

**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** Investigation Nos. 701-TA-253 and 731-TA-132, 252, 271, 273, 532-534, and 536 (Third Review): Certain Circular Welded Nonalloy Steel Pipe and Tube from Brazil, India, Korea, Mexico, Taiwan, Thailand, and Turkey

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

<b>Name</b>	Nathanael Comly	<b>Phone</b>	202-205-3174	<b>E-mail</b>	nathanael.comly@usitc.gov
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Type	USITC number <sup>1</sup>	Number of questionnaires 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 hours <sup>1</sup>
Producer questionnaire	12-1-3020	30	15	50	84.18	750	4,209	40,415
Importer questionnaire	12-2-3021	80	40	40	87.44	1,600	3,498	42,015
Purchaser questionnaire	12-3-3022	120	50	20	80.24	1,000	1,605	43,015
Foreign producer questionnaire	12-4-3023	30	15	20	67.93	300	1,359	43,315
Notice of institution	12-5-				83.95	0	0	43,315
Other questionnaire _____	12-					0	0	43,315
Aggregate burden			120	30		3,650	3,221	43,315

<sup>1</sup> 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

