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 CFF	(1320.									
Inv. no. & title	Inv. No	v. Nos. 731-Ta-1186-1187 (Final): Certain Stilbenic Optical Brightening Agents fro China and Taiwan								
Agency contact (p	erson wh	o can best ansv	ver questions al	bout the cor	ntent of the subm	ission)				
Name	Cynthia Trainor			Phone	202-205-3354	E-ma	il cynth	cynthia.trainor@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 response (1)	1 B	Cost per hour (3)	Total burden hours (1) x (2)	Cost per response (2) x (3)	Cumulative burden hours¹	
Producer questionnaire		12-1-2991	3		40		120	0	19,390	
mporter 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	
Obtain from the S	Statistical	Services Divi	sion.							
Certification: The c Control Number 31 /s/ Catherine I Signature of Pro	17-0016. DeFilippo		requested by t	his submiss	ion meet the requ	airement	of the OMB	approval for	ОМВ	
<u>/s/ Catherine L</u> Signature of US			ice Officer		Date					
Signature of OL	RA Officio	al			Date					
Data submitted to OMB										