OMB CONTROL NO.	0579-0327	**DATE PREPARED**	5/18/2026
TITLE OF INFORMATION COLLECTION REQUEST (ICR) *Additional line for ICR Title if title is too long.*	Animal Disease Traceability		

PART I - ICR INFORMATION, POINT OF CONTACT, FEDERAL REGISTER NOTICE INFORMATION		**DATA SUMMARY**	
TYPE OF REQUEST	Renewal	**TOTAL RESPONDENTS**	80,320
POINT OF CONTACT (POC)	Dr. Wendy Lehman	**TOTAL ANNUAL RESPONSES**	947,257
POC TELEPHONE NO.	(937) 999-7874	**% ELECTRONIC**	75%
DATE PREPARED	5/18/2026	**RESPONSES PER RESPONDENT**	12
PUBLIC COMMENT DOCKET NO.	APHIS-2025-0705	**TOTAL BURDEN HOURS**	536,211
FEDERAL REGISTER NOTICE	Vol. 91, No. 4 PG 495-496	**HOURS PER RESPONSE**	0.566
FEDERAL REGISTER DATE	1/7/2026	**% SMALL ENTITIES**	80%

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
Official Identification Device Distribution	9 CFR 86.4	none	info system		S1		I	52	269,880	0.75	202,410
Official Identification Device Distribution	9 CFR 86.3	none	info system		S1		R	52	52	200.00	10,400
Official Identification Device Distribution	9 CFR 86.4	none	info system		P1		I	8,600	327,015	0.25	81,754
Official Identification Device Distribution	9 CFR 86.3	none	info system		P1		R	8,600	8,600	8.30	71,380
Official Identification Device Distribution	9 CFR 86.4	none	info system		S3	x	I	150	150	0.16	24
Administration of Official ID Devices	9 CFR 86.4	none	info system		S1		I	50	1,350	15.00	20,250
Administration of Official ID Devices	9 CFR 86.4	none	info system		S1		R	50	50	1.00	50
Administration of Official ID Devices	9 CFR 86.4	none	info system		P1		I	1,100	24,500	1.00	24,500
Administration of Official ID Devices	9 CFR 86.4	none	info system		P1		R	1,100	1,100	12.00	13,200

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
Approval of Official ID Devices	9 CFR 86.3	none	info system		P1		I	8,600	8,600	0.50	4,300
Premises ID Registration	9 CFR 86.2	none	info system		P1	x	I	80,100	80,100	0.25	20,025
Premises ID Registration	9 CFR 86.2	none	info system		P1		R	80,100	80,100	0.25	20,025
Official Identification Device Application	9 CFR 86.4	VS 1-64	info system		S1		I	33	330	0.08	28
Official Identification Device Application	9 CFR 86.4	VS 1-64	info system		S1		R	50	50	2.50	125
Official Identification Device Application	9 CFR 86.4	VS 1-64	info system		P1		I	25	25	5.00	125
Application for and Approval of an Approved Tagging Site	9 CFR 86.1; OAIDS	none	info system		S1		I	50	1,100	0.25	275
Application for and Approval of an Approved Tagging Site	9 CFR 86.1; OAIDS	none	info system		S1		R	50	50	0.75	38
Application for and Approval of an Approved Tagging Site	9 CFR 86.1; OAIDS	none	info system		P1		I	1,100	1,100	0.25	275
Interstate Certificate of Veterinary Inspection	9 CFR 86.5	none	info system		S1		I	52	52,000	0.20	10,400
Interstate Certificate of Veterinary Inspection	9 CFR 86.5	none	info system		S1		I	50	50	624.00	31,200
Interstate Certificate of Veterinary Inspection	9 CFR 86.5	none	info system		P1		I	35,000	87,500	0.25	21,875
Interstate Certificate of Veterinary Inspection	9 CFR 86.5	none	info system		P1		R	3,000	3,000	0.25	750
Cooperative Agreement Application	9 CFR 86.2	none	info system		S1		I	42	42	20.00	840
Cooperative Agreement Application	9 CFR 86.2	none	info system		S1	X	R	70	70	1.00	70

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 Quarterly Reports	9 CFR 86.2	none	info system		S1		I	42	168	6.00	1,008
Cooperative Agreement Quarterly Reports	9 CFR 86.2	none	info system		S1		R	70	70	10.00	700
Cooperative Agreement Road Map - Development	9 CFR 86.2	none	info system		S1		I	15	15	4.00	60
Cooperative Agreement Road Map - Submission for Approval	9 CFR 86.2	none	info system		S1		I	15	15	0.25	4

