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 do described in 5 CFR		isfy the require	ements of the pr	ogram clearar	ce, you should	follow th	ne regular PI	RA clearance	procedures
Inv. no. & title	Inv. Nos. 701-TA-481 and 731-TA-1190 (Preliminary): Crystalline Silicon Photovoltaic Cells and Modeles from China								
Agency contact (p	erson wh	o can best ansi	wer questions a	bout the conte	nt of the submi	ission)			
Name	ame Christopher Cassise			Phone 202-708-5408 E-mail chris.cassise@usitc.gov					
Туре		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 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
Producer questionnaire		11-1-2977	20	15	50	84.18	750	4,209	11,210
mporter questionnaire		11-2-2978	26	15	40	87.44	600	3,498	11,810
Purchaser questionnaire		11-3-			20	80.24	0	1,605	11,810
Foreign producer questionnaire		11-4-2979	70	15	20	67.93	300	1,359	12,110
Notice of institution		11-5-				83.95	0	0	12,110
Other questionnaire		11-					0	0	12,110
Aggregate burden				45	37		1,650	3,221	12,110
Obtain from the S	Statistical	Services Divi	ision.						
Certification: The c Control Number 311	17-0016.		n requested by t	his submission	n meet the requ	iirement (of the OMB	approval for	OMB
/s/ Catherine DeFilippo Signature of Program Official /s/ Catherine DeFilippo				Date					
Signature of US			nce Officer		Date				

Date

Signature of OIRA Official