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 CFI	R 1320.	,		<i>6</i>	, ,				r	
Inv. no. & title	701-TA-	A-474 and 731-TA-1176 (Final): Drill Pipe and Drill Collars from China								
Agency contact (p	person who	o can best answ	er questions ab	out the conte	nt of the submis	ssion)				
Name	Nathana	ael Comly		Phone 2	02-205-3174	E-mai	natha	nathanael.comly@usitc.gov		
Туре		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 responses (1)		Cost per hour (3)	Total burden hours (1) x (2)	Cost per response (2) x (3)	Cumulative burden hours ¹	
Producer questionnaire		11-1-2899	30	1	50	84.18	750	4,209	3,570	
mporter questionnaire		11-2-2900	100	3	5 40	87.44	1,400	3,498	4,970	
Purchaser questionnaire		11-3-2901	75	30	20	80.24	600	1,605	5,570	
Foreign producer questionnaire		11-4-2902	100	15	5 20	67.93	300	1,359	5,870	
Notice of institution		11-5-				83.95	0	0	5,870	
Other questionnaire		11-					0	0	5,870	
Aggregate burden				9	32		3,050	3,221	5,870	
Obtain from the	Statistica	l Services Div	rision.							
Certification: The Control Number 3		s of informatio	n requested by	this submissio	on meet the req	uirement	of the OMB	approval for	OMB	
/s/ Catherine DeFilippo Signature of Program Official Date										
<u>/s/ Catherine</u> Signature of U		o erwork Cleara	nce Officer		Date					
Signature of C	OIRA Offic	ial			Date	-				
Date submitted to OMB				Date approval received						