle Name:	Last Name:
Individual Email Address(s) (To be included in all reports submitted):		Phone Number:	National Veterinary Accreditation Number (Optional):