

**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-490 and 731-TA-1204 (Preliminary): Hardwood Plywood from China

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

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Type	USITC number ¹	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 ¹
Producer questionnaire	13-1-3082	18	18	50	84.18	900	4,209	8,890
Importer questionnaire	13-2-3083	135	50	40	87.44	2,000	3,498	10,890
Purchaser questionnaire	13-3-			20	80.24	0	1,605	10,890
Foreign producer questionnaire	13-4-3084	100	25	20	67.93	500	1,359	11,390
Notice of institution	13-5-				83.95	0	0	11,390
Other questionnaire	11-					0	0	11,390
Aggregate burden			93	37		3,400	3,221	11,390

¹ 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