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-454 and 731-TA-1144 (Final): Welded Stainless Steel Pressure Pipe from China

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

Name	Elizabeth Haines	**Phone**	202-205-3200	**E-mail**	elizabeth.haines@usitc.gov

Type	USITC number[1]	Number of question-naires 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	08-1-2698	16	8	50	84.18	400	4,209	3,765
Importer questionnaire	08-2-2699	34	15	40	87.44	600	3,498	4,365
Purchaser questionnaire	08-3-2700	40	30	25	80.24	750	2,006	5,115
Foreign producer questionnaire	08-4-2701	24	2	20	67.93	40	1,359	5,155
Notice of institution	08-5-				83.95	0	0	5,155
Other questionnaire _____						0	0	5,155
Aggregate burden			55	33		1,790	3,235	5,155

[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/ *Robert Carpenter*
Signature of Program Official *Date*

/s/ *Robert Carpenter*
Signature of USITC Paperwork Clearance Officer *Date*

_____ _____
Signature of OIRA Official *Date*

Date submitted to OMB		Date approval received	