## 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	Investigati	ion Nos. 701-TA-501 a	and 731-TA-1226 (Prel	iminary): Chlori	nated	Isocyanurates from	China and Ja	ipan		
Agency contact (p	person wh	o can best ansv	ver questions al	bout the con	iteni	t of the submi.	ssion)			
Name	Joanna Lo			Phone	202	-205-1888	E-mai	joanna.lo	@usitc.gov	
			Number of question-naires to be	Burden hour estimates of the <u>actual</u> burden imposed ( <i>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).</i> Do NOT include anticipated certifications of non-applicability here.						
Туре		USITC number <sup>1</sup>	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 <sup>1</sup>
Producer questionnaire		14-1-3163	10		10	50	84.18	500	4,209	500
Importer questionnaire		14-2-3164	60		30	40	87.44	1200	3,498	1700
Foreign producer questionn	aire	14-4-3165	50		10	20	67.93	200	1,359	1900
Aggregate burden					50			1900	3,221	1900
<sup>1</sup> Obtain from the Statistical	Services Divis	sion.								
Certification: The Number 3117-001	6.		on requested by	this submis	sior	-	uirement /2013	of the OMB	approval for	OMB Control
Signature o								Date		
<u>/s/ Cather</u>		ippo Paperwork Clea	anan o Offician			9/2/201	<u>3</u> Date			
	J USITC F	uperwork Clea	arance Officer			1	Jule			
Signature o	f OIRA Oj	fficial						Date		

Date submitted to OMB		Date approval received	
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## 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 an 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.