## 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. No. 731-TA-1189 (Preliminary): Large Power Transformers from Korea

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

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Туре		USITC number <sup>1</sup>	Number of question- naires to be mailed	Burden hour estimates of the <u>actual</u> burden imposed ( <i>i.e., the</i> 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 respons (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		11-1-2972	6		6	50	84.18	300	4,209	65,769
Importer questionnaire		11-2-2973	15		8	40	87.44	320	3,498	66,089
Purchaser questionnaire		11-3-				20	80.24	0	1,605	66,089
Foreign producer questionnaire		11-4-2974	3		3	20	67.93	60	1,359	66,149
Notice of institution		11-5-					83.95	0	0	66,149
Other questionnaire		11-						0	0	66,149
Aggregate burden					17	40		680	3,221	66,149
<sup>1</sup> Obtain from t	he Statistica	al Services Div	vision.							
Certification: 7 Control Numbe			on requested by	this submi	ssion	meet the requ	irement	of the OMB	approval for	OMB
Signature of Program Official Date										
	<u>rine DeFilipp</u> of USITC Pap	o perwork Cleara	nce Officer		L	Date				
Signature of OIRA Official Date										
Date submitted to OMB			]	Date approval received						