

OMB CONTROL NO. 0579-0322								DATE PREPARED 8/5/2026			
TITLE OF INFORMATION COLLECTION REQUEST (ICR) Pale Cyst Nematode 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		74
POINT OF CONTACT (POC)		Lynn Evans-Goldner							TOTAL ANNUAL RESPONSES		78
POC TELEPHONE NO.		301-851-2286							% ELECTRONIC		100%
DATE PREPARED		8/5/2026							RESPONSES PER RESPONDENT		1
PUBLIC COMMENT DOCKET NO.		APHIS-2026-0331							TOTAL BURDEN HOURS		139
FEDERAL REGISTER NOTICE		Vol. 91, No. 83, PG 23241							HOURS PER RESPONSE		1.782
FEDERAL REGISTER DATE		Thursday, April 30, 2026							% SMALL ENTITIES		100%
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	310.86-5-8	None	Paper	E	P2	X	I	19	19	3.50	67
Packing Facility Process Approval	301.86-5(b)(2)(ii)	None	Paper	E	P1	X	I	6	6	1.00	6
Appeal of Withdrawn Certificate or Limited Permit	301.86-5(d)	None	Paper	E	P1		I	1	1	0.50	1
Appeal of Withdrawn Certificate or Limited Permit	301.86-5(d)	None	Paper	E	P2		I	1	1	0.50	1
Appeal of withdrawn compliance agreement (Farms)	301.86-6(d)	None	Paper	E	P1		I	1	1	0.50	1
Appeal of withdrawn compliance agreement (Businesses)	301.86-6(d)	None	Paper	E	P2		I	1	1	0.50	1
Labeling of Regulated Articles	301.86-8-(a)	None	Paper	E	P1	X	TP	1	1	0.02	1
Labeling of Regulated Articles	301.86-8-(a)	None	Paper	E	P2	X	TP	1	1	0.02	1
Cyst Nematode Survey		PPQ 312	Paper	E	P1	X	I	25	25	1.25	32

PART II - SUMMARY OF ACTIVITIES												
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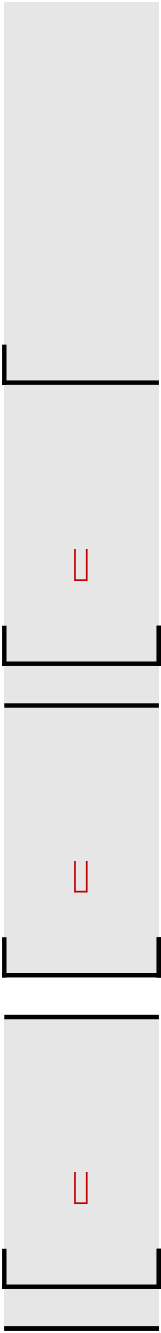
[illegible]

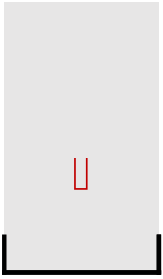
PART II - SUMMARY OF ACTIVITIES

[illegible]

Collection Number		0579-0322			Respondents	Total
Expiration Date		8/31/2026			FG, Foreign Govt	0
					S1, State GovT	0
Formula Check for Information Collections		Summary			S2, Local Govt	0
A = Respondents (given)		74			S3, Tribal Govt	0
B = Responses per Respondent		1			P1, Business	32
C = Annual Responses (given)		78			P2, Farm	42
D = Total Burden Hours (given)		139			P3, Non, Not-for-Profit	0
Estimate of Burden (hours/ response)		1.78205			I, Individual or Household	0
					74	
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)		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		Private	Reporting	Record Keeping	3rd Party	
A = Respondents (given)		74				
B = Responses per Respondent		1.05405				
C = Annual Responses (given)		78				
D = Total Burden Hours (given)		139	137	-	2	
E1 = Estimate Adjustments (Responses)		78				
E2 = Estimate Adjustments (Hours)		139				

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 QUESTIONS

SOCC Data source:

Dept of Labor SOCC Code	Mean Hourly Wage
00-0000	\$ 10.00
11-9013	\$ 47.99
11-3013	\$ 56.20
19-4012	\$ 25.89
	\$ 43.36

Total Hours	139
Average Salary	\$ 43.36
	\$6,027.04
X benefits calc	
1.429	\$8,612.64

FUNCTION 12; Example in row 4.

Occupational Employment and Wage Statistics (U.S. Bureau of Labor Statistics)

TITLE
<i>Job title</i>
Farmers, Ranchers, and Other Agricultural Managers
Facility Manager
Agricultural Technician
Average Hourly Wage Total for SS Q12 (Average will update once rows 4 thru 18 are updated.)

IMB double check calculations with calculator.

[illegible]

PART II - SUMMARY OF ACTIVITIES

[illegible]

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	COLUMNS TOTAL										

Instructions: This sheet is utilized by IMB only.

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

(copy + paste special data from last renewal)

[illegible]

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				
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	0				
	0		0	00			

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			