

**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**      Inv. Nos. 731-Ta-1186-1187 (Final): Certain Stilbenic Optical Brightening Agents fro China and Taiwan

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

**Name**      Cynthia Trainor      **Phone**      202-205-3354      **E-mail**      cynthia.trainor@usitc.gov

Type	USITC number <sup>1</sup>	Number of questionnaires to be mailed	Burden hour estimates of the <u>actual</u> burden imposed ( <i>i.e.</i> , the number of <u>completed</u> questionnaires <u>EXPECTED</u> 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 <sup>1</sup>
Producer questionnaire	12-1-2991	3		40		120	0	19,390
Importer questionnaire	12-2-2992	60		40		2,400	0	21,790
Purchaser questionnaire	12-3-2993	45		20		900	0	22,690
Foreign producer questionnaire	12-4-2994	35		40		1,400	0	24,090
Notice of institution	12-5-					0	0	24,090
Other questionnaire	12-					0	0	24,090
Aggregate burden			0			4,820		24,090

<sup>1</sup> 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

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Signature of OIRA Official      Date

Date submitted to OMB		Date approval received	
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