

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2126-0049)**

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**TITLE OF INFORMATION COLLECTION:** Customer Satisfaction (products and services) 2012 Federal Motor Carrier Safety Administration (FMCSA) Topic Preference Questionnaire for Transportation Research Board/FMCSA Annual Forum.

**PURPOSE:** To solicit feedback from past attendees of the annual forum on topics of interest for presentation at the TRB/FMCSA forum to be held in January 2012. The questionnaire identifies analysis, research and technology topics available for presentation at the January event. Respondents rank the topics in order of preference to be included among the top six for the forum agenda.

**DESCRIPTION OF RESPONDENTS:** Respondents are former attendees of the last 10 annual TRB/FMCSA forum events drawn from a broad spectrum of stakeholders including carriers, researchers, academicians, truck drivers, associations, insurance companies, and all levels of government officials.

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                   | <input type="checkbox"/> Other: _                                |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: \_\_Albert Alvarez

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

## BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals	90	5 minutes	7.5 hours
Private Sector	190	5 minutes	15.8 hours
State and local governments	20	5 minutes	1.7 hours
<b>Totals</b>	300		25 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is none.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

### **The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
[ ] Yes [ X ] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The universe of potential respondents are drawn from a compiled list of email addresses from past attendees at the forum who submitted their business cards at the registration at former events over the last 10 years.

### **Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
[ X ] Web-based or other forms of Social Media  
[ ] Telephone  
[ ] In-person  
[ ] Mail  
[ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [X ] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**