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 CFR	1320.									
Inv. no. & title	701-TA-	486 and 731-	TA-1195-1196	6 (Prelimin	ary)	: Wind Tow	ers From	n China and	d Vietnam	
Agency contact (p	erson who	can best answ	ver questions ab	out the con	tent	of the submis	sion)			
Name	Nathana	ael Comly		Phone 202-205-3174 E-mail Nathanael.Comly@u				@usitc.gov		
			Burden hour estimates of the actual be number of completed questionnaires and the hours per response for a firm (2) search data sources, and (3) comparestionnaire response). Do NOT incompose non-applicability here.		aires EXPE n firm to (1) complete a	EXPECTED to be returned in to (1) review instructions, plete and review its				
Туре		USITC number ¹	question- naires to be mailed	Number 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 ¹
Producer question	naire	12-1-3003	15		10	50	84.18	500	4,209	35,504
Importer question	naire	12-2-3004	40		30	40	87.44	1,200	3,498	36,704
Purchaser questio	nnaire	12-3-				20	80.24	0	1,605	36,704
Foreign producer questionnaire		12-4-3005	50		20	20	67.93	400	1,359	37,104
Notice of institutio	n	12-5-					83.95	0	0	37,104
Other questionnai	re 	12-						0	0	37,104
Aggregate burden	l				60	35		2,100	3,221	37,104
¹ Obtain from the	Statistica	l Services Div	rision.							
Certification: The Control Number 31 /s/ Catherine Signature of P /s/ Catherine Signature of U	117-0016. <u>DeFilippo</u> rogram O DeFilippo	o fficial		this submis	D	Date	uirement	of the OMB	approval for	OMB
Signature of O				r		ate approval r	oceived.			1