

**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. No. 731-TA-745 (Second Review), *Steel Concrete Reinforcing Bar from Turkey*

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

<b>Name</b>	Joshua Kaplan	<b>Phone</b>	202-205-3184	<b>E-mail</b>	joshua.kaplan@usitc.gov
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Type	USITC number <sup>1</sup>	Number of questionnaires to be mailed	Burden hour estimates of the <u>actual</u> burden imposed ( <i>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</i> ). Do NOT include anticipated certifications of non-applicability here.			
			Number of respondents (1)	Hours per response (2)	Total burden hours (1) x (2)	Cumulative burden hours <sup>1</sup> (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-_____					

<sup>1</sup> 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

<b>Date submitted to OMB</b>		<b>Date approval received</b>	
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