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	Certain Lightweight Thermal Paper from China and Germany, Inv. Nos. 701-TA-451 & 731-TA-1126-1127								
Agency cont	tact (person	who can best a	nswer questions a	bout the	content of t	the submission)			
Name Chris Cassis		ise		Phone	708-540	708-5408		mail chris.cassise@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		mber of pondents (1)	Hours per response (2)	Total burden hours (1) x (2)		Cumulative burden hours ¹ (90610)
Producer questionnaire		08-1-2679	80)	40	50	2,000		92,610
Importer questionnaire		08-2-2680	75	5	40	40	1,600		94,210
Purchaser questionnaire		08-3-2681	75	5	40	20	800		95,010
Foreign producer questionnaire		08-4-2682	25	5	10	20		200	95,210
Other questionnaire		08-							
Other questionnaire		08-							
¹ Obtain from the Statistical Services Division.									
Control Num	nber 3117-00	16.	ation requested by	this sub	omission me	et the requirement	of the OM	IB appro	val for OMB
_/s/ Robert Carpenter Signature of Program Official					Date				
/s/ Robert Carpenter Signature of USITC Paperwork Clearance Officer				Date					
Signatur	re of OIRA O	fficial	Date						
Date submitted to OMB					Date app				