

**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 Investigation No. 731-TA-718 (Third Review) Glycine from China

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

Name	Stefania Pozzi Porter	Phone	202-205-3177	E-mail	Stefania.PozziPorter@usitc.gov
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Burden hour estimates of the actual burden imposed (i.e., the number of completed 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.

Type	USITC number ¹	Number of questionnaires to be mailed	Burden hour estimates of the actual burden imposed (i.e., the number of completed 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)	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	11-1-2934	2	2	50	84.18	100	4,209	31,950
Importer questionnaire	11-2-2935	35	35	40	87.44	1,400	3,498	33,350
Purchaser questionnaire	11-3-2936	30	30	20	80.24	600	1,605	33,950
Foreign producer questionnaire	11-4-2937	35	35	20	67.93	700	1,359	34,650
Notice of institution	11-5-				83.95	0	0	34,650
Other questionnaire	11-					0	0	34,650
Aggregate burden			102	27		2,800	3,221	34,650

¹ 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/ Catherine DeFilippo
Signature of Program Official Date

/s/ Catherine DeFilippo
Signature of USITC Paperwork Clearance Officer Date

Signature of OIRA Official Date

Date submitted to OMB	Date approval received
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