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 CF	R 1320.	•	•					C		•
Inv. no. & title	731-TA -1043-1045 (Review): Polyethylene Retail Carrier Bags from China, Malaysia, and Thailand									
Agency contact (person who	o can best answ	er questions ab	out the con	tent	of the submis	sion)			
Name	Nathana	ael Comly	Phone 202-205-3174 E-mail				l natha	nathanael.comly@usitc.gov		
Гуре		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 response (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		10-1-2840	60	15		50	84.18	750	4,209	34,840
mporter questionnaire		10-2-2841	130	35		40	87.44	1,400	3,498	36,240
Purchaser questionnaire		10-3-2842	120	40		20	80.24	800	1,605	37,040
Foreign producer questionnaire		10-4-2843	150	30		20	67.93	600	1,359	37,640
Notice of institution		10-5-					83.95	0	0	37,640
Other questionnaire		10-						0	0	37,640
Aggregate burden				120		30		3,550	3,221	37,640
Obtain from the	Statistica	l Services Div	rision.							
Certification: The Control Number 3	3117-0016.		n requested by	this submiss	sion	meet the requ	iirement	of the OMB	approval for	OMB
/s/ Catherine Signature of I	Program O	fficial			L	Pate				
/s/ Cathering Signature of U		o erwork Cleara	nce Officer		D	Pate				
Signature of C	OIRA Offic	ial			\overline{D}	ate				
Date submitted to OMB				Date approval received						