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-488 and 731-TA-1199-1200 (Final) Large Residential Washers from Korea and Mexico

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

Name	Edward Petronzio	**Phone**	202-205-3176	**E-mail**	edward.petronzio@usitc.gov

Type	**USITC number[1]**	**Number of question-naires to be mailed**	**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.**					
			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	13-1-3078	7	6	50	84.18	300	4,209	6,770
Importer questionnaire	13-2-3079	15	10	40	87.44	400	3,498	7,170
Purchaser questionnaire	13-3-3080	50	35	20	80.24	700	1,605	7,870
Foreign producer questionnaire	13-4-3081	7	6	20	67.93	120	1,359	7,990
Notice of institution					83.95	0	0	7,990
Other questionnaire _____						0	0	7,990
Aggregate burden			57	27		1,520	3,221	7,990

[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	