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-462 & 731-TA-1156-1158--PRCBs from Indonesia, Taiwan, and Vietnam (P)

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

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Туре			USITC number ¹	Number of question- naires to be mailed	Burden hour estimates of the <u>actual</u> burden imposed (<i>i.e., the</i> 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.						
		-			Numbe respon (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		ire 0	9-1-2746	49		15	50	84.18	750	4,209	36,440
Importer questionnaire		re 0	9-2-2747	86		30	40	87.44	1,200	3,498	37,640
Purchaser questionnaire		aire 0	9-3-					80.24	0	0	37,640
Foreign producer questionnaire		0	9-4-2748	43		10	20	67.93	200	1,359	37,840
Notice of institution		0	9-5-					83.95	0	0	37,840
Other questionnaire		0	9-						0	0	37,840
Aggregate burden						55	39		2,150	3,507	37,840
¹ Obtain fron	n the Sta	tistical S	ervices Div	vision.							
Certification: Control Num			f informatio	on requested by	this subm	ission	meet the requ	uirement	of the OMB	approval for	OMB
Signatur	<u>n Ascienzo</u> re of Prog	ram Offic	ial			Ι	Date				
	<u>n Ascienzo</u> re of USIT		vork Cleara	nce Officer		L	Date				
Signatur	re of OIRA	A Official				\overline{D}	ate				
Date submitted to OMB						Date approval received					