

OMB CONTROL NO. 0579-0196

DATE PREPARED 01/14/2025

TITLE OF INFORMATION COLLECTION Self-Certification Medical Statement
REQUEST (ICR)

Additional line for ICR Title if title is too long.

PART I - ICR INFORMATION, POINT OF CONTACT, FEDERAL REGISTER NOTICE INFORMATION

DATA SUMMARY

TYPE OF REQUEST	Renewal	TOTAL RESPONDENTS	175
POINT OF CONTACT (POC)	Jason Grams	TOTAL ANNUAL RESPONSES	176
POC TELEPHONE NO.	(612) 336-3292	% ELECTRONIC	100%
DATE PREPARED	1/14/2025	RESPONSES PER RESPONDENT	1.00571
PUBLIC COMMENT DOCKET NO.	APHIS 2024-0055	TOTAL BURDEN HOURS	31
FEDERAL REGISTER NOTICE	89 FR 73621	HOURS PER RESPONSE	0.17614
FEDERAL REGISTER DATE	9/11/2024	% SMALL ENTITIES	0%

PART II - SUMMARY OF ACTIVITIES

ACTIVITY DESCRIPTION	AUTHORITY (U.S.C., CFR, or MANUAL)	FORM NO.	FORMAT	TYPE OF CHANGE	TYPE OF 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
Self-Certification Medical Statement (Individual)	5 CFR 339.203; 29 CFR 1630.14	MRP 5		E	I	X	I	175	175	0.167	30
Request for Waiver of Standards and Requirements (Individual)	5 CFR 339.204				I		I	1	1	1	1