

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, 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, DC 20503.**

1. Agency/Subagency originating request U.S. International Trade Commission	2. OMB control number b. <input type="checkbox"/> None a. <u>3117</u> - _____
3. Type of information collection (check one) a. <input checked="" type="checkbox"/> New collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension, without change, of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number	4. Type of review requested (check one) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: ____/____/____ c. <input type="checkbox"/> Delegated 5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3a. Public Comments Has the agency received public comments on this information collection? <div style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	6. Requested expiration date a. <input type="checkbox"/> Three years from approval date b. <input checked="" type="checkbox"/> Other Specify: <u>09</u> / <u>11</u>
7. Title 2010 USITC Survey Regarding Outstanding §337 Exclusion Orders	
8. Agency form number(s) (if applicable) N/A	
9. Keywords Imports, Investigations	
10. Abstract The proposed survey seeks feedback from prevailing complainants in Section 337 investigations to allow the Commission to assess the effectiveness of its remedial efforts and to develop and implement proposals to bolster enforcement.	
11. Affected public (Mark primary with "P" and all others that apply with "X") a. <input type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms b. <input checked="" type="checkbox"/> Business or other for-profit e. <input type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions f. <input type="checkbox"/> State, Local or Tribal Government	12. Obligation to respond (Mark primary with "P" and all others that apply with "X") a. <input type="checkbox"/> Voluntary b. <input checked="" type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory
13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>79</u> b. Total annual responses <u>1</u> 1. Percentage of these responses collected electronically <u>0</u> % c. Total annual hours requested <u>79</u> d. Current OMB inventory <u>0</u> e. Difference <u>79</u> f. Explanation of difference 1. Program change <u>New Collection</u> 2. Adjustment _____	14. Annual reporting and recordkeeping cost burden (in thousands of dollars) a. Total annualized capital/startup costs <u>0</u> b. Total annual costs (O&M) <u>5.5</u> c. Total annualized cost requested <u>5.5</u> d. Current OMB inventory <u>0</u> e. Difference <u>5.5</u> f. Explanation of difference 1. Program change <u>New Collection</u> 2. Adjustment _____
15. Purpose of information collection (Mark primary with "P" and all others that apply with "X") a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management b. <input checked="" type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit	16. Frequency of recordkeeping or reporting (check all that apply) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input checked="" type="checkbox"/> Other (describe) <u>Once</u>
17. Statistical methods Does this information collection employ statistical methods? <div style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	18. Agency contact (person who can best answer questions regarding the content of this submission) Name: <u>Lynn I. Levine, Esq.</u> Phone: <u>(202) 205-2560</u>

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