OMB CONTROL NO.	0579-0189	**DATE PREPARED**	7/7/2026
TITLE OF INFORMATION COLLECTION REQUEST (ICR) *Additional line for ICR Title if title is too long.*	Control of Chronic Wasting Disease		

PART I - ICR INFORMATION, POINT OF CONTACT, FEDERAL REGISTER NOTICE INFORMATION		**DATA SUMMARY**	
TYPE OF REQUEST	Renewal	**TOTAL RESPONDENTS**	1,588
POINT OF CONTACT (POC)	Tracy Nichols	**TOTAL ANNUAL RESPONSES**	50,156
POC TELEPHONE NO.	(970) 494-7380	**% ELECTRONIC**	75%
DATE PREPARED	7/7/2026	**RESPONSES PER RESPONDENT**	32
PUBLIC COMMENT DOCKET NO.	APHIS–2025–0868	**TOTAL BURDEN HOURS**	162,510
FEDERAL REGISTER NOTICE	Vol. 91, No. 15, Pages 2896-2897	**HOURS PER RESPONSE**	3.24
FEDERAL REGISTER DATE	1/23/2026	**% SMALL ENTITIES**	75%

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
Memorandum of Understanding	9 CFR 55.23(a)	none	paper		S1		I	28	28	8.00	224
Application for CWD Herd Certification Program; Approval, Renewal, or Reinstatement of a State	9 CFR 55.22(b); 55.23(a)	VS 11-2	info system		S1		I	28	28	20.00	560
Application for CWD Herd Certification Program; Approval, Renewal, or Reinstatement of a State	9 CFR 55.22(b); 55.23(a)	VS 11-2	info system		P1		I	1	1	20.00	20
Farmed/Captive Cervid Identification	9 CFR 55.25; 9 CFR 81.2	none	info system	E	P1	x	TP	1,524	1,524	8.00	12,192
Report of Cervid Disappearances, Escapes, and Deaths	9 CFR 55.23(b)(3)	none	paper	E	P1		I	1,524	8,869	0.50	4,435
Report of Cervid Disappearances, Escapes, and Deaths	9 CFR 55.23(b)(3)	none	paper	C	S1		I	28	8,869	0.50	4,435
Herd or Premises Plan	9 CFR 55.1	none	paper	E	P1		I	39	39	3.00	117
Herd or Premises Plan	9 CFR 55.1	none	paper	E	S1		I	39	39	20.00	780
Annual Reports for Herd Certification Program Renewal	9 CFR 55.23(a)	none	info system		S1		I	28	28	10.00	280

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
Approved State CWD Herd Certification Program Reviews	9 CFR 55.23(a)	none	info system	E	S1		I	2	2	20.00	40
Epidemiological Investigations	9 CFR 55.23(a),(b)	none	info system	E	P1		I	780	780	20.00	15,600
Epidemiological Investigations	9 CFR 55.23(a),(b)	none	info system	E	S1		I	28	780	40.00	31,200
Letter to Appeal Suspension, Cancellation, or Change in Status	9 CFR 55.24(c)(1)	none	paper		P1		I	1	1	1.00	1
Interstate Certificate of Veterinary Inspection	9 CFR 81.3, 81.4	none	info system	E	P1		I	1,524	11,335	2.00	22,670
Interstate Certificate of Veterinary Inspection	9 CFR 81.3, 81.4	none	info system	E	S1		I	28	11,335	0.50	5,668
Wild Cervid ID, ICVI, and Surveillance Data for Interstate Movement	9 CFR 81.2, 81.4	none	info system	E	S1		TP	1	1	2.00	2
Inspections and Inventories	9 CFR 55.23(b)(3)	none	paper	E	P1		I	1,524	1,524	14.00	21,336
Inspections and Inventories	9 CFR 55.23(b)(3)	none	paper	E	P1		R	1,524	1,524	20.00	30,480
Inspections and Inventories	9 CFR 55.23(b)(3)	none	paper	E	S1		I	1,524	1,524	2.00	3,048
Inspections and Inventories	9 CFR 55.23(b)(3)	none	paper	E	S1		R	1,524	1,524	4.00	6,096
Cooperative Agreement	9 CFR part 55	none	info system	E	S1	x	I	55	51	5.00	255
Cooperative Agreement	9 CFR part 55	none	info system	E	S3	x	I	9	1	5.00	5
Cooperative Agreement Workplan	9 CFR part 55	none	info system	E	S1		I	55	51	5.00	255
Cooperative Agreement Workplan	9 CFR part 55	none	info system	E	S3		I	9	1	1.00	1

