

**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. 701-TA-382 and 731-TA-454: Fresh and Chilled Atlantic Salmon from Norway

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

Name Jennifer Merrill **Phone** 202-205-3188 **E-mail** jennifer.merrill@usitc.gov

Type **USITC number¹** **Number of questionnaires to be mailed** **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 hours¹**

Burden hour estimates of the **actual** burden imposed (*i.e., the number of completed 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.

Type	USITC number ¹	Number of questionnaires to be mailed	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 ¹
Producer questionnaire	12-1-2964	7	3	50	84.18	150	4,209	330
Importer questionnaire	12-2-2965	25	15	40	87.44	600	3,498	930
Purchaser questionnaire	12-3-2966	30	15	20	80.24	300	1,605	1,230
Foreign producer questionnaire	12-4-2967	70	35	20	67.93	700	1,359	1,930
Notice of institution	12-5-				83.95	0	0	1,930
Other questionnaire	12-					0	0	1,930
Aggregate burden			68	26		1,750	3,221	1,930

¹ 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

 Signature of OIRA Official Date

Date submitted to OMB Date approval received

Instructions for Submission under USITC Import Injury Investigation Clearance.

1. Consult with the USITC Paperwork Clearance Officer to confirm that your survey meets the conditions for submission under this clearance.
2. If this collection or its subsequent analysis will employ statistical methods, complete Part B of the Supporting Statement for the Form 83-I.
3. Complete the cover sheet electronically and then print and sign it. As you enter data (or amend existing data) in columns 1 (number of responses), 2 (hours per response), and 3 (cost per hour), the form will automatically calculate the total burden hours, cost per response, and appropriate totals/averages. If you have no producer questionnaires, no importer questionnaires, no purchaser questionnaires, or no foreign producer questionnaires, please delete the hours per response value associated with the questionnaire(s) that you have no responses for. In other words, if you have no foreign producer questionnaires, delete the "20" in the hours per response column. The USITC Paperwork Clearance Officer will fill in the line marked "Cumulative Burden Hours under Program Clearance." Note: OMB will call the person listed as the Agency Contact to ask any questions about the survey.
4. Give the cover sheet, the answers to Part B (if appropriate), a copy of the survey, and any other helpful information to the USITC Paperwork Clearance Officer, who will review the materials, sign the cover sheet, and send the package to OIRA. You will be notified when the survey is approved under OMB Control Number 3117-0016. Do not conduct the survey until you receive this approval.