

**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** Corrosion-resistant Carbon Steel Flat Products from Germany and Korea (Inv. Nos. 701-TA-350 and 731-TA-616 and 618 (Third Review))

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

<b>Name</b>	Mary Messer	<b>Phone</b>	202-205-3193	<b>E-mail</b>	mary.messer@usitc.gov
-------------	-------------	--------------	--------------	---------------	-----------------------

**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.**

Type	USITC number <sup>1</sup>	Number of questionnaires to be 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	12-1-3054	30	30	50	84.18	1,500	4,209	62,415
Importer questionnaire	12-2-3055	80	30	40	87.44	1,200	3,498	53,615
Purchaser questionnaire	12-3-3056	100	30	40	80.24	1,200	3,210	64,815
Foreign producer questionnaire	12-4-3057	20	20	30	67.93	600	2,038	65,415

<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

Date submitted to OMB		Date approval received	
-----------------------	--	------------------------	--