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
Cooperative Agreement Financial Plan	9 CFR part 55	none	info system	E	S1		I	55	51	10.00	510
Cooperative Agreement Financial Plan	9 CFR part 55	none	info system	E	S3		I	9	1	1.00	1
Cooperative Agreement Quarterly Report	9 CFR part 55	none	info system	E	S1		I	55	229	10.00	2,290
Cooperative Agreement Quarterly Report	9 CFR part 55	none	info system	E	S3		I	9	1	1.00	1
Laboratory Disinfection Worksheet	9 CFR 55.4	none	paper		S1		I	15	15	0.50	8
											0
											0

Collection Number	0579-0189
Expiration Date	7/7/26

Formula Check for Information Collections	Summary
A = Respondents (given)	1,588
B = Responses per Respondent	32
C = Annual Responses (given)	50,156
D = Total Burden Hours (given)	162,510
Estimate of Burden (hours/ response)	3.24009

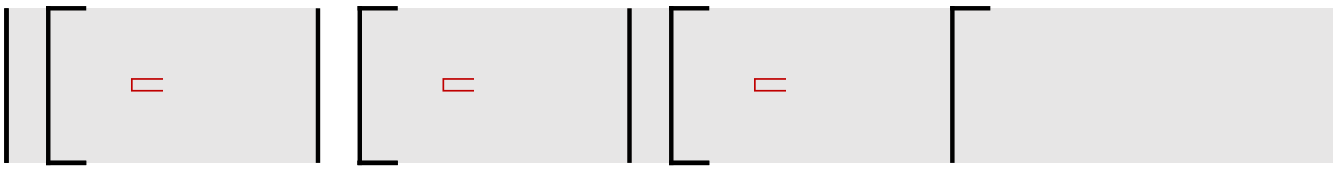
Respondents	Total
FG, Foreign Govt	0
S1, State GovT	55
S2, Local Govt	0
S3, Tribal Govt	9
P1, Business	1,524
P2, Farm	0
P3, Non, Not-for-Profit	0
I, Individual or Household	0
	1,588

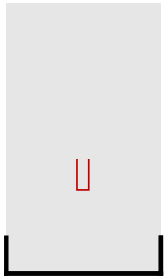
Formula Check for Information Collections	Foreign Govt	Reporting	Record Keeping	3rd Party
A = Respondents (given)	0			
B = Responses per Respondent	#DIV/0!			
C = Annual Responses (given)	-			
D = Total Burden Hours (given)	-	-	-	-
E1 = Estimate Adjustments (Responses)	0			
E2 = Estimate Adjustments (Hours)	0			

Formula Check for Information Collections	State, Local, Tribal Gov't	Reporting	Record Keeping	3rd Party
A = Respondents (given)	64			
B = Responses per Respondent	383.73438			
C = Annual Responses (given)	24,559			
D = Total Burden Hours (given)	55,659	49,561	6,096	2
E1 = Estimate Adjustments (Responses)	15591			
E2 = Estimate Adjustments (Hours)	50152			

Formula Check for Information Collections	Private	Reporting	Record Keeping	3rd Party
A = Respondents (given)	1,524			
B = Responses per Respondent	16.79593			
C = Annual Responses (given)	25,597			
D = Total Burden Hours (given)	106,851	64,179	30,480	12,192
E1 = Estimate Adjustments (Responses)	25595			
E2 = Estimate Adjustments (Hours)	106830			

