## 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 CFI	R 1320.	- 1									
Inv. no. & title	731-TA	731-TA-340-E and 340-H: Solid Urea from Russia and Ukraine (Third Review)									
Agency contact (p	person who	o can best answ	er questions ab	out the con	tent	of the submis	sion)				
Name	Nathana	ael Comly	Phone 202-205-3174 E-mai			nathanael.comly@usitc.gov					
Гуре		USITC number <sup>1</sup>	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 <sup>1</sup>	
Producer questionnaire		11-1-2964	6	5		50	84.18	250	4,209	53,180	
mporter questionnaire		11-2-2965	28	18		40	87.44	720	3,498	53,900	
Purchaser questionnaire		11-3-2966	50	30		20	80.24	600	1,605	54,500	
Foreign producer questionnaire		11-4-2967	16	8		20	67.93	160	1,359	54,660	
Notice of institution		11-5-					83.95	0	0	54,660	
Other questionnaire		11-						0	0	54,660	
Aggregate burden				61		28		1,730	3,221	54,660	
Obtain from the	Statistica	l Services Div	rision.								
Certification: The Control Number 3	117-0016.		n requested by	this submiss	sion	meet the requ	iirement	of the OMB	approval for	OMB	
/s/ Catherine Signature of I						Pate					
<u>/s/ Catherine</u> Signature of U		o perwork Cleara	nce Officer		D	<b>D</b> ate					
Signature of OIRA Official					Date						
Date submitte	Date approval received										