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.										
Inv. no. & title	701-TA-	701-TA-475 and 731-TA-1177									
Agency contact (p	person who	can best answ	er questions ab	out the con	tent	of the submis	sion)				
Name	Edward	Petronzio	Phone 202-205-3176 E-mail				l edwar	edward.petronzio@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		11-1-2922	114	40		50	84.18	2,000	4,209	25,330	
mporter questionnaire		11-2-2923	85	40		40	87.44	1,600	3,498	26,930	
Purchaser questionnaire		11-3-2924	130	40		20	80.24	800	1,605	27,730	
Foreign producer questionnaire		11-4-2925	114	12		20	67.93	240	1,359	27,970	
Notice of institution		11-5-					83.95	0	0	27,970	
Other questionnaire		11-						0	0	27,970	
Aggregate burden				132		35		4,640	3,221	27,970	
Obtain from the	Statistica	l Services Div	rision.								
Certification: The Control Number 3	117-0016.		n requested by	this submiss	sion	meet the requ	irement (of the OMB	approval for	OMB	
<u>/s/ Catherine</u> Signature of F					D	Pate					
/s/ Catherine Signature of U		o erwork Cleara	nce Officer		D	Date					
Signature of C	OIRA Offic	ial			\overline{D}	ate					
Date submitted	Date approval received										