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	R 1320.									
Inv. no. & title	701-TA-	486 and 731-	1195-1196 (F	inal): Utilit	ty So	cale Wind To	wers Fr	om China a	and Vietnam	1
Agency contact (p	erson who	can best answ	er questions ab	out the con	ıtent	of the submis	sion)			
Name	Nathana	ael Comly		Phone	202-205-3174 E-mail nathanael.comly@				usitc.gov	
			Northead	number of and the h (2) search question	of <u>co</u> hour h da nair	<u>ompleted</u> qu rs per respoi ata sources,	estionnanse for a and (3) o Do NO	actual burden imposed (i.e., the nnaires EXPECTED to be returned or a firm to (1) review instructions, (3) complete and review its NOT include anticipated certifications		
Гуре		USITC number ¹	Number of question- naires to be mailed	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 ¹
Producer question	nnaire	13-1-3074	20		15	50	84.18	750	4,209	5,070
mporter question	naire	13-2-3075	50		20	40	87.44	800	3,498	5,870
Purchaser question	nnaire	13-3-3076	25		20	20	80.24	400	1,605	6,270
Foreign producer questionnaire		13-4-3077	50		10	20	67.93	200	1,359	6,470
Notice of institutio	n	11-5-					83.95	0	0	6,470
Other questionnai	re 	11-						0	0	6,470
Aggregate burden	1				65	33		2,150	3,221	6,470
Obtain from the	Statistica	l Services Div	rision.							
Certification: The Control Number 3		s of informatio	n requested by	this submis	sion	meet the requ	iirement	of the OMB	approval for	OMB
/s/ Catherine Signature of U										
Signature of C	OIRA Offici	ial			$\overline{D_0}$	ate				
Date submitted to OMB				Date approval received						