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.

| procedures d | escribed in 5 | CFR 1320. | | | | | | | |
|--|---|------------------------------|---|---|---------------------------|------------------------------|------------|--------------------------------|---|
| Inv. no. & title | Inv. No. 731-TA-745 (Second Review), Steel Concrete Reinforcing Bar from Turkey | | | | | | | | |
| Agency cont | act (person | who can best an | swer questions a | bout the c | ontent of t | he submission) | | | |
| Name Joshua Kapl | | lan | | Phone | hone 202-205-3184 E- | | E-mail | mail joshua.kaplan@usitc.gov | |
| Туре | | USITC number ¹ | Number of question- naires to be | 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. | | | | | |
| | | | mailed | respo | nber of ondents (1) | Hours per response (2) | e bure | Total len hours l) x (2) | Cumulative burden hours ¹ (95,210) |
| Producer questionnaire | | 08-1-2683 | 6 | | 6 | 50 | | 300 | 95,510 |
| Importer questionnaire | | 08-2-2684 | 40 | 30 | | 40 | | 1200 | 96,710 |
| Purchaser questionnaire | | 08-3-2685 | 60 | 30 | | 30 | | 900 | 97,610 |
| Foreign producer questionnaire | | 08-4-2686 | 6 | | 3 | 30 | | 90 | 97,700 |
| Other questionnaire | | 08- | | | | | | | |
| Other questionnaire | | 08- | | | | | | | |
| ¹ Obtain from | n the Statistic | cal Services Div | ision. | | | | <u> </u> | | |
| Control Num | | 16. | tion requested by | this subm | nission me | et the requireme | ent of the | OMB appro | val for OMB |
| Signature of Program Official Date | | | | | | | | | |
| /s/ Robert Carpenter Signature of USITC Paperwork Clearance Officer Date | | | | | | | | | |
| Signatur | e of OIRA O | fficial | | | | | | | |
| Date submitted to OMB | | | | | Date approval received | | | | |