Common Forms

Cooperative Agreement	9 CFR 86.2	SF-424	info system		S1		I	42	42	0.75	32
Cooperative Agreement	9 CFR 86.2	SF-424	info system		S1		R	7	7	1.00	7
Cooperative Agreement	9 CFR 86.2	SF-424A	info system		S1		I	42	42	1.50	63
Cooperative Agreement	9 CFR 86.2	SF-424B	info system		S1		I	42	42	0.25	11
Lobbying Disclosure Form	9 CFR 86.2	SF-LLL	info system		S1		I	42	42	0.16	7

0
0
0

Collection Number	0579-0327
Expiration Date	MM/YYYY

Formula Check for Information Collections	Summary
A = Respondents (given)	80,320
B = Responses per Respondent	12
C = Annual Responses (given)	947,257
D = Total Burden Hours (given)	536,211
Estimate of Burden (hours/ response)	0.56607

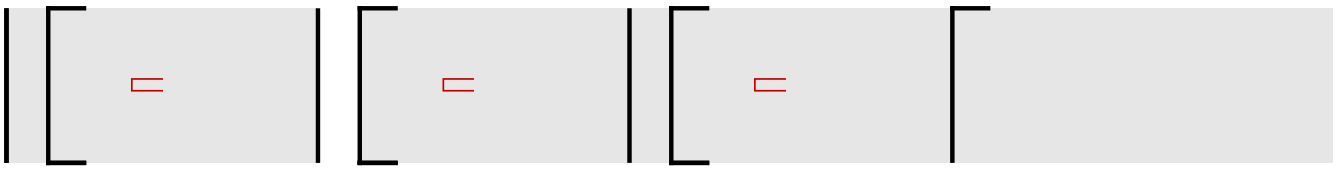
Respondents	Total
FG, Foreign Govt	0
S1, State GovT	70
S2, Local Govt	0
S3, Tribal Govt	150
P1, Business	80,100
P2, Farm	0
P3, Non, Not-for-Profit	0
I, Individual or Household	0
	80,320

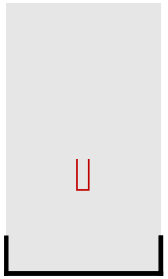
Formula Check for Information Collections	Foreign Govt	Reporting	Record Keeping	3rd Party
A = Respondents (given)	0			
B = Responses per Respondent	#DIV/0!			
C = Annual Responses (given)	-			
D = Total Burden Hours (given)	-	-	-	-
E1 = Estimate Adjustments (Responses)	0			
E2 = Estimate Adjustments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

Formula Check for Information Collections	State, Local, Tribal Gov't	Reporting	Record Keeping	3rd Party
A = Respondents (given)	220			
B = Responses per Respondent	1,480.07727			
C = Annual Responses (given)	325,617			
D = Total Burden Hours (given)	278,002	266,612	11,390	-
E1 = Estimate Adjustments (Responses)	0			
E2 = Estimate Adjustments (Hours)	0			

Formula Check for Information Collections	Private	Reporting	Record Keeping	3rd Party
A = Respondents (given)	80,100			
B = Responses per Respondent	7.76080			
C = Annual Responses (given)	621,640			
D = Total Burden Hours (given)	258,209	152,854	105,355	-
E1 = Estimate Adjustments (Responses)	0			
E2 = Estimate Adjustments (Hours)	0			

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
45-2093	18.88
29-1131	$68.60
19-1011	$42.48
51-3023	$20.08
19-4010	$25.89
45-2011	$26.40
51-1011	$36.83
51-2090	$22.43
	$ 34.40

Total Hours		**536,211**
Average Salary		**$ 34.40**
		$18,444,467
X benefits calc		
	1.4286	**$26,349,765**

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
Farm, ranch, and other agricultural managers
Farmers and ranchers
Veterinarians
Animal scientists
Slaughters and meat packers
Agricultural and food science technicians (staff of state and tribal animal health officials)
Agricultural inspectors
first-line supervisors/managers of production and operating workers (eartag manufacturers and distributors)
assemblers and fabricators, all others (eartag manufacturers and distributors)
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				