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.

described in 5 CFR	1320.										
Inv. no. & title	Inv. Nos	Inv. Nos. 701-TA-467 and 731-TA-1164-1165 (F): Narrow Woven Ribbons from China and Taiwan									
Agency contact (p	erson who	can best answ	ver questions ab	out the coi	ntent	of the submis	sion)				
Name	Russell I	Russell Duncan			202-205-4727		E-mail	russe	russell.duncan@usitc.gov		
Туре		USITC number ¹	Number of question- naires to be mailed	Burden hour estimates of the <u>actual</u> burden imposed (i.e., the number of <u>completed</u> 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		10-1-2870	11	3		50	84.18	150	4,209	64,530	
Importer questionnaire		10-2-2871	180	40		40	87.44	1,600	3,498	66,130	
Purchaser questionnaire		10-3-2872	150	50		20	80.24	1,000	1,605	67,130	
Foreign producer questionnaire		10-4-2873	65	20		20	67.93	400	1,359	67,530	
Notice of institution		10-5-					83.95	0	0	67,530	
Other questionnaire		10-						0	0	67,530	
Aggregate burden				1	113	28		3,150	3,221	67,530	
¹ Obtain from the	Statistical	Services Div	ision.								
Certification: The Control Number 3		s of informatio	n requested by t	this submis	sion	meet the requ	iirement (of the OMB	approval for	OMB	
/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							

Instructions for Submission under USITC Import Injury Investigation Clearance.

- 1. Consult with the USITC Paperwork Clearance Officer to confirm that your survey meets the conditions for submission under this clearance.
- 2. If this collection or its subsequent analysis will employ statistical methods, complete Part B of the Supporting Statement for the Form 83-I.
- 3. Complete the cover sheet electronically and then print an sign it. As you enter data (or amend existing data) in columns 1 (number of responses), 2 (hours per response), and 3 (cost per hour), the form will automatically calculate the total burden hours, cost per response, and appropriate totals/averages. If you have no producer questionnaires, no importer questionnaires, no purchaser questionnaires, or no foreign producer questionnaires, please delete the hours per response value associated with the questionnaire(s) that you have no responses for. In other words, if you have no foreign producer questionnaires, delete the "20" in the hours per response column. The USITC Paperwork Clearance Officer will fill in the line marked "Cumulative Burden Hours under Program Clearance." Note: OMB will call the person listed as the Agency Contact to ask any questions about the survey.
- 4. Give the cover sheet, the answers to Part B (if appropriate), a copy of the survey, and any other helpful information to the USITC Paperwork Clearance Officer, who will review the materials, sign the cover sheet, and send the package to OIRA. You will be notified when the survey is approved under OMB Control Number 3117-0016. Do not conduct the survey until you receive this approval.