

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback” (OMB Control Number: 1601-0014)**

---

**TITLE OF INFORMATION COLLECTION:** National Vessel Documentation Center  
Customer Satisfaction Survey

**PURPOSE:**

In accordance with 46 U.S.C. 12102, the U.S. Coast Guard requires owners and operators of certain vessels engaged in trade to be issued a certificate of documentation. This survey will help to provide qualitative feedback to National Vessel Documentation Center, responsible for issuing the certificates of documentation to the described respondents.

**DESCRIPTION OF RESPONDENTS:**

The owners and operators of certain commercial and recreational vessels are the respondents. The USCG will use the information collected to measure customer satisfaction with current services and service standards. This information will allow USCG Headquarters and the National Vessel Documentation Center to improve service delivery and determine whether additional services are requested by our customers. These customer satisfaction surveys will not lead to policy changes but may help to enhance the USCG's overall mission execution.

The customer survey specifically targets vessel owner and operators who have applied for a certificate of documentation for certain commercial or recreational vessels. The customer survey will be offered electronically via the world-wide-web.

**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: Ms. Christina Washburn, Deputy Director, U.S. Coast Guard National Vessel Documentation Center

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

**Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
- 2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
- 3. If Applicable, has a System or Records Notice been published? [ X ] Yes [ ] No

**Gifts or Payments:**

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

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Commercial and Recreational Vessel Owners	1,800	5 min	150hrs
<b>Totals</b>	<b>1,800</b>	5 min	<b>150hrs</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is estimated to be \$12,620.40. This cost is a base estimate as per the published hourly rate of a General Service Wage worker within the National Capital Region, at the GS-7/step 7 level for collecting, monitoring, and managing surveys for two hours daily of a 5-day/40hr work week. Currently, this cost is built in as an existing responsibility for an existing GS-7 position at NVDC. The Coast Guard will continually monitor added responsibilities to determine if dedicated customer service/support positions are necessary N/A: budgeted.

**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?

Each customer that requests the services of the National Vessel Documentation Center will be asked to provide feedback using the Customer Service Survey. Since the survey is done voluntarily, no list of respondents will be generated or maintained.

**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  No

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

**Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

---

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

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