

**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** 731-TA-1174-1175 Seamless Refined Copper Pipe and Tube from China and Mexico

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

|             |                  |              |              |               |                            |
|-------------|------------------|--------------|--------------|---------------|----------------------------|
| <b>Name</b> | Elizabeth Haines | <b>Phone</b> | 202-205-3200 | <b>E-mail</b> | elizabeth.haines@usitc.gov |
|-------------|------------------|--------------|--------------|---------------|----------------------------|

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 <sup>1</sup> | 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 <sup>1</sup> |
| Producer questionnaire         | 10-1-2810                 | 25                                    | 15  | 50                     | 84.18             | 750                          | 4,209                       | 15,250                               |
| Importer questionnaire         | 10-2-2811                 | 80                                    | 30  | 40                     | 87.44             | 1,200                        | 3,498                       | 16,450                               |
| Purchaser questionnaire        | 10-3-                     |                                       |   | 20                     | 80.24             | 0                            | 1,605                       | 16,450                               |
| Foreign producer questionnaire | 10-4-2812                 | 20                                    | 10  | 20                     | 67.93             | 200                          | 1,359                       | 16,650                               |
| Notice of institution          | 10-5-                     |                                       |   |                        | 83.95             | 0                            | 0                           | 16,650                               |
| Other questionnaire            | 10-                       |                                       |   |                        |                   | 0                            | 0                           | 16,650                               |
| Aggregate burden               |                           |                                       | 55  | 39                     |                   | 2,150                        | 3,221                       | 16,650                               |

<sup>1</sup> 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 |
|-----------------------|------------------------|