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.

described in 5 CF	R 1320.										
Inv. no. & title	Magnes	nesium from China and Russia (Inv. Nos. 731-TA-1071-1072 (Review)									
Agency contact (person who	can best answ	ver questions ab	out the con	ıtent	of the submis	sion)				
Name	Mary M	esser	Phone	Phone 202-205-3193 E-mail			l mary.	mary.messer@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 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		11-1-2894	21	10		50	84.18	500	4,209	560	
mporter questionnaire		11-2-2895	40	20		40	87.44	800	3,498	1,360	
Purchaser questionnaire		11-3-2896	20	10		20	80.24	200	1,605	1,560	
Foreign producer questionnaire		11-4-2897	30	3		20	67.93	60	1,359	1,620	
Aggregate burden					43	36		1,560	3,221		
Obtain from the	Statistica	l Services Div	rision.								
Certification: The Control Number 3	117-0016.		n requested by	this submis	ssion	meet the requ	airement	of the OMB	approval for	OMB	
<u>/s/ Catherine</u> Signature of I	Date										
_/s/ Catherine Signature of U		o erwork Cleara	nce Officer		D	Date					
Signature of (Date										
Date submitted to OMB					Date approval received						