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	Inv. Nos. 701-TA-506-508 and 731-TA-1238-1243 (Preliminary): Non-oriented electrical steel from China, Germany, Japan, Korea, Sweden and Taiwan									
Agency contact (p	erson who	can best answ	ver questions ab	out the con	tent	of the submis	sion)			
Name	Edward 1	Petronzio	Phone 202-205-3176 E-mail			l edwai	edward.petronzio@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 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 questionnaire		13-1-3179	1	1		50	84.18	50	4,209	7,290
Importer questionnaire		13-2-3180	33	20		40	87.44	800	3,498	8,090
Purchaser questionnaire		13-3-				20	80.24	0	1,605	8,090
Foreign producer questionnaire		13-4-3181	39	:	20	20	67.93	400	1,359	8,490
Notice of institution		13-5-					83.95	0	0	8,490
Other questionnaire		11-						0	0	8,490
Aggregate burden					41	30		1,250	3,221	8,490
¹ Obtain from the	Statistica	l Services Div	rision.							
Certification: The Control Number 31		s of informatio	n requested by	this submiss	sion	meet the requ	iirement	of the OMB	approval for	OMB
/s/ Catherine DeFilippo Signature of Program Official Date										
/s/ Catherine Signature of U	<u>DeFilippo</u> SITC Pap	o erwork Cleara	nce Officer		L	Date				
Signature of OIRA Official Date										
Date submitted	l to OMI	3		Date approval received						
								-	_	