

**PAPERWORK REDUCTION ACT
USITC IMPORT INJURY INVESTIGATIONS
GENERIC CLEARANCE SUBMISSION
OMB CONTROL NUMBER 3117-0016**

This form should only be used if you are submitting a collection of information for approval under the USITC import injury investigation clearance assigned OMB Control Number 3117-0016. Submit this form, responses to the supplemental questions (if necessary), the collection instrument, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, D.C. 20503.

If the collection does not satisfy the requirements of the program clearance, you should follow the regular PRA clearance procedures described in 5 CFR 1320.

Inv. no. & title Inv. Nos. 701-TA-472 & 731-TA-1171-1172

Agency contact (person who can best answer questions about the content of the submission)

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Burden hour estimates of the actual burden imposed (*i.e.*, the number of completed questionnaires *EXPECTED* to be returned and the hours per response for a firm to (1) review instructions, (2) search data sources, and (3) complete and review its questionnaire response). Do NOT include anticipated certifications of non-applicability here.

Type	USITC number ¹	Number of questionnaires to be mailed	Burden hour estimates of the actual burden imposed (i.e., the number of completed questionnaires EXPECTED to be returned and the hours per response for a firm to (1) review instructions, (2) search data sources, and (3) complete and review its questionnaire response). Do NOT include anticipated certifications of non-applicability here.					
			Number of responses (1)	Hours per response (2)	Cost per hour (3)	Total burden hours (1) x (2)	Cost per response (2) x (3)	Cumulative burden hours ¹
Producer questionnaire	10-1-2807	20	10	50	84.18	500	4,209	10,050
Importer questionnaire	10-2-2808	71	30	40	87.44	1,200	3,498	11,250
Purchaser questionnaire	09-3-				80.24	0	0	11,250
Foreign producer questionnaire	10-4-2809	60	10	20	67.93	200	1,359	11,450
Notice of institution	09-5-				83.95	0	0	11,450
Other questionnaire	09-					0	0	11,450
Aggregate burden			50	38		1,900	3,507	11,450

¹ Obtain from the Statistical Services Division.

Certification: The collections of information requested by this submission meet the requirement of the OMB approval for OMB Control Number 3117-0016.

/s/ Catherine DeFilippo
Signature of Program Official Date

/s/ Catherine DeFilippo
Signature of USITC Paperwork Clearance Officer Date

Signature of OIRA Official Date

Date submitted to OMB	_____	Date approval received	_____
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