Formula Check for Information Collections	Individual	Reporting	Record Keeping	3rd Party
A = Respondents (given)	0			
B = Responses per Respondent	#DIV/0!			
C = Annual Responses (given)	-			
D = Total Burden Hours (given)	-	-	-	-
E1 = Estimate Adjustments (Responses)	0			
E2 = Estimate Adjustments (Hours)	0			





%

IMB USES THE TABLE BELOW TO ANSWER QU

Data source for SOCC:

Dept of Labor SOCC Code	AVG Wage
00-0000	$ -
11-9013	$ 47.99
19-1011	$ 42.48
29-1131	$ 68.60
45-1011	$ 30.16
45-2011	$ 26.40
45-2093	$ 18.88
	$ 39.09

Total Hours		**162,510**
Average Salary		**$ 39.09**
		$6,351,703.35
X benefits calc		
	1.4286	**$9,074,043.41**

JESTION 12; Example in row 4.

https://www.bls.gov/oes/current/oes_nat.htm#00-0000

TITLE
https://www.bls.gov/oes/current/oes_nat.htm#00-0000
Farmers, ranchers, and other agricultural managers
Animal scientists
Veterinarians
Supervisors for agricultural workers
Agricultural Inspectors
Farmworkers, farm, ranch, and aquaculture animals
Average Hourly Wage Total for SS Q12 (Average will update once rows 4 thru 18 are updated.)

Warning: Cells include formulas and links to other cells.

Use this data in SS Q12 descriptive write-up.

1.4286 from 3/13/2024 - double check percentage every March.

OMB CONTROL NO. 0579-####	DATE PREPARED mm/dd/yyyy

TITLE OF INFORMATION COLLECTION 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		TOTAL RESPONDENTS	0
POINT OF CONTACT (POC)		TOTAL ANNUAL RESPONSES	0
POC TELEPHONE NO.		% ELECTRONIC	##%
DATE PREPARED		RESPONSES PER RESPONDENT	#DIV/0!
PUBLIC COMMENT DOCKET NO.		TOTAL BURDEN HOURS	0
FEDERAL REGISTER NOTICE		HOURS PER RESPONSE	#DIV/0!
FEDERAL REGISTER DATE		% SMALL ENTITIES	##%

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
											0
											0
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											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
											0
			ROWS TOTAL						0		0
			COLUMNS TOTAL								

Instructions: This sheet is utilized by IMB only.

		DIFF - Incr./decr.
Prev. Total Respondents	-	-

DELTA				PREVIOUS SUBMISSION			
EST ANNUAL # OF RESP/RCDKPRS	EST TOTAL ANNUAL RESPONSES	EST HOURS PER RESPONSE OR ANN HRS PER RCDKPR	EST TOTAL ANNUAL BURDEN HOURS	EST ANNUAL # OF RESP/RCDKPRS	EST TOTAL ANNUAL RESPONSES	EST HOURS PER RESPONSE OR ANN HRS PER RCDKPR	EST TOTAL ANNUAL BURDEN HOURS
0	0	0.00	0				
0	0	0.00	0				
0	0	0.00	0				
0	0	0.00	0				
0	0	0.00	0				
0	0	0.00	0				
0	0	0.00	0				
0	0	0.00	0				
0	0	0.00	0				
0	0	0.00	0				
0	0	0.00	0				
0	0	0.00	0				

DELTA				PREVIOUS SUBMISSION			
EST ANNUAL # OF RESP/RCDKPRS	EST TOTAL ANNUAL RESPONSES	EST HOURS PER RESPONSE OR ANN HRS PER RCDKPR	EST TOTAL ANNUAL BURDEN HOURS	EST ANNUAL # OF RESP/RCDKPRS	EST TOTAL ANNUAL RESPONSES	EST HOURS PER RESPONSE OR ANN HRS PER RCDKPR	EST TOTAL ANNUAL BURDEN HOURS
0	0	0	0				
	0		0		0		0
	0		0				